

The relationship between contact and child wellbeing in higher conflict families



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Presentation outline

- The policy context
- Previous research
- Methodology
- Results
- Implications



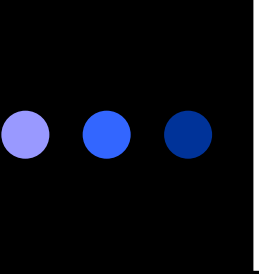
The Policy Context: Focus on Quantity

- Recent pressure from fathers rights groups for:
 - Legal presumption of contact
 - Presumptive 50/50 starting point for parenting plans or defined amount e.g. 35-40% of child's time
- Framed within child welfare and equality discourses
- Reflects similar international trends
- Government rejected presumptions on child welfare/paramountcy principle
- [Application primarily to 10% of families litigating contact cf privately ordering majority]



Is more (frequent) contact good for children?

- Mixed results internationally
- Amato & Gilbreth (1999) “Our meta-analysis [of 63 studies] suggests that how often fathers see children is less important than what fathers do when they are with their children”.....



Stronger predictors of child wellbeing (in roughly reverse order)

- Authoritative non-residential parenting
- Authoritative residential parenting
- Parental conflict/collaboration
- Economic security – child support



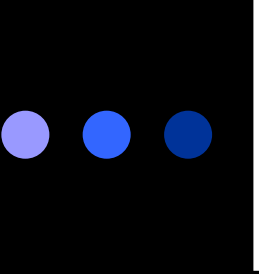
And elevated risks for children from litigating families

- Buchanan et al (2001) English welfare report study – 46% abnormal or borderline child SDQs at baseline cf (20% community norm)
- McIntosh (2006) Australian Mediation –33% mothers, 29% fathers (cf 15% community norm)
- Is more (frequent) contact more or less helpful for higher conflict families?
- Some (limited) evidence that more extensive contact may be damaging to children in high conflict families (Amato & Rezac 1994, Johnston 1995).



Research design – the in-court conciliation study

- Intervention study
- Parents recruited at in-court mediation (conciliation) meeting in 2003/4
- Structured phone interviews with resident/non-resident parents at
 - T1 two-three days after court (n= 250)
 - T2 six months later (n = 175)
 - T3 24 months later (n = 117)



Child (SDQ) and adult (GHQ) wellbeing measures

- Strengths and Difficulties Questionnaire (SDQ) 25 item parent-report version:
 - five scales: conduct problems, hyperactivity, emotional symptoms, peer problems and prosocial behaviour
 - total difficulties score (sum above – prosocial scale)
- General Health Questionnaire – state measure of parent psychological functioning, 12 item, likert scoring
- + Average number of hours of direct contact per month



Elevated risks two years post-intervention*

- Total difficulties 32%
- Conduct problems 37%
- Emotional difficulties 32%
- Hyperactivity 32%
- Peer relationships 29%
- Prosocial behaviour 12%

- Community 'caseness' is 20%

- * n=108, RP/NRP reports



Quantity and child wellbeing – bivariate correlations*

- Very weak negative correlation between amount of contact 30 months previously and T3 SDQ total difficulties ($r = -.16$, $p = .045$, 1 tailed)
- No relationship between T3 amount of contact and T3 SDQ total difficulties

○ * $n = 93$



What does predict child wellbeing?

- Multiple regression of:
 - SDQ total difficulties current (T3) score
 - Quantity of current contact (T3)
 - Child gender
 - Resident/non-resident parent report
 - Parent wellbeing (GHQ current score)
 - Parenting concerns score (violence, harm, inattentive/neglect)



Multiple regression results

- Model accounted for 18% of variance in SDQs
- No relationship with contact quantity
- Current parental wellbeing gives significant independent contribution – $p = .005$, 11% of variance
- Parental perception of parenting risk is also significant – $p = .024$, 7% of variance uniquely explained



Conclusions and limitations

- SDQ is one measure of wellbeing – excludes psychic pain
- Parent report
- What is parenting concern really measuring?

- Results consistent with inconsistent results, including for high conflict

Implications



- Shift focus from parental entitlements
- Requires emphasis on factors more clearly associated with child wellbeing: authoritative parenting, conflict, collaboration, risk, but:
 - Time-consuming
 - Expensive
 - Different set of 'experts' required
- Direct support for children?