

Parent-child Contact in Out-of-home Placement

Implications for Practice and Policy

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System of Care Principles

- System of Care Principles Emphasize:
 - Individualized services,
 - Models of service delivery that view family members as active partners in decision making, and
 - Full participation of caregivers in planning, implementing and evaluating services for their children

Rationale for Contact

- Parents of children in care have right to visit unless court has ordered otherwise.
- Theoretical support, including attachment and bonding theories.
- Studies demonstrating benefits to children and families across settings.
- Most children return home.

Study Purpose

- To compare parents' experience of parent-child contact during their child's placement in out-of-home care to the standards and administrative rules that guide out-of-home care policies.
- Documents reviewed included guidelines from:
 - major accrediting bodies,
 - United Nations rights of children,
 - administrative rules from selected states,
 - professional advocacy organizations

Study Method

- In 1996 and 1997 focus groups of family members identified concerns regarding limitations on parent -child contact.
- A survey was designed to gather data on participation by parents while their child was receiving in- or out-of-home treatment.
- Measures of parent-child contact, parent empowerment and involvement in decision-making were included.

Data Collection

- Eligible participants were parents with youth aged 0-20 who received 3 or > months of treatment between 9/1/96 and 8/31/98.
- Sample recruited from randomly selected chapters of Federation for Families Mental Health and mailing list of Research and Training Center at Portland State University.

Data Collection (cont.)

- Data Collected in 1999-2000
- 876 willingness forms returned; 646 in home version and 221 out of home
- 486 usable surveys returned from 46 states, 56.6% response rate
- This analysis focuses on responses from 102 parents whose children received out-of-home care.

Sample

- Respondents with children receiving out-of-home treatment services (N=102)
 - Residential treatment 66.7%
 - Psychiatric hospital/unit 20.6%
 - Group home 12.7%

Demographics - Child

Race	White	80%		
	Black	9%		
	Hispanic	3%		
	Native American	2%		
	Multiracial	6%		
Sex	Male	72.5%		
		Mean	SD	Range
	Age	14 yrs.	3.1	7-21
	Onset age	6 yrs.	3.8	1-16
	Age Received 1 st Svcs.	7 yrs.	3.7	2-16
	Number of diagnoses	3.8	1.99	1-9
	Severity Index	13.6	4.9	5-25

Demographics - Family

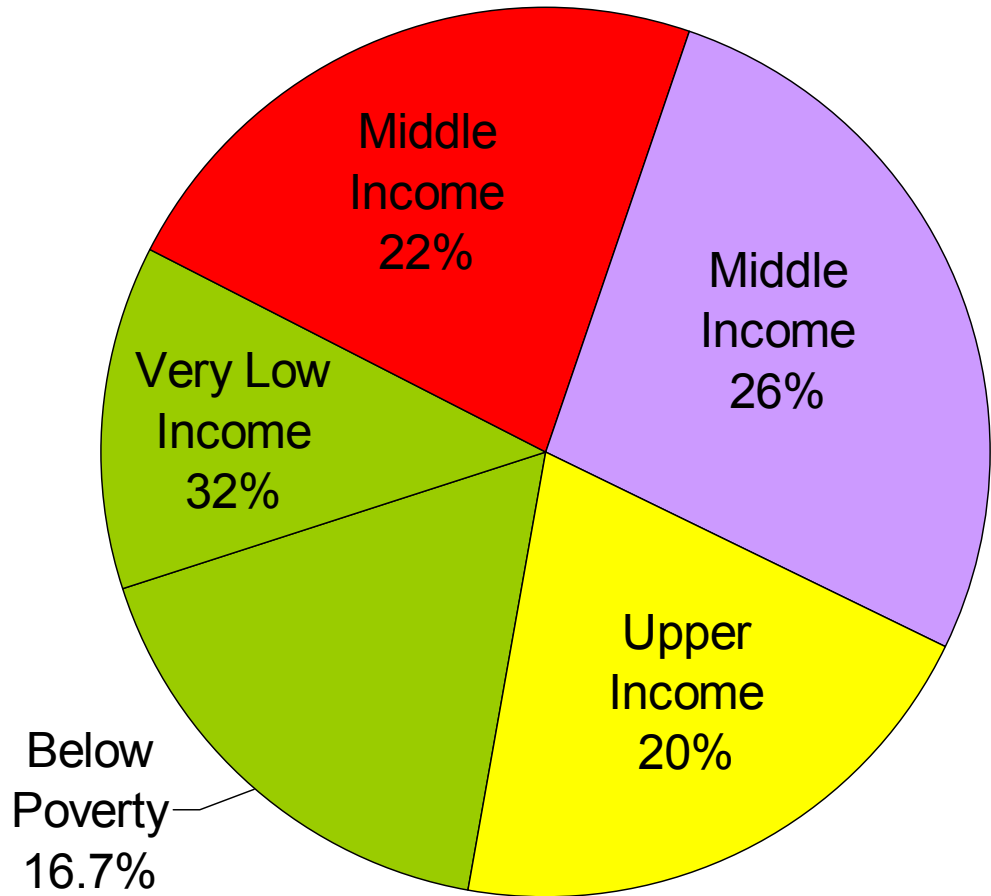
Age		Mean=45 (6.8)
Education	H.S. diploma or G.E.D	12.7%
	≥ College Degree	53%
Gender	Female	92%
Race	White	90%
	Black	8%
	Native American	2%
Marital Status	Married	62%
	Single	38%
Relatedness	Biological/Adoptive Mother	87.3%
Has Custody		79.4%
Household Size		Mean=3.4 (1.3)

Demographics - Family cont.

- **Income**

Median \$25,000—
\$34,000

Range: <\$5K—\$75K+



Research Questions

- What do the standards and guidelines say about:
 - Family-child contact during initial period
 - Contact frequency and satisfaction
 - Restrictions on contact
 - Quality of arrangements for parent-child contact

Family-child Contact During Initial Period

- **Standards & Guidelines**
 - Do not specifically address initial period.
 - Agencies need written policies guaranteeing the right of parents to communicate with and visit their children (COA; JCAHO).
 - Service plans should specify frequency, lengths, and location of visits and phone calls (COA; JCAHO).
 - Parent-child contact as integral to treatment (COA).

Family-child Contact During Initial Period: Family responses

- Nearly 60% (57.8%) said contact was limited for initial period of adjustment after placement:
Range 1-8 weeks:
 - 1 week= 23.5%
 - 2 weeks= 25.5%
 - 4 weeks= 33.3%
- Among those with limits on contact during the initial period, there were no significant differences in length of initial limits based on child age or type of treatment setting.

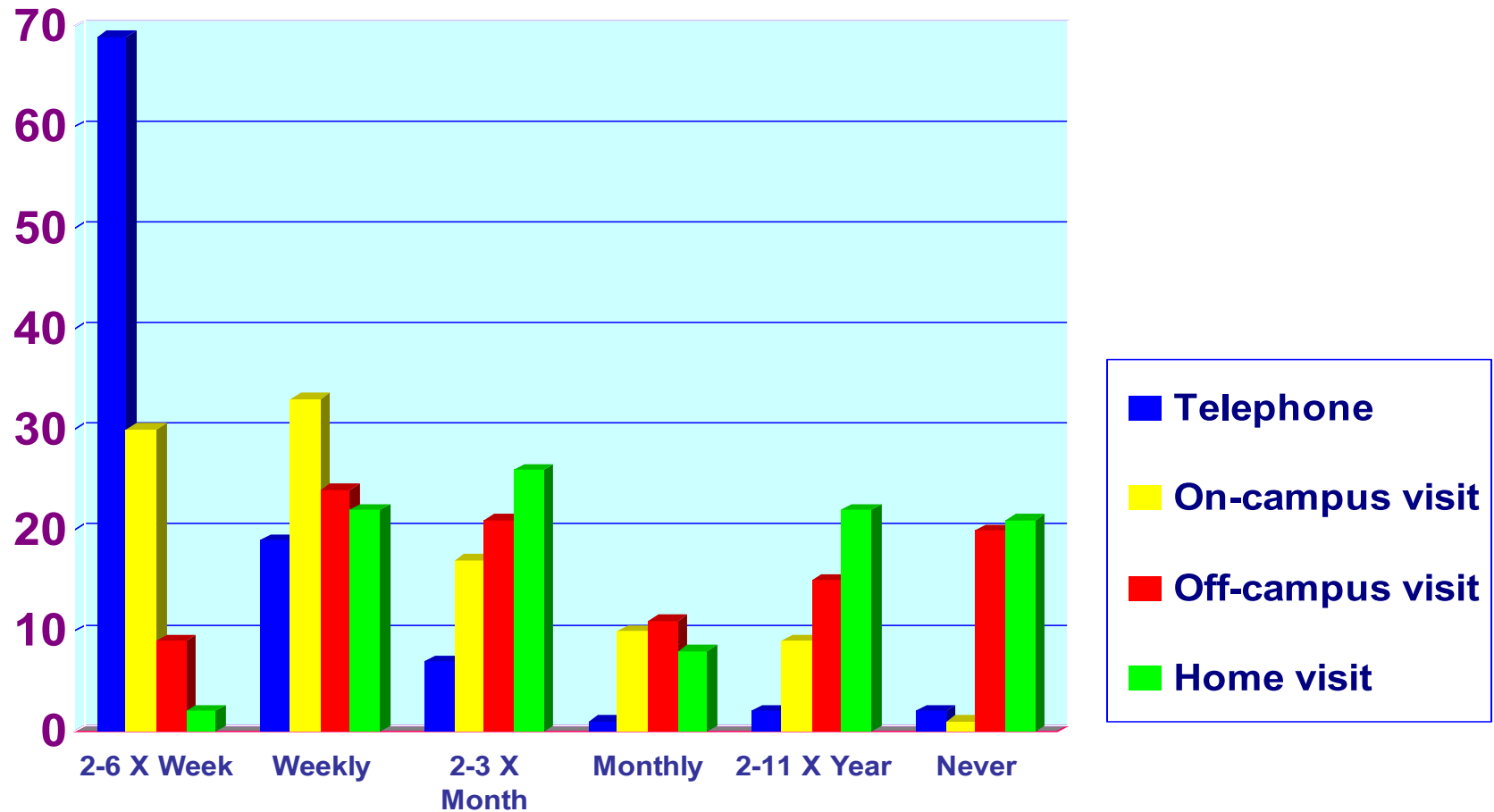
Limitations on Family-child Contact During Initial Period: Reasons given

- Child needed "time to adjust"
- Parent-child contact considered a privilege that had to be earned

Contact Frequency and Satisfaction: Standards & Guidelines

- Emphasize regularity and flexibility (Colorado State Dept. Healthcare Policy and Financing; UN, 1975; 1989; 1990);
- Some give the treating organization responsibility for facilitating parent-child contact (e.g., transportation) (Mass. Dept. Mental Health, 2001).

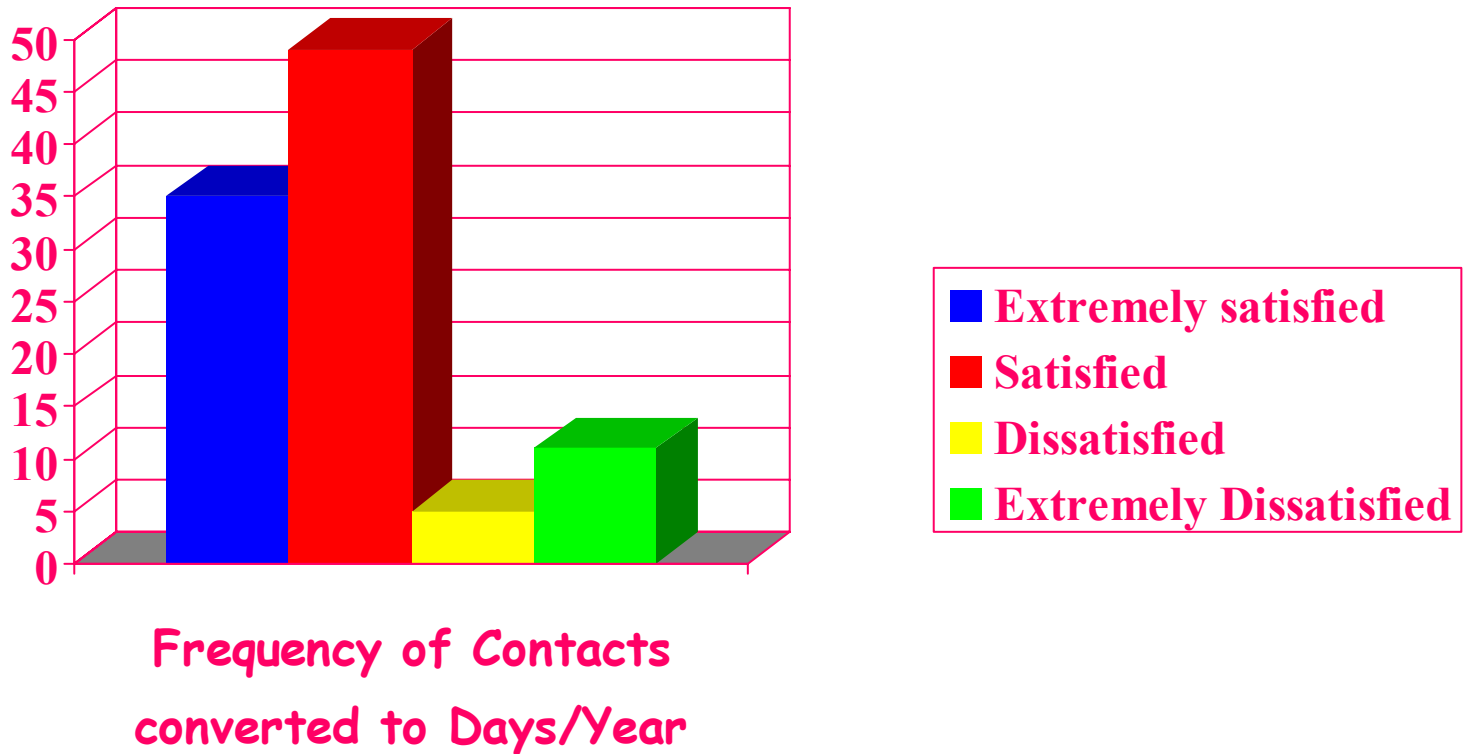
Frequency of Contact by Type of Contact



Demographic Variables and Frequency of Contact

- Younger children had more contact than older children ($r = -.289, p < .01$)
- Children in facilities closer to home had more total contact ($r = -.255, p < .05$)
- Children with more limits had significantly less total contact with parents ($r = -.299, p < .01$)

Parent Satisfaction with Total Amount of Contact



Parent Satisfaction with Frequency of Contact

- Parents who reported any limits on contact were more likely to be dissatisfied.
- Parents who perceived facility policy re: contact as inflexible were nearly 10 times more likely to be dissatisfied.

Restrictions on Parent-Child Contact: Standards & Guidelines

- Clients have right to communicate by telephone, receive visits from family and friends, and visit family at home
- Circumstances under which restrictions may be placed are limited to:
 - Judicial orders
 - Potential for child endangerment
 - Possibility of adverse effects on child's mental health or development

Restrictions on Parent-Child Contact: Parent Reports

- 79.4% of parents reported at least one type of restriction on contact:
 - 39.6% telephone
 - 35.6% visits at treatment facility
 - 47% day visits away from facility
 - 60% home visits
- 51% of parents reported restrictions based on point and levels systems.

Restrictions on Parent-Child Contact: Parent Reports

- Likelihood of limits varied significantly by:
 - Child's gender (girls)
 - Parental marital status (single parents)
 - Custody status (parents without legal custody)

Restrictions on Parent-Child Contact: Parent Reports re: Contingencies

Overall, 59% reported contact dependent on child's behavior:

- 93% of parents below poverty line had such contingencies;
- Parents who reported these contingencies based on their children's behavior had children with less problem severity.

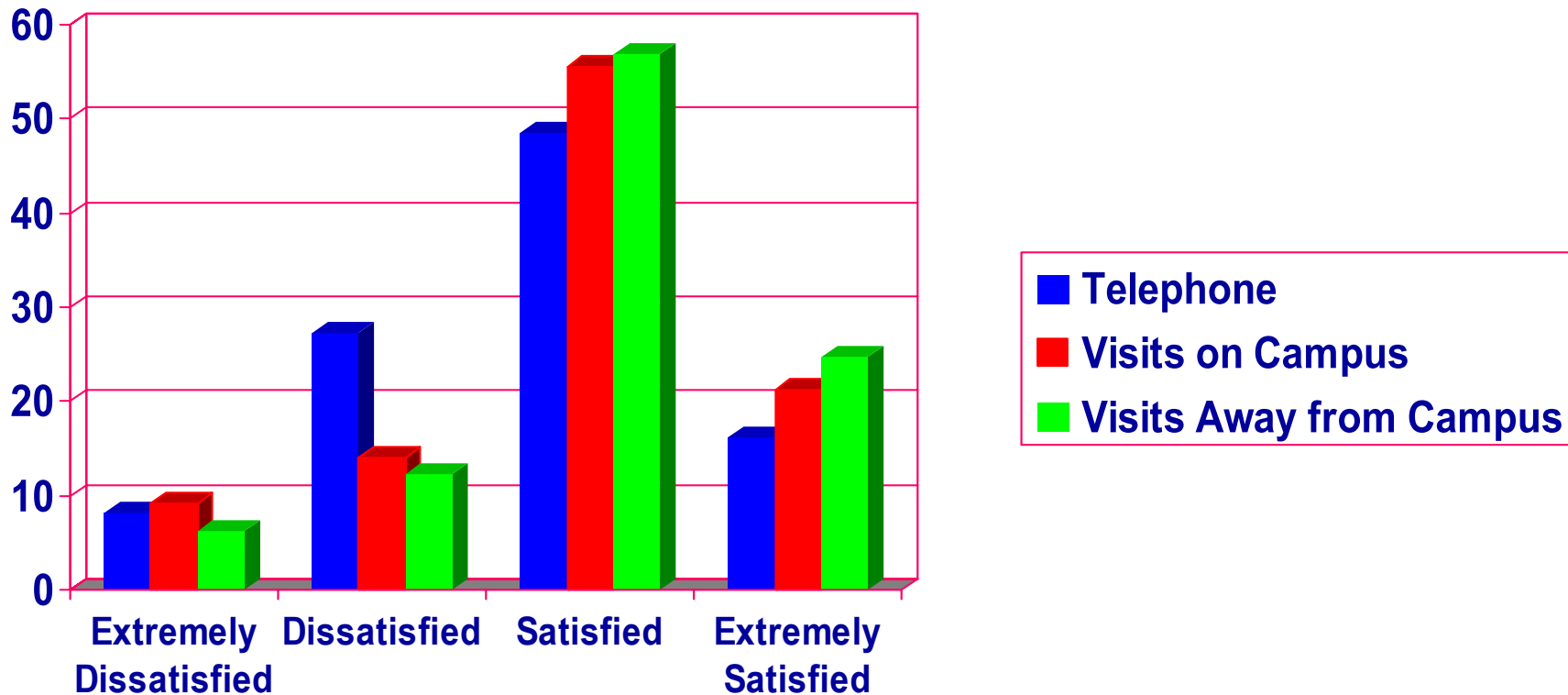
Restrictions on Parent-Child Contact: Parent Reports re: Contingencies (Cont.)

- 11.8% required to participate in education/therapeutic services as condition for contact (5 x more likely for children under 11 years of age);
- 16% reported that contact was dependent on behavior of child's peers in living unit.

Quality of Physical Arrangements for Contact: Standards & Guidelines

- Some note responsibility of treating organizations to provide:
 - onsite locations for visits (CDHPF, 2001; MDMH, 2001)
 - overnight accommodations for families who travel long distances to visit

Satisfaction with Quality of Physical Arrangements for Contact



Satisfaction with Quality of Physical Arrangements for Telephone Contact: Parent Comments

"We had to call her on a pay phone and sometimes it took a long time to get through."

"Only one pay phone for 16 girls and only certain calling times - limited availability to reach her sometimes."

Satisfaction with Quality of Physical Arrangements for Telephone Contact: Parent Comments

"Appreciated the use of an 800 number."

"We were allowed to talk to [our] son every evening to reassure him that we were still there for him."

Satisfaction with Quality of Physical Arrangements for Visits at the Facility: Parent Comments

"No place to sit and visit."

"Accommodations were crowded and noisy with other patients cursing and acting out. . . ."

"Privacy was not allowed during visits."

Satisfaction with Quality of Arrangements for Day Visits Away from the Facility: Parent Comments

"The town was far from the place and we were rushed and didn't know where to go."

"Couldn't do enough in a couple of hours for my child in a strange town with limited transport and income."

"Would have visited more but could not afford car rental, meals, and hotel that distance necessitated."

Implications for Research

- Need better samples of population (i.e, parents whose children are in out-of-home placement for mental health treatment);
- Studies should examine influence of parent-child contact on child and family stresses and child outcomes.

Implications for Policy and Practice

- Policies and practices in out-of-home placements should be more closely aligned with current theory and research evidence:
 - Should be developmentally appropriate and designed to preserve and promote family bonds;
 - Should not discriminate (even indirectly) on the basis of the economic circumstances, child care needs, distance from the facility, or other circumstances of families;

Implications for Policy and Practice

- Policies and practices in-out-of home placements should be more closely aligned with current theory and research evidence:
 - Parent-child contact should not depend on child's behavior, parent's behavior, or other contingencies;
 - Agency administrators and practitioners should use research findings to identify aspects of family-centered practice that facilitate parent/child contact.