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Preserving the Bond: Child Welfare Professionals' Perspectives on the Opportunities and Challenges of Parent-Child Visitation

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TABLE OF CONTENTS

ACKNOWLEDGEMENTS .................................................................................................................. iii

LIST OF TABLES ............................................................................................................................ ix

LIST OF FIGURES .......................................................................................................................... x

ABSTRACT .......................................................................................................................................... xi

CHAPTER ONE: INTRODUCTION .................................................................................................... 1
  Problem Statement .......................................................................................................................... 3
    Foster Care: Brief Overview .......................................................................................................... 3
    Reunification Services ................................................................................................................. 5
    Parent-Child Interaction: Challenges to the Implementation of Visits ...................................... 7
    Multi-Systemic Approach to Family Reunification Services ...................................................... 10
    Is There a Multi-Systemic Approach to Family Visitation Services? ....................................... 11

CHAPTER TWO: LITERATURE REVIEW .......................................................................................... 13
  Foster Care Permanency Planning ............................................................................................... 13
  Family Reunification Goal ........................................................................................................... 17
  The Value of Family Visitation ..................................................................................................... 19
    Service Planning: Family Visitation .............................................................................................. 20
    The Link Between Policy and Visitation Services ........................................................................ 25
    Family Visitation: Best Interest of the Child ............................................................................... 25
    Family Visitation: Stakeholders ................................................................................................... 28
    Limitations of Current Studies ..................................................................................................... 30
  Conceptual Framework ................................................................................................................. 34
    Researcher’s Approach ............................................................................................................... 34
    Theoretical Framework ............................................................................................................... 34
    Key Constructs ............................................................................................................................. 44

CHAPTER THREE: METHODOLOGY ............................................................................................... 53
  Main Concepts and Application to the Study ............................................................................... 53
    The Pragmatic Worldview ........................................................................................................... 56
    The Researcher’s Role ................................................................................................................ 54
    The Mixed Method Research ..................................................................................................... 56
  Research Question ....................................................................................................................... 58
  Research Methods ......................................................................................................................... 58
    Qualitative Strand Method .......................................................................................................... 59
    Measures ...................................................................................................................................... 62
    Variables ..................................................................................................................................... 67
    Data Collection Strategies .......................................................................................................... 68
    Ethical Considerations ................................................................................................................. 68
CHAPTER FOUR: FINDINGS ................................................................................. 77
Qualitative Strand ......................................................................................... 77
Sample Description .................................................................................... 77
Qualitative Findings ..................................................................................... 79
Family-Centered Practice Approach on Visitation Services .................. 80
Initial Planning ............................................................................................ 81
Parent’s Preparation for Visits ................................................................... 87
Frequency of Visits ..................................................................................... 90
Length of Visits .......................................................................................... 93
Visit Locations ............................................................................................ 95
Visit Supervision ........................................................................................ 108
Trauma-Informed Practice Approach on Visitation Services ............... 118
Worker’s Perspectives on Parent-Child Interaction ......................... 120
Worker’s Decisions and Interventions .................................................... 134
Institutional Resources ............................................................................. 146
Strength-Based Practice Approach Visitation Services .................... 151
Worker’s Perspectives on Parent’s Strengths ............................................ 153
Worker’s Perspectives on Parents’ Compliance with Mandated Services 155
Worker’s Perception of Parents ................................................................. 160
Worker’s Interventions with Parents ...................................................... 165
Worker’s Perspectives on Participation of Child’s Relatives in Visitation Services ................................................................. 178
Quantitative Strand ................................................................................... 182
Sample Description .................................................................................... 182
Quantitative Findings ................................................................................ 183
Visitation Services ..................................................................................... 185
Worker’s Supervision Time ...................................................................... 190
Training Specifically on Visitation ......................................................... 192
Decision-Making Process .......................................................................... 193

CHAPTER FIVE: DISCUSSION ........................................................................ 195
Introduction ................................................................................................ 195
Family-Centered, Strength-Based, and Trauma-Informed Model of Practice 196
Family-Centered Approach ....................................................................... 197
Visitation Plan and Preparation for Visits .............................................. 198
Frequency and Length of Parent-Child Visits ...................................... 200
Location of Visits ....................................................................................... 201
Visit Supervision................................................................. 203
Trauma-Informed Practice .................................................... 206
Worker’s Decision-Making Process ........................................ 206
Worker’s Supervision Time .................................................... 208
Training.............................................................................. 209
Strength-Based Approach ..................................................... 212
Child’s Birth Family Connections .......................................... 212
Worker-Parent Collaboration ................................................ 215
Limitations and Strengths ..................................................... 215
Implications for Policy and Social Change .............................. 218
Implications for Research ..................................................... 220
Implications for Social Work Practice .................................... 220
Conclusions......................................................................... 222

APPENDIX A: INTERVIEW SCHEME ........................................ 224

APPENDIX B: SURVEY .......................................................... 228

APPENDIX C: CONSENT FOR INTERVIEW ............................ 236

APPENDIX D: CONSENT FOR SURVEY ................................. 239

REFERENCES ........................................................................... 242

VITA ........................................................................................ 251
LIST OF TABLES

Table 1. Family-Centered Practice Model and the Interview Guide .......................... 63
Table 2. Trauma-Informed Practice Model and the Interview Guide ............................ 64
Table 3. Strength-based Practice Model and the Interview Guide .............................. 66
Table 4. Demographic and Background Characteristics of Sample Participants in
the Qualitative Strand of the Study ........................................................................ 78
Table 5. Summary of Worker’s Perceptions of Benefits and Limitations of
Visitation Settings ................................................................................................. 107
Table 6. Worker’s Training and Supervision Applied to Visitation ......................... 147
Table 7. Other Resources to Workers to Facilitate Visitation ..................................... 152
Table 8. Workers’ Perceptions on Parents’ Strengths ............................................... 155
Table 9. Factors Involved in Parent’s Participation in the Child’s Services ............... 173
Table 10. Demographic and Background Characteristics of Sample Participants
in the Quantitative Strand of the Study .................................................................. 184
Table 11. Supervisors’ Level of Preparation on the Subject of Family Visitation ....... 186
Table 12. Frequency and Length of Supervision Time with Workers .......................... 191
Table 13. Supervisor’s Recommendations to Workers about Increasing/Decreasing
Family Visits ........................................................................................................... 194
LIST OF FIGURES

Figure 1. Visual diagram of study design (Creswell & Clark, 2007) ............................... 57
Figure 2. Example of the category system ........................................................................... 72
Figure 3. FTS model on visitation services ........................................................................ 79
Figure 4. Family-centered approach to visitation services ................................................. 80
Figure 5. Initial planning ..................................................................................................... 81
Figure 6. Factors involved in workers’ decisions on length of visits ................................. 93
Figure 7. Identified locations for family visits .................................................................. 96
Figure 8. Factors involved in visit supervision .................................................................. 108
Figure 9. Trauma-informed practice approach to visitation services .............................. 119
Figure 10. Workers’ perspective on parent-child interaction ........................................... 120
Figure 11. Workers’ practices involved in decision-making process .............................. 134
Figure 12. Worker’s perspectives on institutional resources to workers and parents...... 147
Figure 13. Strength-based practice approach to visitation services .............................. 153
Figure 14. Major findings from quantitative data ............................................................. 185
Figure 15. Supervisors’ perspective on training addressing family visitation services .... 192
Figure 16. FTS Model in the context of visitation services ............................................. 197
ABSTRACT

The foster care system was designed to be a temporary placement for children when their parents are unable or unwilling to provide proper care and supervision. A permanency plan must be established for all children in care, stating clear goals for a permanent living arrangement to facilitate the child's reunification with his/her family. The current Illinois Child Welfare Practice Model promotes a family-centered, trauma-informed, and strength-based practice approach when providing child welfare services to families in foster care with the caseworker serving as the primary vehicle for facilitating change.

This study explored how this child welfare practice model is reflected in visitation services for families whose goal is reunification, as well as to explore the support and resources for caseworkers to provide visitation services within this practice model. This study used a mixed method design that included 20 in-depth interviews to caseworkers and 44 surveys to child welfare supervisors working for foster care state agencies.

The study results showed that despite caseworker’s commitment to the child welfare field and intention to empower families, they count on resources that are not adequate to perform the expected activities associated with their demanding workloads. The study results indicate that caseworkers receive limited training and preparation for responding to visitation challenges, which increases the likelihood that they base their
decisions on personal experience and beliefs, rather than on established best practice standard for safety assessment and intervention. The study highlights the need for a significant organizational shift in which visitation is viewed as a powerful tool for reunification and as a human and legal right for parents. The study findings suggested that this change may be possible by redirecting or increasing supports for visitation through training, professional consultation, and the creation of evidence-based clinical practice visitation guidelines.

The study findings also indicate the need for continued qualitative research to fully examine the complex psychological and interpersonal processes involved in parent visitation with children in foster care. Additionally, there is the necessity to explore the psychological and interpersonal challenges for child welfare workers when providing visitation services. Implications for child welfare policies, as well as, social work practice with families involved with the child welfare system were also discussed based on these findings.
CHAPTER ONE

INTRODUCTION

The parent’s constitutionally protected right to raise his or her children without state interference has long been recognized as a fundamental “liberty” interest protect by the Fourteenth Amendment and also as a fundamental right derived from the privacy rights inherent in the Constitution of the United States. The basis for government intervention in child maltreatment is grounded in its role of protecting the interests of children and in intervening when parents fail to provide proper care (Minow, 1987).

Beginning in the late 19th century, states and local jurisdictions initiated mechanisms to support and protect children. In 1912 the Federal Government established the Children's Bureau to guide Federal programs that were designed to support state child welfare programs. With the passage of the Social Security Act (SSA) in 1935, the Children’s Bureau began to administer federal aid to families with children, such as maternal and child health services, medical care for children with disabilities, and child welfare services (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2010).

Over the past several decades after the SSA, Congress has passed significant pieces of legislation that support the state duty and power to act on behalf of children when parents are unable or unwilling to do so. One of the key pieces of legislation to
address child protection is The Child Abuse Prevention and Treatment Act (CAPTA), which was enacted in 1974 to provide funding to assist states in developing their child protective services systems and work on prevention, assessment, identification, and treatment of child abuse and neglect, including foster care (Child Welfare Information Gateway, 2012). The foster care system was designed as a temporary placement to ensure protection to children whose parents are unwilling or unable to adequately provide care for them, or when parents posed a threat to child safety (Johnson & Wagner, 2005).

At the same time that child abuse and neglect reporting and intervention laws were being enacted, the number of child abuse and neglect reports increased. As more children entered foster care, the length of stay began to increase significantly, and children in care were neither being returned to their families nor placed with adoptive families. Growing concerns with the length of stay in care and lack of permanency led to the introduction and passage of legislation that advanced the concepts of permanency and ‘reasonable efforts’ as the “touchstones for services for children in foster care and their families” (Barbell & Freundlich, 2001, p. 13). These authors stated that, “The law required child welfare agencies to make ‘reasonable efforts’ to keep families together and […] It also outlined alternative permanency outcomes for children in foster care who could not be reunited with their families, including placement with relatives and adoption” (p. 13).

Toward this end, child welfare agencies are required to establish a permanency plan for all children in care, stating clear goals for a permanent living arrangement to facilitate the child's reunification with his/her biological family as a primary goal.
The permanency planning perspective integrates the basic notion that every child has the right to live in a family, preferably his or her own natural family, and to have the chance for development and growth (Pecora, Whittaker, Maluccio & Barth, 2000).

In order for family reunification to be effective, it is crucial that children in foster care maintain family connection through parent-child visitation, which is defined as the scheduled, face-to-face contact between parents and children involved with the foster care system (Hess & Proch, 1993). Visitation between the child and his/her biological family is the most important mechanism through which the child welfare system can determine and support permanency planning, it is also the primary mechanism through which family relationships are maintained while in foster care (Burry & Wright, 2006).

In Illinois, family-centered, a strength-based, and trauma-informed child welfare practice model is employed. This study sought to explore the extent to which this model guides the planning and implementing the family visits. The study sought to understand how this child welfare model informs the caseworker’s decisions regarding visitation services for families working towards a goal of reunification. Additionally, the study also explored how the state child welfare agency informs, prepares, and supports caseworkers in the implementation of this model in visitation services.

**Problem Statement**

**Foster Care: Brief Overview**

In the year of 2007 Child Protective Services determined that an estimated 900,000 individual children were victims of abuse or neglect in the United States. More
than 58.3% of these reports were made by professionals, including teachers, police officers, lawyers, and social services staff (U.S. Department of Health and Human Services, 2009). The law mandates the child protective services system (CPS) to receive and respond to reports of child abuse and neglect (Waldfogel, 2000). Depending upon the severity of each case, the CPS agency can either remove children from dangerous homes or offer support services to vulnerable families. If children are removed from their homes they will be placed in kinship care, foster homes, group homes, or sometimes in residential facilities, where they remain under the supervision of the child welfare system (Gainsborough, 2009). The court system determines whether and when a child can be returned home safely, or whether the child’s parental rights should be terminated, thereby changing the status of the case to adoption (Dettlaff & Rycraft, 2010).

The foster care system was designed as a temporary placement to ensure protection to children whose parents are unwilling or unable to adequately provide it for them, or when parents pose a threat to child safety (Johnson & Wagner, 2005). However, more and more children are removed to foster care, concerning the child welfare system with an estimated 12 million foster care alumni and over a half million children and youth currently in out-of-home care (U.S. Department of Health and Human Services, Administration on Children, Youth, and Families, 2010). According to national statistics, the mean age of children in foster care is 9.4 years while the average stay in care is 25.3 months (U.S. Department of Health and Human Services, 2010).

In comparison with national figures, Illinois has a higher rate and duration of placement. In 2007, the state of Illinois reported 16,272 children were in foster care, with
the majority placed in care due to parental abuse or neglect (Illinois Department of Children and Family Services, 2011). The average length of stay in care in Illinois is 54 months. The average age of children currently in foster care in the state is 10 years old, with 30% under the age of 5 (U.S. Department of Health and Human Services, 2004).

**Reunification Services**

Larner, Stevenson, and Behrman, (1998) stated that the problems faced by CPS agencies seemed to have become not only more widespread, but also more difficult to solve. In an effort to meet the primary objectives of safety and permanence, the federal government passed the 1997 Adoption and Safe Families Act. This act intended to rapidly move children to permanency in order to prevent families from languishing in foster care (Bass, Shields & Behrman, 2004; Johnson & Wagner, 2005; Larner, Stevenson, & Behrman, 1998; Wright & Thomas, 2003). Since the approval of this act, child welfare systems have been required to identify new service models to accelerate the process of obtaining permanency for children in foster care without compromising their safety and well-being (McBeath & Meezan, 2007). The permanency planning perspective integrates the basic notion that every child has the right to live in a family, preferably his or her own natural family, and to have the chance for development and growth (Pecora et al., 2000).

McWey and Mullis (2004), stated, “Under this new legislation decisions about the child’s well-being are to be made swiftly so permanency may be established for the child sooner.” (p. 293). In addition, they note that this act entails a reduction in the length of
stay of the child in foster care and requires that a service plan be established for the family earlier in the process of adjudicatory hearings.

The child welfare worker assigned to the case develops the service plan that incorporates the recommendations of the initial integrated assessment completed by a licensed clinician. In principle, the service plan addresses a wide range of services, including family and individual therapy, parent education, substance-abuse treatment and psychological evaluation that a parent must fulfill in order to regain the custody of his/her child (Larner, Stevenson, & Behrman, 1998; Sankaran, 2007). If reunification is determined as the goal, service plans mandate parental visitation between the biological parent and his or her child as a required service (Haight, Black, Workman & Tata, 2001). Schoppe-Sullivan et al. (2007) indicate that parental visitation is a critical step towards bringing families back together, and it is a demand that legislation includes in every family preservation effort. States that do not comply with these mandates may incur financial penalties if they do not make reasonable efforts to improve their performance towards reunification (Bass, Shields & Behrman, 2004; McBeath & Meezan, 2007).

Visitation appears as the primary child welfare practice intervention to accomplish permanency, as well as the primary mechanism through which family relationships are maintained while in foster care (Burry & Wright, 2006). Similarly, visitation, “includes keeping children connected to a range of significant people, associations, and places” (p. 901). Hess and Proch (1993) argued that for family reunification to be successful, parent-child relationships must develop adequately while child is in care. In addition, they defined parent visitation as the scheduled, face-to-face
contact between parents and children in foster care and consider this service as the heart of the family reunification.

The Illinois Department of Children and Family Services (DCFS) also recognizes the value of family visits, which clearly states in the Procedure 301.210 of Placement and Visitation Services P.T. 2001.08, “Family-child visiting is the Department's most valuable means of maintaining family relationships while a child is in substitute care and of promoting important family connections that can promote reunification when the child's permanency goal is Return Home” (p. 1). In this statement, the Department stipulates the legal and clinical obligations embedded in the visitation services. It specifically states that, “In response to these legal and clinical obligations, Department policy requires that a visitation plan be developed, with parental and child's input” (p. 1). According to these rules, the child welfare agency assigned to the case must ensure that the process of family visitation is correctly implemented and supported in the family’s service plan. The child-parent visitation services should be clearly specified in the service plan as pre-arranged face-to-face communication between parents and the children while placed in foster care (Schoppe-Sullivan et al., 2007).

**Parent-Child Interaction: Challenges to the Implementation of Visits**

Efforts to improve the conditions through which these visits take place resulted in the creation of the Supervised Visitation Programs (Crook & Oehme, 2007). These programs provide community-based services to promote positive family interaction while providing a safe environment for the child. One example of these programs is a Supervised Family Visitation Center which offers an alternative setting for foster children
to interact with their biological family while supervised by trained and impartial
observers (McWey & Mullis, 2004). However, it is important to clarify that the parent-
child visitation can take place without the intervention of an established program. In this
sense, the visitation between the foster child and his/her biological family can consist of a
supervised visit when a ‘neutral third party’, usually from the child welfare agency,
oversees the interaction (McWey & Mullis, 2004).

The current study will focus on family visits arranged and supervised by a
caseworker without the intervention of a Family Visitation Center and the role of the
caseworker in managing the case. This focus is based on the aforementioned importance
of visitation in supporting the permanency goal of family reunification and the
consideration that, “Using parental visiting to promote change of parent-child interaction
requires major investment of the caseworker’s time and ingenuity in planning, monitoring
and evaluating the visits” (Davis, Landsverk, Newton & Ganger, 1996, p. 378). While
making the arrangements for family visitation, caseworkers face some challenges and
considerations that seem to be completely ignored by the literature. For instance, some of
the difficulties embedded in the visitation plan are related to the location and
coordination of the visit. Under the Procedure 301.210 of Placement and Visitation
Services P.T. 96.24, the location of visits:

Should be made as comfortable as possible for the child. In most instances, that
location would be in the parent's home. Where the safety of the child might
require a more protective environment, visits may occur elsewhere such as in a
relative's home, the foster parent's home, in the parent's neighborhood, or a
visitation center. If safety of the child precludes any of those choices, the CFS or
private agency office might offer the most protection during the visit and should
then be the final choice. (p. 11)
Even though the literature gives important attention to the Family Visitation Centers and their role in the provision of adequate supervision services, many agencies do not rely on this resource when creating the visitation plan for their families in care. Most agencies utilize public and community resources when making family visitation arrangements. Nevertheless, meeting in public places might jeopardize privacy and comfort necessary to achieve a successful family interaction (Haight et al., 2001). There is a lack of empirical data to assess the viability of planning the visits in public places like restaurants and public libraries. In many cases, a specifically designed meeting place might offer the best possible solution since it allows the family to meet in a neutral space, apart from public interactions. Even though this might be a convenient arrangement for the worker there are continued concerns about the effects on the family interaction (Black, Workman & Tata, 2001). An office environment cannot reflect what a normal family interaction will entail. Given that the judgment about where visitation occurs must be balanced with the best interests of the child and their relationship to the parents, there is an urgent need for empirical data to assist workers and agencies when making visitation arrangements (Perkins & Ansay, 1998). The timing and duration of the visit are also important to assess. Haight et al. (2001) recommend that visits should ideally be held for several hours at a time and more than once a week. These authors assert that families moving towards physical reunification should be allowed longer stays with the child to assist with the transition back into the family.
Multi-Systemic Approach to Family Reunification Services

In 1989, Dr. Rocco Cimmarusti wrote the training curriculum for the State of Illinois public child welfare system to train workers in his multi-systems approach to family preservation (Cimmarusti, 1992). The DCFS Training Institute has utilized this curriculum to train family workers in the theoretical premises of the multisystem model, which “comprise an emphasis on strengths, on the assessment and removal of constrains, and on interacting levels” (p. 254). The multisystem model guides the family preservation work by empowering families while also being aware of the need to ensure a reduced risk of harm to children in care. Additionally, the model allows workers to assess, manage, and intervene in the complexity of the work with child welfare-involved families (Cimmarusti, 1992).

It is clear that DCFS currently embraces a more family-centered practice approach when providing child welfare services emphasizing the importance of achieving permanency, safety, and well-being in the best interest of children and families (Illinois Department of Children and Family Services, 2011). The mission statement for the IDCFS Cook County Region clearly states that, “We believe in keeping the focus on protecting children by strengthening and supporting families” (Implementation Plan for The Foster Parent Law, 2010), p. 3).

The family-centered practice model concentrates attention on the family as a unit, with an awareness of the workers’ need to immerse themselves in the intimate and powerful human systems in which people belong if they really want to provide help and understanding (Pecora et al., 2000). This model focuses its intervention on an intensive,
strength-based, and empowering dynamic between caseworker and parent. It highlights the parent-worker relationship that promotes parent’s involvement and participation in case planning as dynamic and meaningful participants (Maluccio, 1981; Pecora et al., 2000).

**Is There a Multisystem Approach to Family Visitation Services?**

In spite of a clear understanding of the multisystem approach to family reunification efforts, there is less guidance of the worker’s framework when making decisions about family visitation services. This lack of clarity might lead to misunderstandings and mistrust in the worker-parent relationship and jeopardize the ultimate goal of reunification (Haight et al., 2001). Similarly, Loar (1998) stated that caseworkers often simply assume the role of setting up safe places for visits without proper consideration of what will happen during the visit, particularly when the child might be at risk of harm or in a stressful environment. Therefore this author argues that organization, planning, and education are critical components of arranging a visit that are frequently disregarded by caseworkers due to high caseloads. State procedures on visitation services stipulate that “the place, frequency, length of visits and names of participants in the visit must be entered in the Visitation Plan and should be reviewed by the worker monthly and changed as warranted” (Procedure 301.210, P.T. 96.24, p. 11).

The fact that the worker has to review, supervise, and change the arrangements of the visits on a monthly basis (Procedure 301.210, P.T. 96.24, p. 11) introduces a whole different aspect of the role that caseworkers play in the planning and implementation process of the family visitation. In other words, caseworkers are required to make
decisions regarding visitation services, but the theoretical framework and practice approach informing these decisions have been loosely emphasized in research as well as in the state’s procedures and practice approach.

The purpose of the current study is to explore how family visitation services are operationalized in this multisystems approach, particularly how this family-centered, strength-based, and trauma-informed child welfare practice model informs the caseworker’s decisions on visitation services in regards to the place, frequency, length of time, and supervision arrangements when planning and implementing the visits. Likewise, this study examines how the state child welfare agency provides support, information, and resources to prepare caseworkers in the implementation of this model in visitation services.
CHAPTER TWO

LITERATURE REVIEW

Foster Care Permanency Planning

There are a number of definitions in the literature when describing permanency and permanency planning in the child welfare system, but in order to review its meaning, it is important to understand what the concept of permanence entails. The word permanence denotes attributes of durability, perpetuity, continuing or enduring without marked change in status or condition or place. When the word permanence is integrated into child welfare policy language, it proposes long term and meaningful connections between a child and a caring adult (Lutz, 2003). “It has taken the child welfare system over three decades to fully comprehend and then implement key policy and practice reforms that emphasize permanence as a fundamental requirement for the healthy development of a child” (p. 3).

This integration of permanency into the policy language in child welfare is a direct result of the concerns regarding foster children drifting in the system (D’Andrade, 2005) which prompted the permanency planning movement that begun in the 1970’s (Rycus, Hughes & Ginther, 1988). This movement – fueled by many publications describing the reality of children in out of home care helped professionals and advocates understand that the children’s “multiple moves had a devastating impact on a child’s long term emotional health” (Lutz, 2003, p. 5). In 1980, the scope of permanency planning
was extended to include children in their own homes (Rycus, Hughes & Ginther, 1988). Permanency became a central aim supported by two of the most important Acts – The Adoption Assistance and Child Welfare Act of 1980 and more recently the Adoption and Safe Families Act of 1997, – which “emphasize the idea that every child should have a permanent home” (D’Andrade, 2005, p. 608).

Barth and Chintapalli (2009) define permanency as a “state of security and attachment involving a parenting relationship that is mutually understood to be a lasting relationship” (p. 88). This concept entails family connection and nurturing parental relationship to ensure stability in the child’s life. In line with this concept, permanency planning refers to the use of legal interventions to secure that stability and lasting relationships for children in care (Cooper & Webb, 1999). It also involves “a comprehensive case planning process directed toward the goal of a permanent, stable home for a child” (Rycus, Hughes & Ginther, 1988).

Maluccio and Fein (1983) indicated that the concept of permanency planning was broad and ambiguous. They reviewed several definitions provided in the 1970’s including Pike et al. that in 1977 stated that “permanency planning means clarifying the intent of the placement and, during temporary care, keeping alive a plan for permanency” (cited by Maluccio & Fein, 1983, p. 196). In this review of several definitions, the authors drew from varied orientations and proposed an integrative concept of permanency planning that has been taken up for many authors in subsequent decades. They defined permanency planning as a “systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer
continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships” (Maluccio & Fein, 1983, p. 197).

This definition of permanency planning embodied four key components: (1) values and theory; (2) program; (3) methods; and (4) collaboration. The values and theory is primarily based on the principles of raising children in a family setting, the importance of parent-child attachment, and the significance of the biological relatives in human connectedness. In terms of the service delivery program, permanency planning is focused on a systematic, goal-directed planning that embraces a specified time frame for children in out of home care. “Planning becomes a central and continuing component of the helping process, to achieve continuity of care and assure stability in the child's life” (Maluccio & Fein, 1983, p. 198). Methods in permanency planning refer to techniques or case management strategies focusing on specific practice interventions or activities between social workers and caregivers involved in a case. Additionally, it involves the record-keeping actions to structure and reinforce decision-making procedures. Lastly, collaboration among different stakeholders contributes to the formulation and implementation of an effective permanent plan for a child and his/her family, which “require[s] a sense of mutual respect and a spirit of active collaboration among child welfare personnel, lawyers, judges, and others working with children and their parents” (p. 199).

Hence, permanency planning appears as a concept that includes the assumption of a time-limited nature of foster care, the rights of parents within the nuclear family, and the need for a secure legal status that will contribute to move the child out of the system
In summary, “the concepts of permanency planning are derived from an understanding of the developmental needs of children and the traumatic effects of separation and placement on children’s development” (Rycus, Hughes & Ginther, 1988, p. 46).

Despite this inclusive definition of what a permanency planning entails, the meaning and interpretation of this pivotal concept might be unclear and ambiguous when it involves stakeholders outside of the child welfare practitioners. In a qualitative study, Freundlich, Avery, Munson, and Gerstenzang (2006) examined how these multiple stakeholders involved in a child welfare case (i.e., birth parents, foster parents, adoptive parents, children and youth, etc) interpret permanency and how the concept is communicated to them by their caseworkers. The study utilized a participatory action design to actively involved 71 people distributed in young adults formerly in foster care, parents of children currently in foster care, parents who had been reunified with their children, and adoptive parents. They also conducted interviews with eighteen child welfare professionals, including judges, law guardians, social workers, adoption attorneys, representatives from private agencies and public private initiatives, and representatives from community-based and other advocacy organizations in New York City. The study found that despite of the clear legal definition of permanency, the use of the term is confusing and ambiguous. The findings revealed that the individuals most directly impacted by permanency efforts “often did not understand the concept or its implications for them and that they often were not supported in gaining this understanding” (Freundlich et al., 2006, p. 756).
The findings of this study as well as the many definitions encountered in the literature might suggest the need for an open and clear communication among all stakeholders about permanency and in particular, about the importance of including all stakeholders in the planning and implementation of family services for children in foster care.

**Family Reunification Goal**

Understanding that all children have the right to a healthy and safe childhood in a nurturing and permanent family, both the legal and child welfare system must ensure family-based living situations that are permanent for children (National Council of Juvenile and Family Court Judges, 1999). One of the primary paths to ensure permanency goals is to reunite children with their biological families (Sanchirico & Jablonka, 2000; Wulczyn, 2004). In this sense, family reunification is a process of helping the child and his/her biological family build and preserve an optimal level of communication that entails ways of affirming the child’s relationship with the biological parents and his/her membership to the family (Davis, Landsverk, Newton & Ganger, 1996). The reunification process does not begin or end when the child has fully returned to the biological family, the process suggests a variety of services and support to both the nuclear and extended family.

Wulczyn (2004) stated that family reunification can be viewed from multiple perspectives. In his article on family reunification, the author recounts three contexts: law, policy, and practice. In line with this description, the law would indicate that parents have the right to direct the care, custody, and control of their children; and it is assumed
that, until or unless demonstrated otherwise, they will be considered in a child’s best interest. From a policy perspective, there are three major pieces of prevailing legislation that guide the nation’s child welfare system that contain the strong language in favor of family preservation: the Indian Child Welfare Act of 1978, the Adoption Assistance and Child Welfare Act of 1980, and the Adoption and Safe Families Act of 1997. Wulczyn (2004) also mentioned that in the practice arena “due in large part to the legal and policy framework protecting parental rights, family reunification remains the primary permanency goal for most children who come into the child welfare system” (p. 98).

Since the passage of the Adoption and Safe Families Act in 1997, family reunification has gained much importance in foster care practice. The concern about the length of time children spent in foster care, prompted policy makers and practitioners to pay attention to placement prevention and family reunification (Pine, Spath & Gosteli, 2005). At this point, children were either reunified with their families or they were not, which corresponded to the hitherto definition of family reunification as to the “physical reunion of children, who are placed in family foster care or group care settings, with their biological families, [thus] practice has been based on the premise that children should either be returned to their families or placed permanently elsewhere” (Maluccio, Fein, & Davis, 1994, p. 490).

Maluccio, Warsh, and Pine (1994) indicated that this perspective was too simplistic and not responsive to the reality of families in foster care. Instead, practitioners interacting with families should re-considerate the concept of reunification for one that really takes into account the individual and complex needs of children and their families.
involved with the foster care system. They proposed a new definition of family
reunification as follows:

Family reunification is the planned process of reconnecting children in out-of-
home care with their families by means of a variety of services and supports to the
children, their families, and their foster parents or other service providers. It aims
to help each child and family to achieve and maintain, at any given time, their
optimal level of reconnection—from full re-entry of the child into the family
system to other forms of contact, such as visiting, that affirm the child’s
membership in the family. (p. 3)

This expanded definition underlines principles and guidelines that promote family
reunification as an integral part of the concept of preserving families. Additionally, it
includes a more dynamic process when it comes to intervening with families, taking into
account the child’s and family’s needs, qualities, and strengths (Maluccio, Fein, & Davis,
1994).

**The Value of Family Visitation**

Many research findings emphasize the value of the parent-child relationship and
family connection through visitation services. For instance, one study underlined that,
“This connection offers the child living in foster care a chance to develop an enduring
relationship that the child might not be able to develop elsewhere in foster care” (Mapp,
2002, p. 176). McWey, Acock and Porter (2010) studied the depression and
externalizing problems of children in foster care by examining their association with the
amount of contact with their biological parents. Some of their findings support their
hypothesis that children with no contact with their birth mothers had higher scores on
externalizing problem behaviors in comparison with those children without a visitation
plan in place. In another study, Simsek, Erol, Otop and Munir (2007) found that
continued contact with biological parents as well as the perceived support from the environment served as protective factors against emotional and behavioral problems.

There are numerous studies that have utilized attachment theory as a framework to demonstrate that children who maintain regular contact with their biological parents not only continue to exhibit physical and emotional growth, but are also provided with the capacity to build subsequent relationships with new caregivers (Davis et al., 1996; Green & Goodman, 2010; Mapp, 2002; McWey, 2004; McWey, Acock & Porter, 2010; McWey & Mullis, 2004; Schoppe-Sullivan et al., 2007). Allan (2001, as cited by Basham & Miehls, 2004) indicated, “Attachment interactions generate mental representations that underpin subsequent interactions” (p. 115). In addition to the development of positive attachments, Mapp (2002) argues that the connection with the biological family allows the child to maintain a sense of family history and identity necessary to endure the psychosocial stages of development, especially those that take place during adolescence.

Service Planning: Family Visitation

History. Historically, supervised visitation services were established in response to the needs of children in court-ordered foster care or residential placement due to the allegations of abuse or neglect in the family dynamic (Maxwell & Oehme, 2001). Parallel to family cases within the child welfare system, supervised visitation programs were also developed to address the needs of families facing post-separation or divorce conflicts (Birnbaum & Alaggia, 2006). Crook and Oehme (2007) stated that supervised visitation programs emerged in the late 1980’s as an alternative for courts to address the needs of
children whose parents were experiencing separation and divorce. In this way, these programs provided an “outside resource” to facilitate contact between the child and the non-custodial parent (Birnbaum & Alaggia, 2006). These authors explain that supervised visitation is one way of promoting family contact when children are embedded in contentious family dynamics including domestic violence or parental misconduct. In other words, these programs “provide services that make it possible for children to visit with parents with whom they might not have been able to establish contact otherwise” (p. 121).

The first supervised visitation center was established in 1982 and in the past decade the field has experienced a significant proliferation of supervised visitation programs in the country. There were 56 identified programs working in 28 different states in 1995 and about 525 programs across the country by the end of 2007 (Crook & Oehme, 2007; Straus, 1995). Supervised visitation centers offer a wide range of services (Birnbaum & Alaggia, 2006) from one on one supervision to therapeutic supervision services (Crook & Oehme, 2007). McWey and Mullis (2004) state, “Family Visitation Centers provide an alternative setting where children can visit with their parents in a safe environment and where objective observers can monitor the visits” (p. 293). These authors discuss the importance of relying on trained observers to oversee the interaction by becoming a “neutral third party,” one who facilitates the interaction and ensures a safe environment for the child.

With the rapid expansion of visitation programs, research on the topic has also experienced exponential growth in the last two decades. In the article, Supervised
Visitation and Family Violence, Straus (1995) mentioned the importance of parent-child visitation as a way to support family connections and to compensate for the negative effects of removal and separation of the child from the biological family. It seems that in the mid 1990's some questions had emerged about the relationship between foster children and their biological parents as well as the impact of their interaction during the time the child remains in care. These questions have led to a significant number of studies aimed at eliciting information regarding this relationship and the role played by different visitation programs in strengthening or deteriorating the relationship.

**Policies.** In order to appreciate current state visitation policy, it is necessary to understand antecedents in child welfare policy that have had a direct impact on visitation practices. One of the most important laws, The Adoption Assistance and Child Welfare Act of 1980 (Pub. L. No. 96-126), was designed to respond to concerns that children were quickly removed from their homes and that once in care, children were spending prolonged periods of time in foster care (D’Andrade, 2005; Pine, Spath & Gosteli, 2005)

Edwards (1994) argued that this federal legislation attempted to balance the need to protect children with the policy of preserving families. “Congress concluded that children need permanent homes, preferably with their own parents, but, if that is not possible within a reasonable time, with another permanent family” (p. 4). The author also indicates that the Adoption Assistance and Child Welfare Act of 1980 was based upon three important principles: (1) preventing unnecessary foster care placements; (2) suitable and safe reunification of children with their biological parents when possible; and (3) expeditious adoption of children unable to reunify with their parents. This law also
required the states to make “reasonable efforts” to enable children stay safely at home before deciding to place them in out of home care (Cimmarusti, 1992).

The AACW Act of 1980 was enacted during a period in which political emphasis was on rehabilitation, and the law mandated CPS to use all practical means to reunite children with their birth parents by offering rehabilitative services to each family according to its particular needs. However, by 1982, the political climate had shifted and the U.S. Department of Health and Human Services experienced a significant financial cut that resulted in the eradication of many rehabilitation programs (Ansay & Perkins, 2001). In addition to these budget restrictions that impacted the provision of family services, further abuse and death of children continued to be a concern for society. Therefore, many states gave priority to children’s safety by giving precedence to the best interests of the child in matters of rehabilitation. “These interests include the child's right to the protection of the court and the court's obligation to view custody decisions from the child's perspective” (p. 222).

In line with this shift, The Adoption and Safe Families Act (ASFA, PL 105-89) of 1997 appears as the most recent change in federal policy related to foster care. The new law supported states financially and enacted tighter time limits (12 months instead of 18 months) for parents to regain custody before their parental rights are terminated. Likewise, monetary incentives were made available to states for increasing their adoption rates (Ansay & Perkins, 2001; Olmstead, McWey & Henderson, 2010). Pine, Spath, and Gostelli (2005) stated that the establishment of these timelines placed an emphasis of family reunification practice as this act provides explicit funding for intensive
reunification services. “Congress had several goals when it passed these revisions [ASFA], including improvement in child safety and the promotion of permanency for children through adoption and other permanent plans, as well as reunification” (p. 380).

Consistent with federal and state law, every agency is obligated to develop service plans for families with children in placement that address reunification services and the agency efforts to accomplish it. As a consequence, the Child and Family Services Reviews (CFSRs) of 1994 were created by Congress as an effort to evaluate the performance of child welfare agencies and their attempt to meet national standards. Primarily, agencies are evaluated on a wide range of systemic, family, and child outcome measures to establish whether or not they are promoting safety, permanency, and well-being for children in foster care (Bass, Shields & Behrman 2004). In this way, states that do not comply with federal requirements are prompted to submit performance improvement plans to the government stating a clear plan to overcome their shortage. States have a two-year period to demonstrate progress or they “may incur [in] financial penalties if they do not demonstrate improvement” (p. 7).

Despite the existence of ASFA and other acts supporting permanency planning and reinforcing agencies’ commitment towards reunification, there are continued areas of concerns regarding the states’ current visiting policies. Hess (2003) found that, “In a sizable proportion of the responding states, policies do not address critical areas of visit planning, implementation, and evaluation” (p. 17). As a consequence, the lack of specific standards may mean that parenting visitation happens sporadically (Hess, 2003).
The Link Between Policy and Visitation Services

As evidenced by the Federal Children and Family Services Reviews (CFSR) completed in 2011, one of the aims of the Illinois Child Welfare Practice Model is “to ensure that child welfare service planning, assessment and decision-making is family-centered, trauma-informed and strength-based” (IDCFS, Children and Family Services Reviews, 2011, p. 9). The roots of this model date back to the Illinois Round one of the Program Improvement Plan (PIP), and require that “agency assessments and interventions must be systematically targeted to both the child, the family and to agency systems, with the caseworker serving as the primary vehicle for facilitating change and managing the coordinated responses required in the child welfare system” (p. 9). This model not only embraces a more trauma-informed practice approach when providing child welfare services in Illinois, but also is intended to further the Department’s mission of protecting children by strengthening and supporting families.

Family Visitation: Best Interest of the Child

The link between visitation and family reunification seems to be well supported by empirical data (Davis et al., 1996; Green & Goodman, 2010; Mapp, 2002; McWey, 2004; McWey, Acock & Porter, 2010; McWey & Mullis, 2004; Schoppe-Sullivan et al., 2007; Simsek et al., 2007). A review of the literature indicates that the relationship between non-custodial parents and their children residing in foster care has received great attention in research. Many studies are focused on the value of continuing the parent-child bonding through visitation to help the child better cope with the stress of separation. As a consequence, there is a vast literature emphasizing the family relationship from the
perspective of attachment theory which attempts to address the effects that continued contact with parents has on the child’s developmental growth and emotional well being. In order to understand the parent-child dynamic, attachment theory is identified in the literature as one of the most reliable tools to describe and explain the dynamic in the dyad. Bowlby (1977) defined attachment as “the propensity of human beings to make strong bonds to particular others and of explaining the many forms of emotional distress and personality disturbance, including anxiety, anger, depression, and emotional detachment, to which unwilling separation and loss give rise” (p. 201). Bowlby is one of the pioneers of attachment theory and, in fact, his conceptual model is utilized as a framework to assess the impact of visitation on the child’s physical and psychological development.

In a study done by McWey, Acock and Porter (2010), they used a subsample of data (n=362) from the National Survey of Child and Adolescent Well-Being to examine depression and externalizing problems of children in foster care. Data were collected through interviews from children, their current caretakers, and local and state child protective services agencies. The findings supported the assumption that more frequent contact with the biological mother was marginally associated with lower levels depression and significantly associated with lower externalizing problem behaviors.

Similar to these findings, Cantos, Gries, and Slis (1997) had already explored the effects of parental visiting on the emotional and behavioral adjustment of children in care. They included in their first part of the study a sample of 49 children in foster care who were referred for therapy because of their behavior problems identified by their
foster parents, teachers, or caseworkers. During the second part of the study, they included a comparison group of 19 children who had never been referred for therapy since their initial placement in care. Researchers used the Child Behavior Checklist, the Wide Range Achievement Test as well as the gathering of information from interviews, children’s files and case records. The study found that the children who had consistent visitation with parents were rated as exhibiting fewer behavior issues mainly those of an internalizing nature (i.e., withdrawal, depression, anxiety) in comparison to children who were visited sporadically or not at all.

McWey and Mullis (2004) also developed a study with the purpose of testing a model explaining the quality of attachment. They used a sample of 123 children in foster care that were receiving supervised visitation services with their biological parents. Researchers collected data from case records and the Attachment Q-set, which they presented as a reliable assessment to observe the interaction between a parent and child in a natural setting. The results indicated that for families in which reunification is the main goal, children who visit their parents more consistently have stronger attachments than children win sporadic contact. In addition, they found that children with more secure attachment were less likely to take psychiatric medication and were less likely to be termed "developmentally delayed" than were children with less secure attachment. Researchers stated that “these results reinforce the assertion that if a positive relationship between the child and the parent can be maintained after removal from the home, the child will more likely adapt to his or her current situation” (McWey & Mullis, 2004, p. 299).
Family visitation has been found to have not only an impact on the child’s well-being, but also on the parents’ commitment to reunification. Laughlin, Arrigo, Blevins, and Coston (2008) examined the issue of child visitation for criminally confined mothers. As their analysis demonstrated, “visitation impacts recidivism reduction, promotes family reunification post-release, and makes positive community reentry possible” (p. 233).

**Family Visitation: Stakeholders**

Several stakeholders are identified when discussing the issue of supervised family visitation. A stakeholder, in the context of this review, refers to a person, group or organization that has a legitimate interest in the child-parent contact for families involved with the child welfare system in the United States. Therefore, key stakeholders include biological families, foster families, child welfare agencies, and the legal system.

Families including, but not limited to, biological parents and children constitute an important stakeholder in the issue of supervised visitation. Mapp (2002) discusses the child’s reaction to visitation by explaining that there are both verbal and non-verbal reactions that need to be carefully assessed and identified prior to considering visitation planning. In this sense, it can be expected that the children display negative reactions after having the visit with a parent, which leaves room for a better understanding of the intervention tools workers need to obtain while supervising a family visit.

Foster families play an important role in the development of family visitation. In fact, “Foster parents’ attitudes and behaviors can significantly influence the child’s reaction to visiting and their ability to resolve the trauma of placement” (Simms & Bolden, 1991, cited by Mapp, 2002, p. 179). If the foster parent disapproves of parent-
child communication, this might create loyalty conflicts for the child (Mapp, 2002; MacWey, Acock & Porter, 2010). Foster parents can also manipulate the frequency and logistics of visitation. They can make suggestions based on the child’s behaviors observed at home, which demands that the worker validate their concerns while advocating for the biological family interactions.

Mapp (2002) corroborated that caseworkers have a great deal of power and control over visitation arrangements. This author explained that there is a strong correlation between the visiting plan established by the caseworker and the actual implementation. They stated, “Parents tend to visit according to the schedule determined by the agency and are less likely to visit if there is no established schedule” (p. 179).

As previously stated, the level of caseworker involvement needs more consideration. Workers are required to fill out documentation and to write reports of the visits to send to court and other providers, tasks that increase the level of responsibility and commitment to the family. State programs and agencies need to be accountable for the provision of training and support to the workers (case managers, case aids, etc.) to ensure the acquisition of the appropriate tools to enhance the quality of the supervision.

Discussing the role of the foster parents in the child-parent visitation plan as well as the role of the extended family need to be incorporated in future studies to provide a broader sense of what a family visitation entails and what people or stakeholders need to be involved.

In a study done to compare birthparent participation in families with child welfare vs. no child welfare involvement, the authors found that the likelihood of having parents
at high levels of participation increased by 49% for families with no involvement with child welfare programs (Green & Goodman, 2010). These authors attributed the difference to the fact that, “The public child welfare system often imposes restrictions on birthparent visitation and contact” (p. 1362).

The legal system also plays a critical role in child welfare cases when it comes to family visitation, given that in countless opportunities decisions about supervised visitation are implemented in court hearings and established as court-ordered restrictions.

Haight et al. (2005) discuss the importance of getting all members of the child’s support network into agreement since foster parents, biological parents, and caseworkers often have conflicting ideas and expectations about their responsibilities and level of involvement.

Limitations of Current Studies

The topic of supervised family visitation has been extensively studied for the last three decades. There are main topics identified for this review as they seem to address critical concerns and questions emerging from this fairly new visitation practice. Findings from the studies show a significant attempt to gather information about the relationship between the biological family and the child in foster care. However, this writer assessed that some of the articles present data from previous studies in a way that confirms their initial research hypothesis. In other words, some literature reviews reflect what the author wants to address or find throughout the course of the data analysis. For instance, in the study on The Impact of Supervised Visitation, McWay and Mullis (2004) introduced the finding of the research done by Leathers (2010) to support the idea that for
children in foster care, the incidence of visitation, regularity of the parent in the visitation schedule, and the length of time in foster care could be determinant factors for attachment maintenance with birth parents. However, when reviewing the Leathers’ study in depth, it was noted that the author’s main point was precisely addressing that the dynamic between parent and the child during the family visitation “might be more complex that is generally understood” (p. 53). This author found that the frequency of parental visitation is not directly associated to the emotional and behavioral issues of teenagers placed in non-kinship care. Therefore, some studies fail to recognize that the differences in child and family characteristics such as age, from one study to the other pose a challenge when it comes to generalizations among studies.

Studies might be done around the same topic but the research conditions vary to the extent that their results are not necessarily complementary or comparable. In the case of the studies using attachment theory as a framework to explain and understand the parental visiting effects on children in care, studies present significant variations to take into consideration. For instance, restricting samples that include children age 5 and under limits what can be learned about the vast population of children in care. In the same way, correlational studies present some discrepancies in the way data has been collected, mainly when the population varies and visitation effects might not be comparable between children in residential settings and those in traditional foster homes.

There are also a few longitudinal studies that are able to measure effects of attachment over time and assess the relationship once the children are in adulthood (Crook & Oehme, 2007; Davis et al., 1996; Meezan & McBeath, 2007). In this sense,
many of the studies presented cross-sectional data from national data sets as a secondary analysis design (Green & Goodman, 2010; Leathers, 2003; McWey, Acock & Porter, 2010; Olmstead, McWey & Henderson, 2010; Sanchirico & Jablonka, 2000; Thoennes & Pearson, 1999). Cross-sectional studies are carried out to investigate, in this context of family visitations, associations between risk factors and the outcome of visitation. They are limited, however, by the fact that they are carried out at one time point and give no indication of the sequence of events, whether the effects occurred before, during, or after the onset of the evaluated outcome. Therefore, many of studies failed to provide information on whether the effects can be attributed to other causes; thus, it becomes problematic to infer causality.

Some studies presented a review of the theoretical framework based on previous research data without presenting empirical analysis. This is the case in the study, *A Framework for Family Visiting for Children in Long-Term Foster Care*, in which the author reviewed the existing literature on family visitation for children in foster care to support the value of parent-child connection and its impact on the child’s physical and emotional growth (Mapp, 2002). Likewise, another article reviewed the child welfare research findings to examine the experience of former foster youth in regards to placement changes and their transition to adulthood (Havlicek, 2010).

On the other hand, it was also noted that observational tools were used to assess the quality of interaction between the parent and the child when looking at attachment patterns in four of the studies included in this review. However, questions emerged in regards to the quality of the assessment. For example, three of the four studies using
observational tools were limited to only observing each parent-child dyad during just one visitation session (Haight, Black, Workman & Tata, 2001; McWey, 2004; McWey & Mullis, 2004; Schoppe-Sullivan et al., 2007). In addition, this author noticed the lack of information provided about the observational tool and its procedures. Assessment of child and family outcomes and behaviors must be tracked over time. In addition, questions about the observer seemed to be completely overlooked. For instance, it would be important to know the characteristics of the people supervising or observing the visit, including demographic information such as age, gender, cultural background and level and field of education. This is crucial information as personal characteristic would not only affect the interaction with the family but also it would also help practitioners reduce bias and become more objective when trying to assess parenting skills and family dynamics. In addition, none of the studies provided information about visitation protocols, which could help the reader understand what type of standardized tools observers as well as practitioners involved in family visitation utilized during the visits. This lack of information elicited conversation about whether those protocols are even created or implemented.

Despite the limitations every study entails, these findings have provided the field with some elements to assess the importance of family visitation for children who are in out-of-home placements. However, what really seems to be a concern, which has been vaguely addressed in the literature, is the lack of standardized procedures to regulate the logistics embedded in family supervision. Issues related to agency visitation policies as well as the role of the different facilitators continue to be disregarded.
Conceptual Framework

Researcher’s Approach

Understanding that this investigation will take place in the state of Illinois and that the Illinois Department of Children and Families Services has adopted the Family-centered, Strength-based, and Trauma-informed Model (FST Model) to serving children and families, this researcher’s conceptual framework will be informed by the theories underlying this model of practice. This study seeks to explore the extent to which this FST model is employed statewide when planning and implementing the family visits. In order words, the study’s approach intends to understand how this model is reflected in the caseworker’s decisions on visitation services for families working towards the reunification goal.

Theoretical Framework

This study will refer to three theories that go hand in hand with the key components of the Illinois Model of a Trauma Informed Child Welfare System.

EmPowerment theory. The origin of empowerment as a form of theory goes back to the Brazilian educator, Paulo Freire (1986), when he suggested the role of education as a plan for liberating oppressed people around the world. He emphasized the importance of engaging local adults in their own education and liberation taking into account their needs as learners. He proposed that the pedagogy of the oppressed needed to be a construction with people instead of for people.

Adams (2003) defines empowerment as, “the means by which individuals, groups and/or communities become able to take control of their circumstances and achieve their
own goals, thereby being able to work towards helping themselves and others to maximize the quality of their lives” (p. 8). Gutierrez (1995) describes it as “the process of increasing personal, interpersonal, or political power so that individuals, families, and communities can take action to improve their situations” (p. 229). Rappaport (1987) states that “empowerment...conveys both a psychological sense of personal control or influence and a concern with actual social influence, political power, and legal rights” (p. 12).

Empowerment has been described as a theory, a practice, a goal, a process, and a method (Cearley, 2004). While most theorists have described empowerment in similar terms, the concrete definition of empowerment remains vague (Hipolito-Delgado & Lee, 2007; Perkins & Zimmerman, 1995). For the purpose of this research, the definition of empowerment would attempt to connect the personal and the social, the individual and society, the micro and the macro (Sandan, 2004). Empowerment will be addressed in this study as a “social process of change encompassing individual and community empowerment, which could benefit from an empowering professional practice” (Sadan & Churchman, 1997, p. 3). The authors clarify that an empowering professional practice is not a necessary requisite for an empowerment process. However, they argue that using qualified approaches and tools when working with powerless individuals and communities may enable and facilitate the process of empowerment.

The concept of empowerment links individual well-being with the larger social and political milieu (Perkins & Zimmerman, 1995). “Empowerment-oriented interventions enhance wellness while they also aim to ameliorate problems, provide
opportunities for participants to develop knowledge and skills, and engage professional as collaborators instead of authoritative experts” (p. 570).

In a case study of community consultation Good et al. (1997) assessed the gap between a low-income community and its public school. They identified three types of participation structures: (1) family to school communication, (2) communication among families, and (3) an active family-run organization. The questions guiding their assessment were, first, how can parents and families be involved in school in ways that benefit both their own empowerment and the children? Second, where might barriers exist for meaningful family involvement? Third, what are some characteristics of meaningful family involvement?

The study found that limited access to the school and deficient communication could leave parents out of the decision-making processes. The authors discussed that with the lack of active commitment by the school district to “recognize families as significant stakeholders in the education of their children, families will find it hard to participate in the process” (Good et al., 1997, p. 293). The study also found the need to involve the parents in school activities and decisions as well as to treat them with respect and regarded as partners in the social, emotional, and cultural development of their children. In order to achieve good outcomes in parental participation, families need to be involved in decision-making and planning. “Meaningful parent involvement also requires that school administrators believe parents have strengths and interests that make them unique stakeholders and contributors to their children’s education” (p. 294).
Perkins and Zimmerman (1995) state that theories of empowerment encompass both processes and outcomes, implying that actions, activities, or structures may be empowering and the outcome of these processes demonstrate the level of empowerment. They emphasize that the distinction between process and outcome is crucial for the theory to be clearly defined. Along with this distinction, empowerment processes are developed in different contexts or populations. For instance, empowerment process for individuals might include community involvement or participation in organizations. At the organizational level, empowering processes might refer to collective decision making, while for the community level might imply action to access to government and other community resources. “Empower suggests that participation with others to achieve goals, efforts to gain access to resources, and some critical understanding of the sociopolitical environment are basic components of the construct” (Perkins & Zimmerman, 1995, p. 571). At the community level, empowerment alludes to collective actions to enhance the quality of life for individuals and families as well as to the connection among community organizations.

Cearley (2004) discuss that an empowerment paradigm uses a strengths perspective in which the main emphasis is in people’s strengths and areas for improvement. This paradigm rejects the medical model of identifying and focusing on problems, symptoms, or pathology. “Empowerment-oriented workers, supervisors, and agencies understand that they best serve by recognizing the strengths of help-receivers and how they have successfully used those strengths in past and current situations” (p. 314).
**Trauma theory.** Many children experience stressful events as they are growing up, but adverse childhood experiences are not necessarily traumatic events. Children feel traumatized whenever they fear for their lives or for the life of someone they love (Cohen, Mannarino & Deblinger, 2006). Features that distinguish traumatic events consisting of either a direct personal experience or witnessing and event involving that threat of death, serious injury, or serious harm must occur (Sadock, Sadock & Kaplan, 2007). Some examples of traumatic exposures or children and adolescents include physical or sexual abuse; witnessing or being the direct victim of domestic, school, or community violence; being kidnapped; motor vehicles or household accidents; natural or human-made disasters, such as floods, hurricanes, tornados, explosions, or airline crashes; potentially life-threatening illnesses, such as cancer, burns, or organ transplantation; sudden death of a parent, sibling or peer; and exposure to war, terrorism, or refuge conditions (Cohen, Mannarino & Deblinger, 2006; Sadock, Sadock & Kaplan, 2007).

Some of the multiple and intense negative emotions result in incessant crying, inability to be soothed, problems in eating, sleeping, and elimination, hyperarousal, and intense distress during transitions. In addition, toddlers may show intractable tantrums, lowered resilience to frustration, and somatic complaints (Lieberman, 2004). These ongoing difficulties are known as posttraumatic stress disorder (PTSD). A child's risk of developing PTSD is related to the seriousness of the trauma, whether the trauma is repeated, the child's proximity to the trauma, and his/her relationship to the victim(s) (Sadock, Sadock & Kaplan, 2007).
In the experience of ongoing traumatic life events, some children may develop difficulties in multiple and significant domains, encompassing affective regulation, interpersonal relationships, self-esteem, academic and vocational performance, and maintenance of individual safety among others (Cohen, Mannarino & Deblinger, 2006). These difficulties can elicit more specific issues related to severe mood instability, relationship conflicts, self-injurious behaviors and academic struggles just to name a few. “This constellation of difficulties has sometimes been referred to as complex PTSD” (p. 13).

Salmon and Bryant (2002) argue that the initial attention to the effects of trauma on combat troops was the partly the reason for the prevalent focus on adult trauma reactions. They indicated that it was not until 1987 that diagnostic formulations recognized that children’s reactions to trauma might differ from those of adults. In addition, Salmon and Bryant found that children's ability to use various coping strategies to regulate emotion is likely to be influenced by their progress in development, such as their awareness of emotions. In addition, young children appear to rely heavily on how their parents deal with stress, thus their environment influences their adjustment to either support or hinder their trauma recovery (Alisic, Jongmans, van & Kleber, 2011).

Purnell (2010) argue that despite the experience of trauma and other hardships, if caregivers provide adequate protection in response to adversity, children will be able to develop secure or relatively secure attachment strategies. This to say that trauma in itself does not necessarily lead to anxious attachment. Purnell explains that, “The more
exposure to danger there has been through neglectful or abusive caregiving, the more distortion there will be in the attachment response” (p. 4).

In a longitudinal study Liang, Williams and Siegel (2006) examined the effects of childhood sexual abuse on the intimate and marital relationships of adult survivors from a sample of 136 women. The research findings showed that although trauma severity and maternal attachment were not directly related to interpersonal issues, maternal attachment played a buffering role in the relationship between trauma severity and interpersonal issues. “Maternal attachment may not have a direct effect on later relationships but may instead mitigate the impact of severity of sexual abuse on interpersonal problems and marital dissatisfaction” (p. 52).

In another study, Graham-Bermann et al. (2006) assessed the traumatic stress symptoms for 218 children ages 5 to 13 following exposure to intimate partner violence (IPV). The study found that maternal depression was the more salient predictor of traumatic stress for children exposed to IPV, meaning that protective factors were centered on the mother’s well being. They also found that one of the main factors to reduce the risk of posttraumatic stress symptoms was the presence of social support for the mother.

Perhaps no other child-serving system encounters a higher percentage of children with a trauma history than the child welfare system. Children served by child welfare have experienced at least one major traumatic event, and many of them have long and complex trauma histories. Children in the child welfare system, especially those in foster care, have a higher prevalence of mental health problems than the general population (Ko
et al., 2008). Some of the stressors children face are the removal from the home, multiple placements in out-of-home care such as foster homes, shelters, group homes, residential treatment facilities, kinship placements, along with the different schools and peer groups for each placement. “Exposure to trauma can increase the risk of experiencing multiple types of trauma, known as polyvictimization or complex trauma, with increased likelihood of adverse traumatic symptoms” (Ko et al., 2008, p. 398).

Taylor and Siegfried (2005) indicate that despite the knowledge that child welfare professionals may have about the traumatic events that brought the child to the system’s attention, there is less awareness of the complete trauma history the child has experienced and its connection between the child’s history and current behavior or emotional response to stresses. One of the main concerns when dealing with child welfare cases is that many communities lack trauma-informed service providers who are skilled in evidence-based treatment for traumatic stress disorders (Ko et al., 2008). “For the child welfare system to become increasingly trauma-informed, effective trauma screening and assessment protocols are needed at every level… In addition, child welfare workers, foster and adoptive parents, and courts can play an important role in facilitating post-trauma recovery” (p. 398).

Strengths-based theory. The strengths perspective in social work has its philosophical roots in Aristotle’s teleological theory of human flourishing, which holds that people should strive to reach their innate potential through the exercise of their capabilities, most importantly, their reason and intellect (Gray, 2011). Dennis Saleebey is one of the pioneers of the strength-based movement with his collection of readings in The
Strengths Perspective in Social Work Practice beginning in the year of 1992 (Gray, 2011; Saleebey, 1992). Back in 1992, Saleebey indicated that despite that the strengths perspective was not a theory yet; it was a way of thinking and perceiving the world of practice. In an article he wrote in 2001, Saleebey stated that the strengths perspective was still developing and not yet having the rigor of more mature theories, models, perspectives, or methods. However, he argued that the strengths perspective had its roots in:

The ideas about healing, wholeness, and wellness that challenge the medical model; the empowerment and liberation movements within and outside of social work; the evolving resilience research and practice; the assets-based community building approaches; the power of mind and health realization approaches to individual and community change; solution focused and narrative approaches to therapy; the research on hope, positive expectations, and possibility; all of these extend links to, and embolden the strengths perspective. (p. 221)

More recently Saleebey (2008) stated that, “The strengths perspective, whatever else it does, provides a conceptual and practical lens through which to see the work that you do differently” (p. 68).

Blundo (2001) agrees that the strengths perspective provides the social work profession with the opportunity to change frames and learn to collaborate with individuals, families, and communities in a more egalitarian working relationship based upon people’s strengths and resilience. This perspective continues to evolve in social work arenas to offer practitioners an alternative choice of practice models that address pathology and sickness (Blundo, 2001; Brun & Rapp, 2001; Saleebey, 2008). The emphasis changes from problems and deficit defined by the worker, to possibilities and strengths identified in egalitarian, collaborative relationship with clients (Blundo, 2001).
“The client, as well as the client’s support system or environment, would move into a central role in the entire social work process” (p. 301).

Laursen (2000) indicated that the strength-based approach encourages workers to support and reinforce families and communities functioning, rather than focus on their deficits. Additionally, it places the helping practitioner in the role of a partner, rather than an expert. In regards to the deficit model, Powell, Batsch and Ferro (1997) referred to it as part of the traditional approaches characterized by paternalistic values and hierarchical behaviors. They explained that the primary goals in this model were to identify a child's problem and to provide recommendations from an existing menu of known alternatives. In contrast, Strength-based model involves a focus on the unique knowledge, competencies, capabilities, and resources of individual family members as well as the family as a whole. The authors also indicated that strengths might include relationships and connections among immediate family members, extended family members, friends, and members of community, recreational, civic, or other groups (Laursen, 2000; Powell, Batsch & Ferro, 1997).

In a qualitative study done by Brun and Rapp (2001) data collection methods were used to gather the experiences of 10 individuals participating in a strength-based case management program implemented in a substance abuse aftercare project. The research questions that guided the study were “What are individuals’ perceptions of strengths-based case management?” and “How do those perceptions compare and contrast to the key principles of strengths-based case management?” following the two main principles of the strength-based model – focus on strengths and build authentic
relationship with client, – the authors found that participants were interested in discussing the negatives and positives of their situations, explaining that the balance that comes from the presence of both approaches resulted to what many participants indicated as the ability to heal after putting the problem ‘on the table’ first. This result may suggest that it is possible that strength-based workers underestimated the useful role that sometimes reflecting on problems may play in the treatment process. In regards to the second principle, this study found a sense of a strong positive relationship between the client and his case manager, which was noted by the clients as a warm, genuine, and mentoring relationship.

Before the argument that strength-based approaches disregard the client’s problems, Powell, Batsch and Ferro (1997) clarify that a strengths philosophy does not imply an absence of problems or denial of needs. On the contrary, the problematical issues of families must be addressed, and professionals have the responsibility to assist families with these issues. However, a strength-based philosophy does not center its intervention on the past or blaming the parent or family for causing problems. “A different approach to problem solving is utilized – one that asks what strategies and resources families currently use to solve problems and that seeks to build the family's capacity to resolve current problems and minimize future ones” (p. 13).

**Key Constructs**

**Empowerment-oriented practice.** Effective empowerment-oriented practice requires that social service programs and organizations involve both their client and employees in the organizational decision-making process (Hardina, 2005). Donaldson
(2004) stated that empowerment-oriented practice for oppressed populations is one approach to social work practice that brings together the core social work values of service and justice. The author suggests that such intervention offer therapeutic benefits to participants such as increased levels of self-esteem, self-efficacy, and improved personal skills. Additionally, empowerment-oriented groups “have a transformative purpose focused on the systemic barriers affecting group participants” (p. 160).

Hardina (2005) proposes ten characteristics that describe an empowerment-oriented social service organization. In line with her proposal empowerment-oriented organization will do the following: (1) create formal structures to support the participation of clients in organizational decision-making, (2) create partnerships with beneficiaries to design and evaluate programs, (3) explicitly develop policies and procedures that can be used to bridge cultural, ethnic, gender, and other demographic barriers to effective service delivery, (4) develop decision-making practices that diminish power differentials among staff members and between clients and staff, (5) promote the use of team building and collaboration among staff members, (6) engage in strategies to increase the psychological empowerment of workers, (7) have uppermost administrators who are ideologically committed to the empowerment of both staff and program beneficiaries, (8) engage in strategies to increase job satisfaction among employees, (9) encourage staff to advocate for improvements in services and policies, and (10) act to increase their own political power as well as the political influence of program beneficiaries.
Empowerment-oriented practice applied to visitation. The empowerment practice was understood in the current study through the process of collaboration between the caseworkers and biological parents regarding the implementation and decision-making process involved in family visitation services. Some of the worker’s practices that are congruent with empowerment theory include:

- Help parents understand the purpose of visitation and its benefits to the child’s well being.
- Encourage parents to become involved in the assessment of their own needs, problems, and strengths, and in the development of the visitation plan.
- Evaluate along with parents the visitation goals.
- Encourage parents to participate in their child’s everyday activities and when possible, provide assistance with making decisions that affect their child’s everyday life.
- Help parent prepare activities for and during visits.
- Discuss bringing toys, which will evoke positive memories.
- Plan some developmental age appropriate games or activities which the child will enjoy doing.
- Promote a more “home-like” and least intrusive visitation based upon safety and risk.
- Promote the child’s and family’s trust in the worker and foster parents.
- Promote visitation arrangements that will minimize stress and conflict among family members during visits.
- Keep fathers equally informed of appointments and activities that their child(ren) may be involved in and encourage attendance to these activities.

- Allow visitation for fathers in accordance with agency visitation policies regardless of what the schedule may be for the mother.

- Discuss with parents any recommendation to change or suspend visits.

- Discuss absence from visits/parenting time with parents to determine the cause.

- Discuss changes needed to make visits more satisfactory with parents, foster parent or residential care provider, child and appropriate professionals and design a plan of action in collaboration with parents to correct situations when needed.

- Update the birth parent on how the child is doing, share new information.

- Giving parents an opportunity to decide whether they want to pursue reunification.

The worker-supervisor collaboration should be understood as the agency’s willingness to provide support, time, and resources for the worker to implement the family visits. Additionally, workers should have the opportunity to discuss visitation-related topics in their designated supervision time and be provided with empowerment-based approaches to enhance the parent-worker relationship.

**Trauma-informed service system.** A trauma-informed service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service
providers. Programs and agencies within such a system promote and support trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They foster collaboration with all those who are involved with the child, utilizing the best available resources to facilitate and support the recovery and resiliency of the child and family (National Child Traumatic Stress Network). Ko et al. (2008) argue that creating and sustaining trauma-informed child-serving systems requires a knowledgeable workforce, committed organizations, and skilled professionals.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) when a human service program decides to become trauma-informed, every part of its organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual seeking service. Therefore, trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.

The NCTSN Child Welfare Trauma Training Toolkit identifies essential elements of trauma-informed child welfare practice to guide caseworkers: (a) maximize the child’s sense of safety, (b) assist children in reducing overwhelming emotion, (c) help children make new meaning of their trauma history and current experiences, (d) address the impact of trauma and subsequent changes in the child’s behavior, development, and relationships, (e) coordinate services with other agencies, (f) utilize comprehensive assessment of the child’s trauma experiences and their impact on the child’s development
and behavior to guide services, (g) support and promote positive and stable relationships in the life of the child, (h) provide support and guidance to the child’s family and caregivers, and (i) manage professional and personal stress (National Child Traumatic Stress Network, 2008).

A service system with a trauma-informed perspective is one in which programs, agencies, and service providers: (1) routinely screen for trauma exposure and related symptoms; (2) use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms; (3) make resources available to children, families, and providers on trauma exposure, its impact, and treatment; (4) engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma; (5) address parent and caregiver trauma and its impact on the family system; (6) emphasize continuity of care and collaboration across child-service systems; and (7) maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience (National Child Traumatic Stress Network).

**Trauma-informed applied to visitation.** The trauma-informed practice was understood in the current study by some of the following practices:

- The worker’s understanding that visits may need to be closely supervised and controlled for location and length. If the visit is unsupervised, the worker should consider if the child is safe without supervision.

- The awareness of any history of parents being threatening or harmful to child, staff or others during visits.
- Understanding the parents’ feelings of grief, trauma, and rage surrounding the presence of social services and/or forced separation from their child.

- Coaching and support for parents in dealing with the psychological and interpersonal complexities of visiting such as dealing with transitions – “hello and good-bye” and setting limits.

- Understanding the presence of normal feelings of loss and separation that may be reactivated by seeing the parent and may be expressed in emotional distress or behavioral acting out.

- Understanding that the child may experience loyalty conflicts after having visited with the parent, and may need to reject the foster caregiver upon return to the foster home in order to continue to feel loyal to the parent.

- Being aware that if the child becomes upset during visits due to feelings of separation and loss, the frequency of visits should be increased rather than decreased.

- Discussing with parents how to separate at the end of a visit and prepare them for the fact that their child(ren) may want to go home.

- The agency must provide the workers with the required education and training to adequately support children and families having supervised contact.

**Strength-based practice.** Two of the main principles of the strength-based perspective with children and families are: Focus on strengths rather than weaknesses and build authentic relationship with children and families (Laursen, 2000). The first principle entails the perspective that “every child and family has resources, assets, and
strengths” (p. 70). Therefore, as a strength-based practitioner, the purpose is to discover these strengths and use them to enhance their well-being (Laursen, 2000). The second main principle is based upon the individual’s need to develop a sense of belonging and connectedness to other people (Laursen, 2000). In line with these principles Brun and Rapp (2001) define a strength-based case management as a specific implementation of the main principles of this model with the combination of three other principles: (1) promoting the use of informal helping networks, (2) offering assertive community involvement by case managers and (3) emphasizing the relationship between client and case manager.

**Strength-based practice applied to visitation.** Visitation services should be an opportunity to create a linkage between the client and the worker based on the identification of the parents’ strengths, needs, and goals. This emphasis in the partnership between parents and service providers was operationalized in the current study by some of the following practices:

- Acknowledge the strengths a parent may have in raising their child.
- Consider the child’s natural settings to conduct the family visits.
- Visits can be held in the home of a relative; the child still visits with family and friends even if the parent does not attend.
- Support the child and do not blame the parent, even when contacts are disrupting or confusing.
- Speak positively about the parent to the child and others.
- Encourage parents to change, not condemn or punish them for their behavior.
- If the parent has problems controlling the child’s behavior or setting limits, assist the parent. Every attempt should be made not to embarrass the parent in front of the child. Some instruction may need to be given to the visiting party after the visit.

- Establishing and/or strengthening the parent-child relationship

- The agency should lend support to both workers and biological families as they work on bridging a relationship.
CHAPTER THREE

METHODOLOGY

Main Concepts and Application to the Study

The Pragmatic Worldview

This study utilized a mixed method design and a pragmatic philosophical worldview as it focused on the research issue problem and used pluralistic approaches to derive knowledge about the problem (Creswell, 2009; Rorty, 1998). The pragmatic paradigm has arisen as a single paradigm response to the debate surrounding the everlasting “paradigm wars” and the emergence of mixed methods and mixed models approaches. It is pluralistic in that it is based on a rejection of the forced choice between post positivism and constructivism (Creswell 2009).

For pragmatists like Richard Rorty, people make their decisions based on practical experiences, rather than abstract theoretical principles. Therefore, gaining understanding of how decision-making professionals experience the implementation and coordination of the child-parent contact for families seeking reunification can create an important transformation for both individuals and institutions. As a consequence, the study was designed to be transformative, not only from a theoretical perspective, but in terms of identifying concrete actions (practical use) to address the current strengths and variation in the child welfare practice. The pragmatic approach seeks to create a
dialogical encounter with the target population to generate an awareness that may promote real changes in the child welfare field of practice.

Pragmatists are not primarily concerned about certainty and truth and they support this argument on the idea of experience, mainly in the notion that people do not make their practical decisions based on theoretical principles, but on their experience (Rorty, 1998). Rorty stated that experience or language might mirror the way reality actually is; thus the interaction seems to be the ideal tool towards knowledge gathering. This conceptualization focused on experience is strongly connected to practicality, which is one of the most important points of pragmatism. In this sense, the research agenda behind the pragmatic approach is intrinsically linked to the practical use for which the research has been designed. In other words, pragmatists tend to argue that experiential effects matter and those philosophical debates are meaningless if they do not have visible consequences. As a result, Rorty does not privilege methodology and knowledge generation over the implications of the research. That is, if the construction of knowledge does not clearly state its practical use, the research process is simply useless; “it is foolish to debate whether explanation or understanding is more appropriate without specifying what aims we want to achieve” (Baert, 2005, p. 143).

The Researcher’s Role

The researcher has worked a number of years for the Department of Children and Family Service providing services as a case manager and as therapist for families involved in the foster care system. Through the work experience she has gained substantial knowledge of child welfare practice in the state of Illinois. Due to previous
and current experiences in the field, the researcher brings certain biases to the study that may shape the way the phenomenon is viewed and interpreted. The researcher has identified significant variation in the provision of family visitation services, an observation that has informed the research focus.

Pragmatism emphasizes the active role of the researcher in creating data and theories in which the interaction between the researcher and the participant has a significant meaning. One of the main components of the neo-pragmatist view concerns objectivity. Pragmatist seems to reject the idea of a “spectator of knowledge,” which is related to the stance advocated by positivists about the objective relationship between researcher and participant. Neo-pragmatists are against this notion of the expert and impartial researcher trying to obtain knowledge from an individual who can be observed as an independent object. Pragmatists have no intention to remain objective and, in fact, Rorty (1998), one of the pioneers of this movement, states that the only way knowledge can be gathered is by the creation of a dialogue between researcher and participant, given that it is through conversations that we re-describe ourselves as individuals in comparison with the other. Knowledge is an active process in which researchers are not only acknowledging their subjectivity, but also are purposively utilizing it (Baert, 2005).

Glaser and Strauss (1967) and Strauss and Corbin (1998) refer to what they call the “theoretical sensitivity” of the researcher. This is a pivotal concept with which to assess a researcher's skill and readiness to attempt a qualitative inquiry. Theoretical sensitivity refers to a personal quality of the researcher. It indicates an awareness of the subtleties of meaning of data, which “refers to the attribute of having insight, the ability
to give meaning to data, the capacity to understand, and capability to separate the pertinent from that which isn't” (Strauss & Corbin, 1990, p. 42). Strauss and Corbin argue that theoretical sensitivity comes from a number of sources, including professional literature, professional experiences, and personal experiences.

The Mixed Method Research

Creswell and Plano Clark (2011) provide a definition of mixed method research that combines methods, a philosophy, and a research design orientation. They suggest that in this method the researcher mixes two forms of data, qualitative and quantitative, either concurrently by combining them sequentially, by having one build on the other, or embedding one with the other. The current study used an embedded mixing strategy, in which the researcher embedded quantitative elements within a qualitative design. This embedded nature of the study occurred at the design level because the embedded method (quantitative surveys) was conducted specifically to fit the context of the larger qualitative design framework. In order words, mixing data at the design level occurs when both quantitative and qualitative data are mixed during the larger design stage of the research process. In the current study, mixing at the design level involved mixing the quantitative data within a traditional qualitative research design in order to respond to the primary purpose of the study and the researcher’s preference.

The researcher adopted the term “strand” to differentiate the two methods included in the study. This term was defined by Tashakkori and Teddlie (2003) as, “a phase of a mixed methods study in which a QUAL or a QUAN approach is used in the method of study, in data collection procedures, or in data analysis” (p. 716).
There are three key decisions involved in choosing the appropriate mixed method design to use in the study (Creswell & Plano, 2011). First, the study should determine the level of interaction between the quantitative and qualitative strands to establish whether the two strands are kept interactive or independent from each other. In the current study, the level of interaction was independent as the qualitative and quantitative strands were implemented separately and they were only mixed when the researcher discussed the analysis of results.

Second, there are three possible weighting options for a mixed method design: equal priority, quantitative priority, and qualitative priority. The current study gives priority to the qualitative strand, as the main purpose of the study was to understand the meanings underlying human actions, which particularly refers to the caseworker’s decision-making process when delivering visitation services. However, the study also included quantitative data to enhance the study design by adding the perspective of child welfare supervisors about family visitation services.

Third, there is a temporal relationship between the qualitative and quantitative strands within the study, which is often measured in relation to time the data sets are
collected and the order the results are used for the purpose of analysis and conclusions. For the current study, the researcher implemented a concurrent timing in which both the qualitative and quantitative data were collected concurrently during a single phase of the research design. Additionally, the data collection process of the qualitative strand did not alter the process of the quantitative strand, preserving their independent nature of each data collection process.

**Research Question**

The researcher identified two sub-questions that stem from her broader concern with how the Family-centered, Trauma-informed, and Strength-based (FTS) model is reflected in the implementation of visitation services in family reunification cases:

a) How is the FTS model reflected in the caseworker’s decisions regarding visitation services when planning and implementing the visits?

b) How does the child welfare supervisor support the worker in implementing the FTS model in visitation services for children and families in foster care?

**Research Methods**

This study utilized an embedded mixed method approach in which the quantitative research component was used as a supplemental method of the qualitative approach in order to enhance the qualitative design of the study (Creswell & Plano, 2011). In the qualitative strand of the study, interviews were used to explore the tools, knowledge, skills, and resources utilized by child welfare workers when implementing visitation services for families seeking reunification. Exploring the decision-making process of caseworkers was key to understanding how visitation services are provided in
the State of Illinois. As noted above, the quantitative research component was embedded in this qualitative design during and after interviewing caseworkers for the purpose of gaining broader understanding of how the child welfare practice model is reflected in visitation services for families whose goal is reunification. The quantitative strand of the study utilized a survey design to explore the internal (the agency’s supervisor) and external (state agency) support and resources for caseworkers to provide visitation services within the child welfare practice model.

The research questions guiding this study aimed at understanding how the child welfare practice model may fit the provision of family visitation services for parents and children involved in foster care. This methodology yielded important information, culminating in well-established implications that are supported by empirical evidence for the next steps of research in this area.

**Qualitative Strand Method**

The qualitative strand of the study was designed to address the first research question: How does the FTS model inform the caseworker’s decisions on visitation services when planning and implementing the visits? The use of qualitative interviewing reflected the researcher’s commitment to the aforementioned pragmatic approach emphasizing the value of ‘experience’ as well as the weight given in the literature to the significant role caseworkers play when planning and implementing the family visits. For this component of the study, the researcher used what Lofland and Lofland (1994) described as a “guided conversation whose goal is to elicit from the interviewee rich, detailed materials that can be used in qualitative analysis” (p. 18). Qualitative research is
appropriate for many of the researcher’s goals, including the aim to understand the meaning that the participants hold about family visitation services, as well as, to identify the many factors and decisions involved in visitation practices (Creswell, 2011). The impetus for this study originated largely out of the researcher’s personal experience with the child welfare system and in particular with her previous participation in the provision of visitation services.

The interviews utilized a set of open-ended questions allowing caseworkers to share their own experiences in implementing and delivering visitation services. These experiences and perceptions were analyzed using a general inductive approach (see Data Analysis section) in order to allow “research findings to emerge from the frequent, dominant, or significant themes inherent in raw data, without the restraints imposed by structured methodologies” (Thomas, 2006). By employing a systematic and rigorous strategy in this analysis, the researcher arrived at findings with the capacity to not only describe current visitation practices, but to also explore best practices for future service delivery.

**Sampling.** The qualitative strand used a purposive sample of the target population that was available to the researcher. The sample consisted of twenty caseworkers from different child welfare agencies in the state of Illinois. The sample included a maximum of three workers per agency to ensure a significant mix of agencies, as well as reduce participants’ biases. Agencies were recruited in both urban and suburban areas and from the public and private sectors. Criteria for inclusion in the study were that: (1) the participant was a child welfare worker assigned to at least three foster
care family cases where reunification is the primary permanency goal, and (2) the child welfare worker voluntarily agreed to participate in the individual interview. The method of recruitment consisted of referrals from the supervisors included in the quantitative strand of the study. The researcher selected four urban private agencies and four suburban agencies (1 state, 1 residential, and 2 private). This recruitment strategy allowed the selection of diverse individuals that held different perspectives on the central phenomenon studied. Some of the differences among participants were: gender, race, work experience, level of schooling, and field of study. Although this diversity was not counted as recruitment criteria, it provided a broader picture consistent with the objective of the study. The researcher contacted the referred caseworker via phone and email to explain the purpose of the study, requested his/her voluntary participation, and scheduled the interview time.

With the help of two undergraduate research assistants, an Excel database was created for the collection and tracking of agency and interviewee contact information. In addition to contact information (names, position titles, phone, email, fax, address, etc.), this database was utilized to handle the scheduling of interviews, as well as the status of signed and submitted consent forms.

Due to the small sample size and purposive sampling, this study does not have high external validity so the results cannot be generalized to other professionals working in the child welfare system. However, the purpose of the study was not to generate generalizable findings, but rather to understand the participants’ decision-making process when providing visitation services to families.
Measures

An interview guide was designed to explore the lived experiences of caseworkers when facilitating family visitation services (see Appendix A for sample interview questions). Although questions addressed the three areas of the FTS model, participants were not made aware of thematic focus when conducting the interviews. The researcher had only used these three sections in the interview guide design to inform and justify the purpose behind each question. Questions were as open-ended as possible, in order to allow the participants to construct the meaning of their experiences in their own way (Creswell, 2007).

**Family-centered practice section.** Understanding that an effective empowerment-oriented practice requires that social service programs and organizations involve both their client and employees in the organizational decision-making process (Hardina, 2005), this section of the interview contained questions focusing on the assessment of parent empowerment in the process of planning and implementing visits. Table 1 shows how these theoretical elements of the family-centered practice model are reflected in the interview guide.

**Trauma-informed practice section.** Programs and agencies within a trauma-informed practice system promote and support trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They foster collaboration with all those who are involved with the child, utilizing the best available resources to facilitate and support the recovery and resiliency of the child and family (National Child Traumatic Stress Network). Therefore, in the second section, the interview addressed
questions about the trauma-informed knowledge utilized by workers when making decisions about increasing or decreasing visiting hours, understanding the individual and family dynamics, as well as the structure of visit supervision.

Table 1. Family-Centered Practice Model and the Interview Guide

<table>
<thead>
<tr>
<th>Family-centered practice applied to visitation services</th>
<th>Interview Questions</th>
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<tbody>
<tr>
<td>- Help parents understand the purpose of visitation and its benefits to the child’s well being.</td>
<td>1. What do you think is the purpose of having family visits?</td>
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<tr>
<td>- Help parent prepare activities for and during visits.</td>
<td>2. How do you help parents prepare and understand visitation?</td>
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<tr>
<td>- Discuss bringing toys, which will evoke positive memories.</td>
<td>3. What kind of activities are the parents expected to carry out during the visits? (Probe: Do you help him/her prepare the activities for the visit?)</td>
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<tr>
<td>- Plan some developmental age appropriate games or activities which the child will enjoy doing.</td>
<td>4. Do you develop a visitation plan? (Probes: Who is involved in the development of this plan? Who assists you with the development of the visitation plan?)</td>
</tr>
<tr>
<td>- Encourage parents to become involved in the assessment of their own needs, problems, and strengths, and in the development of the visitation plan.</td>
<td>5. Do the parents have other type of contact with their children in addition to the scheduled visits?</td>
</tr>
<tr>
<td>- Evaluate along with parents the visitation goals.</td>
<td>6. How do you encourage parents to participate in their child’s daily activities such as: school and doctor’s appointments?</td>
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<tr>
<td>- Encourage parents to participate in their child’s everyday activities and when possible, provide assistance with making decisions that affect their child’s everyday life.</td>
<td>7. How do you encourage the relationship between the biological parents and foster parents?</td>
</tr>
<tr>
<td>- Promote a more “home-like” and least intrusive visitation based upon safety and risk.</td>
<td>8. How often do the parents visit with their children? (Probe: What factors influence the frequency of the visits?)</td>
</tr>
<tr>
<td>- Promote visitation arrangements that will minimize stress and conflict among family members during visits.</td>
<td>9. Where do these visits most often take place? (Probe: What are your thoughts about this setting(s)?)</td>
</tr>
<tr>
<td>- Discuss with parents any recommendation to change or suspend visits.</td>
<td>10. When does the visit need supervision and who provides it? (Probe: What are the main characteristics of a person providing supervision for the family interaction?)</td>
</tr>
<tr>
<td>- Discuss absence from visits/parenting time with parents to determine the cause.</td>
<td>11. When you have to make changes to the visit (e.g. time, place, supervision arrangements, termination of visits) how do you discuss these changes with the parent? (Probe: How do you include the parent in the decision-making process?)</td>
</tr>
<tr>
<td>- Update the birth parent on how the child is doing, share new information.</td>
<td>12. What is the procedure you follow when the parent does not show up for the scheduled visit?</td>
</tr>
<tr>
<td>- Giving parents an opportunity to decide whether they want to pursue reunification</td>
<td></td>
</tr>
</tbody>
</table>
Table 2 shows how these theoretical elements of the trauma-informed practice model are reflected in the interview guide.

**Table 2. Trauma-Informed Practice Model and the Interview Guide**

<table>
<thead>
<tr>
<th>Trauma-informed practice applied to visitation services</th>
<th>Interview Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The worker’s understanding that visits may need to be closely supervised and controlled for location and length. If the visit is unsupervised, the worker should consider if the child is safe without supervision.</td>
<td>1. How do you arrange the visit when there is a history of physical abuse or sexual abuse? (Probes: How do you protect the safety of the child?)</td>
</tr>
<tr>
<td>- The awareness of any history of parents being threatening or harmful to child, staff or others during visits.</td>
<td>2. What would you do if a parent arrives at a visit in an intoxicated state?</td>
</tr>
<tr>
<td>- Understanding the parents’ feelings of grief, trauma, and rage surrounding the presence of social services and/or forced separation from their child.</td>
<td>3. What would you do if a parent becomes verbally and/or physically aggressive during the visit?</td>
</tr>
<tr>
<td>- Coaching and support for parents in dealing with the psychological and interpersonal complexities of visiting such as dealing with transitions – “hello and good-bye” and setting limits.</td>
<td>4. How long does the visit usually take? (Probe: What criteria do you base your decision on?)</td>
</tr>
<tr>
<td>- Understanding the presence of normal feelings of loss and separation that may be reactivated by seeing the parent and may be expressed in emotional distress or behavioral acting out.</td>
<td>5. If a child is reluctant to see his family, how do you address his/her reluctance?</td>
</tr>
<tr>
<td>- Understanding that the child may experience loyalty conflicts after having visited with the parent, and may need to reject the foster caregiver upon return to the foster home in order to continue to feel loyal to the parent.</td>
<td>6. If the parent is reluctant to see his/her child, how do you address his/her reluctance?</td>
</tr>
<tr>
<td>- Being aware that if the child becomes upset during visits due to feelings of separation and loss, the frequency of visits should be increased rather than decreased.</td>
<td>7. What happens if the child displays unusual behaviors during the visit? (Probe: Would you increase, decrease, or leave the visits the same?)</td>
</tr>
<tr>
<td>- Discussing with parents how to separate at the end of a visit and prepare them for the fact that their child(ren) may want to go home.</td>
<td>8. What happens if the foster parent reports to you that the child displays unusual behaviors in the foster home right after the visit? (Probe: Would you increase, decrease, or leave the visits the same?)</td>
</tr>
<tr>
<td></td>
<td>9. What happens if the parent seems unable to handle the child’s behaviors during the visit (e.g. child not following rules, disrespecting the parents or workers, uncontrollable crying, etc)? (Probe: Would you increase, decrease, or leave the visits the same?)</td>
</tr>
<tr>
<td></td>
<td>10. How do you help the parent prepare for dealing with transitions – e.g. hello, good-bye, and setting limits?</td>
</tr>
<tr>
<td></td>
<td>11. Have you ever received training to address trauma-informed practice applied specifically to visitation services? (Probe: Where and when did you receive it? Was it helpful to your practice?)</td>
</tr>
</tbody>
</table>
**Strength-based practice section.** One of the main principles of strength-based perspective is based upon the individual’s need to develop a sense of belonging and connectedness to other people (Laursen, 2000). This emphasis on strengths is demonstrated in the current study through the worker’s efforts to promote the child’s connection to birth family (including extended family) and partnership between worker and parents. Therefore, in the third section, the interview questions aimed to address the worker’s use of a strength-based approach when working with parents.

Table 3 shows how these theoretical elements of the strength-based practice model are reflected in the interview guide.

One strength of a semi-structured interview was that it allowed for some flexibility in the wording and sequencing of the questions, thus allowing the interviewer to probe with follow-up questions throughout the conversation. Another strength was that the semi-structured formats made the participants feel more comfortable because it was conversational in nature and this is something with which they were familiar. Interviews were a great source of in-depth information about the participants’ internal meanings and ways of thinking. Through the interviews, the caseworkers’ perspectives and practices were thoroughly explored.
Table 3. Strength-Based Practice Model and the Interview Guide

<table>
<thead>
<tr>
<th>Strength-based practice applied to visitation services</th>
<th>Interview Questions</th>
</tr>
</thead>
</table>
| - Acknowledge the strengths a parent may have in raising their child.  
- Consider the child’s natural settings to conduct the family visits.  
- Visits can be held in the home of a relative; the child still visits with family and friends even if the parent does not attend.  
- Support the child and do not blame the parent, even when contacts are disrupting or confusing.  
- Speak positively about the parent to the child and others.  
- Encourage parents to change, not condemn or punish them for their behavior.  
- If the parent has problems controlling the child’s behavior or setting limits, assist the parent. Every attempt should be made not to embarrass the parent in front of the child. Some instruction may need to be given to the visiting party after the visit.  
- Establishing and/or strengthening the parent-child relationship | 1. From your experience: What are the main strengths of parents who are seeking reunification? (Probe: provide specific examples).  
2. How do you utilize these strengths when implementing the visits?  
3. Have you arranged visits in the child’s natural setting? (Probe: What have been the outcomes? If none, what have been the obstacles?)  
4. What do you do to maintain the child’s contact with his/her extended family? (Probe: Can the visits take place at the home of relatives?)  
5. What happens when the parent does not show up to the visits or shows up late? (Probe: How do you address this issue with the parent? What would you explain to the child when the parent does not show up to the visits?)  
6. What happens when the parent does not comply with the required services apart from visitation? (Probe: Would you increase or decrease the amount of visits?)  
7. What do you think of a parent who does not comply with the required services but attends all family visits?  
8. How would you support a parent who has difficulties controlling the child’s behavior or setting limits during the visits? (Probe: Would you assist the parent right after the situation arises or after the visit ended?) |

A potential weakness of the instrument was that the interviewer could have influenced the answers of the participants, not only through verbal comments, but also through nonverbal expressions or the manner in which a question was presented. However, this did not become a problem for the study, but rather an opportunity to enhance the analysis, as subjectivity is considered a pivotal element in the pragmatist
approach. Another potential weakness is that in-person interviews could have had reactive effects (e.g., interviewees may try to show only what is socially desirable) or that the interviewees did not recall important information and might have lacked self-awareness. To address this occurrence, participants were informed prior to the interview that the researcher was interested in their experiences when delivering visitation services to clients. They were also informed that there were no right or wrong answers, and that no personal judgments would be made about what was discussed. Another way the researcher used to decrease interviewee’s social desirability bias was through establishing a dialogue within the interview, rather than the interview becoming a question and answer session. Even though the researcher had a specific interview protocol, she provided the participants with a set of open ended initial and follow up questions to stimulate discussion, rather than asking questions of a closed nature. Also, within the interviews, the respondents were constantly asked to expand and clarify the statements as a way to stimulate further discussion (Sandberg, 1994)

**Variables**

Due to the nature of a qualitative study, several concepts arose from the interviews, as the meaning, concepts, and theories emerged from the raw data, rather than being imposed by the study design (Monette, Sullivan & DeJong, 2008). The key variables in the interviews were the experiences of each participant regarding the process of visitation, parent-worker relationship, parent-child relationship, extended family, foster family, decision-making process, as well as institutional resources.
Data Collection Strategies

The data was collected from July 27th to August 31st of 2012. Semi-structured, in-depth, in-person interviews were conducted with each participant. Interviews lasted between 45 minutes to two hours and were all conducted by the researcher. Authorization to conduct the study was requested first from the Department of Children and Family Services. Once DCFS granted approval to carry out the study, the researcher requested consent for participation from each agency administration and subsequently from each participant. This consent process required program administrators to grant the researcher access to two different levels of staff for the interviews: one foster care supervisor and one direct service provider. Reasons for multiple levels of staff interviews included: increasing the sample size through multiple interviews per site, ensuring accurate representation of the program, and allowing for exploration of differences in perceptions and experiences based on staff roles.

Interviews took place in the office of each caseworker following the participant’s preference. The process was interactive and collaborative and much less directive than in survey interview (Monette, Sullivan & DeJong, 2008). The researcher also allowed the interview to take unexpected directions if it contributed to the research questions or to maintain the rapport or interest of the participant.

Ethical Considerations

The current study followed Loyola University Chicago’s Institutional Review Board (IRB)’s (2011) guidelines regarding informed consent. Participants signed an informed consent prior to the interview and their names were kept confidential. All
interviews were digitally recorded and transcribed verbatim. The researcher had access to
the interviews, as did two undergraduate research fellows who assisted her with the
interview transcription. The data was stored on the digital audio-recorder and then saved
as an audio file to the computer. Once transcribed the audio files were destroyed. Each
interview was assigned a case number and identifying information, such as names, was
removed. During the course of the data entry and analysis, the study data was stored on
the researcher’s password protected computer.

**Data Analysis Procedures**

The primary method of analysis used for this research component was the General
Inductive Approach. Thomas (2006) stated that the General Inductive Approach is most
appropriate when the goals of a study are to: (a) condense textual data into summary
format; (b) establish clear links the study’s objectives and the summary of textual
findings; and (c) develop a framework of the experiences or processes the data indicate.
The General Inductive Approach allowed the researcher the best means by which to
analyze interviewees’ responses in a way that considers each worker’s perspective and
accounts for the nuances of their child welfare practice and visitation-related service they
described.

The result of an inductive analysis was “the development of categories into a
model or framework that summarizes the raw data and conveys key themes and
processes” (Thomas, 2006, p. 240). The following procedures were used for the inductive
analysis of the qualitative data based on Thomas’ approach:
1. Preparation of raw data files (data cleaning): Interviews were transcribed into a Microsoft Word document by a confidential third party transcriber and submitted to the researcher for further review. This review process involved close observation of verbal data through carefully repeated and attentive listening to make sure that the transcriptions captured the information provided in the interviews. This process of listening attentively to verbal data allowed the researcher to get closer and more familiar with the data. Subsequently, the transcripts were imported into NVivo 10.0 software. The demographic information was separated from the actual interviewee’s responses by opening a Classification Sheet in Nvivo. The interviews were imported as Sources and later on they were classified into Nodes and Child’s Nodes.

2. Close reading of text: Once transcripts were imported, the raw text was read again in detail until the researcher became familiar with its content and gained an understanding of the possible themes and events covered in the text. This process allowed the researcher to analyze what emerging finding themes should further be examined. Nvivo data management program assisted the researcher in managing, shaping, and providing understanding to unstructured data. NVivo allows to ‘code’ data by topic and this process of organizing and classifying source data is called a ‘node’. The researcher used Tree Nodes to organize data, which are catalogued in a hierarchical structure, moving from a
general category at the top (the parent node) to more specific categories (child nodes).

3. Creation of themes and categories: A comprehensive process of data coding and identification of themes and categories was undertaken. The researcher read the interviews individually and the participant’s responses were tagged and coded into categories based on the identification of common phrases and topics. There were 67 categories initially identified and subsequently grouped into seven emergent themes: (1) Visitation Process, (2) Parent-Child Interaction, (3) Worker-Parent Relationship, (4) Foster Parents, (5) Children’s Relatives, (6) Decision-Making Process, and (7) Institutional Resources. The coding process allowed the researcher to generate these categories and themes for further analysis and interpretation.

4. Overlapping coding and uncoded text: A set of subcategories was created. For this purpose, the categories were exported from Nvivo into a Microsoft Word document. Each theme (parent node) was created as an independent folder and each category (child’s node) became an independent Word document. The researcher re-read each document and identified the subcategories utilizing the highlight function in Word with various colors to distinguish codes. This process also included the identification of a story line that integrated the categories in the process of reporting the findings.
5. Continuing revision and refinement of category system: Within each category, the researcher searched for subtopics including contradictory points of view and new insights. This process also allowed the researcher to select appropriate quotations that convey the core theme or essence of each category and subcategory. This refining coding process was enhanced by the development of categorical “maps” to identify how subcategories were related to the primary categories and themes. This process was also influenced by the researcher’s clinical social work experience and the knowledge of the child welfare system in the state of Illinois.

The following figure illustrates an example of the final product of this coding process.

![Figure 2. Example of the category system]
Quantitative Strand Method

The Survey Design

The quantitative strand of the study was utilized primarily to address the second research questions: How does the child welfare supervisor support the worker in implementing the FTS model in visitation services for children and families in foster care? This research strand yielded a quantitative description of attitude, knowledge, and opinion of child welfare supervisors regarding visitation services, including the nature and level of support that they provide to caseworkers when implementing visitation services for children and families in foster care. Participants were asked to complete the survey through self-administered, online questionnaires.

Sampling

The quantitative strand of the study also used a purposive sample with the target population that was available to the researcher. The sample consisted of 44 child welfare supervisors working in foster care agencies in the state of Illinois. The only criterion for inclusion in the study was that: (1) the participant is an assigned agency staff person who provided formal direction for and oversight of the performance of caseworkers managing foster care cases seeking family reunification, and (2) voluntarily agreed to participate in the survey.

The sample included supervisors from 10 agencies providing foster care services in the state of Illinois. The list of agencies was obtained through the Adoption Information Center of Illinois website. This center works in partnership with the Illinois Department of Children and Family Services (DCFS), Adoption Exchange Association,
Spaulding for Children, and other government agencies to provide tools and resources regarding foster care and adoption services. A two-stage selection procedure was used with the purpose of getting the most representative sample possible. In the initial stage, the agencies were divided into four sub-populations: (1) agencies located in Chicago and outlying areas, (2) agencies located in Northern Illinois, (3) agencies located in Central Illinois, and (4) agencies located in Southern Illinois. In the second stage, the researcher contacted agencies via phone or through their websites to gather the supervisor’s name and contact information.

Once the contact information was obtained, an email or phone call was made to ask the supervisor to participate in the study. Thereafter, the online invitation to take the survey was sent to each supervisor identified for the study. The researcher had anticipated providing an additional incentive to the survey respondents with the chance to win a $100 gift card reward. However, DCFS IRB did not allow researcher to provide this reward, as the policy forbids that DCFS staff members receive any compensation for participation in research studies. The study followed Loyola University Chicago’s Institutional Review Board (IRB)’s (2011) guidelines regarding informed consent. Participants agreed to participate in the study by moving forward with the survey, which served as acknowledgement that they read the information provided in the consent page.

**Instrumentation**

The study used a well-established Internet-based survey platform (surveymonkey.com). The survey consisted of three content sections and questions mostly focused on the trauma-informed aspect of the FTS child welfare model. Questions
addressed the nature of caseworker’s supervision, the supervisor attitudinal items, and agency’s resources available to caseworkers. The survey primarily addressed questions about the trauma-informed knowledge utilized by child welfare supervisors when supporting and supervising the caseworkers’ interventions when delivering visitation services to families (see Appendix B for sample survey questions).

The survey included an ordinal scale (strongly agree to strongly disagree and rank from highest to lowest importance) as well as to forced-choice and multiple-response questions. Participants were asked to complete the survey through self-administered, online questionnaires.

The survey was piloted with two child welfare supervisors. As suggested by Creswell (2003), the results of the pilot was used to establish the content validity of the survey instrument and to improve the survey questions, format, and scales for the actual study participants.

Online surveys have many advantages, including low cost, the ability to reach respondents anywhere in the world, and the responses are returned much more quickly (Monette, Sullivan, & DeJong, 2008). In addition, the data can be entered directly into a database once the respondents complete them. “The anonymity and impersonal nature of online interaction also may have advantages in research” (p. 184). Another benefit of online surveys is that it reduces the impact of social desirability, which relates to the participant’s concerns of how their responses are perceived by other people. In the case of the supervisors, the survey provided a good way to contact them without interrupting their complex schedules.
Online surveys also have its disadvantages including the difficulty with Internet access and the people’s unwillingness to fill out online surveys (Monette, Sullivan, & DeJong, 2008). One strategy to increase the response rate was through phone calls and emails asking people to participate in the survey and emphasizing the importance of their feedback.

**Data Analysis and Interpretation**

The process of analysis and interpretation involved three interrelated steps for a complete and integrative discussion of the information gathered. First, the study findings provided a report of the number of respondents that did not complete the survey. For this purpose, a table was created to display the numbers and percentages describing respondents and non-respondents. Second, the study findings included a descriptive analysis of the survey’s information for all variables in the study. Using professional SurveyMonkey allowed the researcher to generate a general summary report as well as to download all data collected into a format that could be imported into a spreadsheet for further analysis. Third, the results were presented in tables and figures. The researcher described and summarized the findings for each survey section area: including the supervisor characteristics, nature of caseworker’s supervision, supervisor attitudinal items, supervisor behaviors, and agency’s resources available to caseworkers. Conclusions related to the research question were drawn for the findings. These findings were embedded in the analysis of the qualitative research component as a result of the larger mixed method design.
CHAPTER FOUR

FINDINGS

Qualitative Strand

Sample Description

The study participants were 20 child welfare caseworkers consisting of 19 females and one male. The ages of the respondents ranged from 20 to 46 plus years. Seven of these workers were African American, six were of Latino background, and seven identified themselves as Caucasian. The level of education and the field of study varied across the sample. Eleven of the study participants held a Bachelor’s Degree and nine had earned a Master’s degree. Of the respondents with Bachelor’s degrees, five had majored in Psychology, three in Social Work, and three in Sociology. Of the respondents that had completed a Master’s degree, six had earned their degree in Social work, one in Education, one in Psychology, and one in Counseling.

The study participants have been caseworkers for a minimum of eight months to a maximum of 14 years. The average of time spent doing case management work was six years, which is almost the same average for the time being working in the child welfare field. The study included participants from three different sectors in child welfare. Two of the sample participants work in a public agency, three in a private residential facility, and fifteen in the private sector. The total number of agencies included in the study was
eight with a maximum of three workers interviewed per agency. These findings are summarized in Table 4.

Table 4. Demographic and Background Characteristics of Sample Participants in the Qualitative Strand of the Study

<table>
<thead>
<tr>
<th>Category</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (N=20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Female</td>
<td>19</td>
<td>95%</td>
</tr>
<tr>
<td>• Male</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Age (N=20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 20-25</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>• 26-30</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>• 31-35</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>• 35-40</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>• 41-45</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>• 46 or older</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Ethnicity (N=20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• African American</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>• Caucasian</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>• Latino</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>Education Level (N=20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Bachelors Degree</td>
<td>11</td>
<td>55%</td>
</tr>
<tr>
<td>• Master Degree</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>Field of study: Bachelors Degree (N=11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Psychology</td>
<td>5</td>
<td>25%</td>
</tr>
<tr>
<td>• Social Work</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>• Sociology</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>Field of study: Master Degree (N=9)</td>
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<td></td>
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<tr>
<td>• Psychology</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>• Social Work</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>• Counseling</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>• Education</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>Number of years in Child Welfare (N=20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Under one year</td>
<td>1</td>
<td>5%</td>
</tr>
<tr>
<td>• 1-5</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>• 6-10</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>• 11-15</td>
<td>3</td>
<td>15%</td>
</tr>
<tr>
<td>Number of years as Case Worker (N=20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Under one year</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>• 1-5</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>• 6-10</td>
<td>7</td>
<td>35%</td>
</tr>
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<td>• 11-15</td>
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<td>10%</td>
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<td>Type of Agency (N=20)</td>
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</tr>
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<td>• Public</td>
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<td>10%</td>
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<td>• Private</td>
<td>15</td>
<td>75%</td>
</tr>
<tr>
<td>• Private Residential</td>
<td>3</td>
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</tr>
</tbody>
</table>
Qualitative Findings

The following section reports on the results from the qualitative data of the 20 child welfare caseworkers. The specific aim of the qualitative interviews was to provide an answer to the first research question: How is the FTS model reflected in the caseworker’s decisions regarding visitation services when planning and implementing the visits?

The qualitative strand of the study focuses on three themes (see Figure 3), each of which highlights an element related to the FTS model of practice on visitation services from the perspective of the child welfare workers included in the study sample.

Figure 3. FTS Model on visitation services
**Family-Centered Approach on Visitation Services**

The family-centered practice model focuses its intervention on an intensive, strength-based, and empowering dynamic between caseworker and parent. In the current study, this model component is understood as the parent-worker relationship that promotes parent’s involvement in decision-making and their participation in case planning for visitation purposes.

As shown in Figure 4, this section of the findings will focus on six aspects of parent’s involvement in decision-making and their participation in case planning for visitation purposes: (a) Initial Planning, (b) Parent’s preparation for visits, (c) Frequency of visits, (d) Length of visits, (e) Visit locations, and (f) Visit supervision. The results of this part of the study offer some insight into the worker’s experience when providing family visitation services and how they understand and perceive the interaction among the stakeholders involved in this particular service.

Figure 4. Family-centered approach on visitation services
Initial Planning

As shown in Figure 5, this section of the findings will be focused on three aspects of the initial planning for family visits: Visitation plan, barriers to plan development, and lack of parental involvement in developing the visitation plan.

**Initial Planning: Visitation Plan.** In cases involving out-of-home placement, visitation arrangements are one of the crucial interventions. Ideally the caseworker along with the parent immediately develops a visitation plan based on their availability and case resources. For example one worker stated,

Before we even see the family member and before we even see the children we talk about visitation with the parents. What’s their availability? The children are in foster care so we talk to the foster parents and ask about their availability and depending on where the parents are, the maturity level, their mental health status, it depends on how many visits you are going to get…. the visits are going to be less in the beginning to see how they go, to monitor them and then they will increase depending on how well the visits go.

![Figure 5. Initial planning](image)
The visitation plan is a document that includes information about participants, frequency, length of time, and conditions for the visits. This plan is part of a larger document called “service plan,” which outlines the steps the birth parents need to take for the child to return home and the timeframe for reunifying the family. With respect to the visitation plan, one worker stated, “The visitation plan is for the parent, basically to show them structure and to let them know what the agency expects from them and the purpose of the visits.” Another worker shared, “It says who is involved in the visit and what is expected of you during this visit.” Two additional responses were:

The visitation plan is a part of the service plan and it basically asks who is involved. We do them on our computers so its down boxes saying who was involved in the visit, we have to specify the location, the days, the times, again who is involved, we have to have a cancelation agreement where we basically say twenty-four hours have to be given.

It is pretty simple it just has the day of the visit, the place, and the time of the visit and what we expect from the parents. Like we want them to be sober of course, we want them to confirm the visits; we want them to participate, be respectful and things like that.

These statements suggest that the plan is most frequently presented in the form of a written schedule that addresses the full range of logistics concerning the parent-child contact. However, based on the comments of the workers, the guidelines regarding child safety during visitation, as well as the dynamics involved in the interaction, do not seem to be clearly delineated in the plan. For example one worker explained that she creates an additional document to address the concerns she may have about the case. This worker stated,

The visitation forms they are included in SACWIS when you do the service plan so it’s created into the service plan, but usually myself and I’m sure most of my
co-workers we do a separate one being more detailed. Especially when we have concerns about the parent or the relatives that may happen during the visit.

In all the interviews, this particular respondent was the only one who provided further feedback about the visitation plan. When she was asked about the creation of this separate form, she suggested that the document does not follow a certain template or guideline, and it corresponds more to a personal initiative for best practice rather than to a generalized approach with parents.

**Initial Planning: Barriers to Plan Development.** Nevertheless, it is important to point out that just because the visitation plan is limited to a written schedule, does not mean it lacks complexity and dedication from the worker. In fact, the majority of respondents reported the myriad of obstacles they encounter when trying to accommodate children’s and parents’ schedule into the initial visitation planning. Some of respondents mentioned how children in foster care have incredibly busy schedules between school and appointments with the different providers that leave few options for their visits. Parents are also overwhelmed with their work schedules and the different services with which they need to comply in order to reunify with their children that hinder their availability for visits. The following illustrates an example,

It depends what the kids’ services are in and what are the free days because a lot of our kids are very busy. And it also depends too on how involved the parents are because they can be very busy depending on what services their doing and their work schedules…so you have to really sit down and figure out our kids schedule first. I would say so once I figure out like okay this is the day let’s just say that Johnny has free, he has free Mondays, Wednesdays, and Fridays and we figure out this is what works for him then I call the biological parent these are the days that you know your child is available what can you do now. If neither of those days works then clearly you have to cater to the bio parents because by law you still have to give them visits.
Another worker highlighted the obstacles by saying, “I find it hard for parents to be consistent with their work schedules and the other services they are required to do so we try to set up a consistent [time] like every week at this time.” In addition to the work schedules, caseworkers find other obstacles when trying to engage the parents into the visitation plan and encourage their attendance. For instance, one worker stated, “Parents are very busy, I think they have a lot of services that they are trying to complete to get their kids back. Sometimes they don’t have consistent phone lines, so you can’t reach them [because] they don’t have phones.”

Caseworkers must simultaneously consider multiple schedules as people involved in the child’s case. Similarly, other providers may also be part of the family visits as described by one the respondents, “There are times in certain visits, again depending on the case, there might be the need for like a therapist the kid’s therapist to be involved, so then you would check with the therapist [time] as well.” Another worker highlighted the flexibility of the plan to include untimely changes. For example, this worker noted, “We schedule a time, every week is the same time, the same place in the plan, obviously it’s not written in stone we can move it around if the kids are sick or something.” The same worker mentioned the arrangement for cancelations that is also included in the visitation plan. She noted that despite the lack of attendance of one particular parent, she continued with the development of the plan. Her statement was,

Most of my visitation plans they have to call. One of my parents has to call seventy-two hours in advance because her child has been in care for a year and a half and she has never seen the child so even though she’s never seen the child I still make a visitation plan.
Initial Planning: Lack of Parental Involvement in Developing Visitation Plan.

When workers were asked about the people involved in the development of the visitation plan, the majority responded that parents are usually contacted at some point in the process to get their input on the visitation plan. Undoubtedly workers need to include the parents, as it is necessary for them to identify their time available for visits, taking into consideration that this plan is primarily about schedule and visitation logistics.

Furthermore, some workers recognized that a lot of times they make decisions themselves and contact the parents to inform them of the designated schedule, rather than engage them in the development of the visitation plan. The study participants attributed this dynamic to several factors, including the worker’s busy schedules, parents’ unemployed status, as well as their lack of involvement in the child’s life. For example one worker stated, “Most of our parents don’t work so most of the time they are okay with any time that you make.” Another worker stated,

> We usually kind of do it on our own but with the help of the parents when they are free and you know we obviously aren’t going to have a visit or schedule a visit when they are at work, so we try to find a day where it’s good for everybody and then schedule it then.

A similar statement was,

> Unfortunately I do I pick out a day that fits my schedule specifically because I have to supervise and then I contact everyone and find out if that’s workable. Of course if that’s not workable I am flexible and change it in my schedule that I can do you know I just go out a bunch of times days and say hey does this work for you? Does this time work for you? Then fine lets do it on this day.

A different worker was asked about the decision-making process when it comes to choosing the days and times for the visits. This worker stated,
It is me, my supervisor and it has to be the transporter because there is only so much I can do. Generally it is what the transporter has available, is what we work with, but my parents don’t have jobs to be honest, they don’t work; 95% of them so they have an open schedule.

A follow-up question was presented to this worker to inquire about the parent’s involvement in the process of arranging the visits. The worker elaborated, “I mean I ask them, but for the most part it really is at our discretion because we have so many kids that need visitation. We just make it work the best way that we can.”

The majority of respondents agreed with the existence of a review process that takes place at least once every six months while case remains open. The review process is usually prompted by the case going to the six-month administrative case review hearings with a subsequent formal court hearing. At these hearings, the worker discusses the parents' progress toward the achievement of the service plan’s goals including visitation.

The following illustrates an example,

My supervisor and I [review it] and it gets submitted into court and they usually refer to the visitation plan every time we have a hearing. It is every six months, it gets rated how they are doing because visitation is also part of the service plan so you have to rate it either satisfactory or unsatisfactory.

Another worker explained, “Normally we create it at the beginning of the case and we only change it if it needs to be changed. So every six months for the ACR it just depends on what the situation is.” Other statement was, “We rate it every six months and that’s satisfactory if the visits are taking place; if the parents are consistent.” The study did not provide further information on how this rating process normally takes place. However, literature suggests, that caseworkers must ask the parents and other interested family members to participate in the case plan review.
Parent’s Preparation for Visits

Once the visitation plan has been developed and the logistics of the visits are established, it is important to look at the preparation for the activities that take place during every family interaction, as it can also have much to do with the success or failure of visits. Some parents have cognitive or psychological limitations that pose a challenge in the interaction with their own children as well as in their ability to take charge of the entire visit. Understanding that visits are also opportunities for parents to learn and demonstrate new skills, one of the questions in the interview was aimed at exploring how caseworkers help parents prepare for those visits. Participants provided a wide range of responses including directive and non-directive interventions with parents before, during, and after visits. With regard to this preparation for the visits one worker stated,

When I work with bio parents you know like I said I would talk to them prior to the visit. A lot of the times I think it depends on the case, it depends on the parent, it depends on what the case came in for. So you try to prepare them by talking to them and letting them know what is acceptable and what isn’t acceptable but it doesn’t always work.

Another worker indicated that in the process of preparing parents for visitation, she follows a guideline she created for the visits as her own professional approach. This worker stated,

It is something I used from another agency and I kind of tweaked it a little bit and went off of it. So it’s something that I sit down with the parents with and go over how to refrain from using bad language, what is appropriate behavior versus the not appropriate behavior. A lot of our kids come straight from school to their visits and so they are going to be hungry, letting the parents know that they do have an obligation to bring meals, they can buy the food or prepare it at home and sit down with them and feed them and sometimes during lunch and breakfast. Letting the parents know that they still can have that family dinner whether they
are not at home. So it is a guideline that I go over with them and have the parents sign.

A different statement was,

When the case got into the system I talk to the parent myself; I informed them that I am not in the case to indicate them- just to alleviate whatever situation happened. And that we are expecting that during the parent child visit, first the person is on time, that is appropriate with the child, to follow the guidance of myself or the person supervising the visit.

One of the respondents stated that perhaps the first conversation she has with the parents intends to create awareness of the importance of being consistent with visitations. This worker emphasized,

Number one I tell her if we are going to start the visits you have to be committed. We can’t do a one day and one week and then not the next. How committed are you? These visits if they are going to occur we need to make sure that they are consistent because once you are reintroduced into the child life he needs to know that is going to be something consistent because children thrive on structure and if they don’t if they get this inconsistency, then you are not helping the situation you are making it worse. You are in and out of a child’s life and that’s hurtful.

Preparing parents for family visits can strengthen the interactions between the child and parent and possibly head off the areas of potential trouble. However, some of the caseworkers highlighted the difficulties encounter with parents that are less receptive to suggestions and preparation. With regard to this specific struggle one worker stated,

I do [prepare them] but sometimes I try not to especially with the case I have because she gets offended with that, when I try to say hey you might want to do xyz she get offended ‘I know how to take care of my kids okay’ then I just sit back and don’t say anything, sometimes I just you know write it down and try to talk about it afterwards but you know depending on the parent and their ability to take in some kind of-I don’t want to say-criticism.

Another worker reported,
A lot of the parents are more involved other parents aren’t really involved with it. Some have asked for like a parent coach at the visit so they can get direct feedback after the visit to see how it went, to see what they can do differently.

On the other hand, one worker stated that she prefers not to intervene or prepare the parents for visitation until she gets a better sense of how the family interaction takes place. When workers were asked about the strategies they implement to prepare parents for visits, this worker in particular responded,

Not a lot really. Most of them I don’t do a whole lot especially in the beginning because I want to see what the relationship is like, so I am kind of more observing and I don’t do a lot of hands on stuff. You know if something comes up and it turns out they didn’t respond correctly during a visit I might talk to them about it the next time, but initially I don’t really do much.

A different respondent reported that she focuses her preparation utilizing the information contained in the service plan and most specifically, in the visitation plan. This worker noted,

I do send a letter, I sit down with the parents, I go over the service plan and there is a portion of the service plan on the visitation plan. We go over the visitation plan; I mail them a letter even quarterly; ‘please be advised that visits will continue to occur every Wednesday at this time at this location with yourself, the minors, and the caseworker or the case aid.’ I give all my contact information here at work; I kind of have an open door policy. If you need to reschedule just reschedule, let me know or two ahead of time so I can let the foster know, and then we can reschedule and work it out another day.

Another worker centers her preparation on discussing with the parent the emotions that may potentially emerge during the visit to remind them of their role in the interaction with the child. This worker stated,

I try and tell them to keep their emotions, I say to try and keep them leveled, you know, like don’t cry too much, don’t get upset, don’t talk about the foster parents in front of the kids. I also try and tell them, you know, not to talk about the case to the kids, some kids are eleven years old, the kids talk to them if they are like a
friend and they are just talking about the case if it was any other person. I don’t think that is appropriate for the children they have enough to worry about, they are going through enough, so I try to let the parents know what not to talk about.

Similarly, another respondent indicated that she prepares the parents by anticipating some of the children’s reactions during the visits, as well as suggesting specific activities to ease their anxiety. This worker stated,

You talk to them before doing visits and explain maybe some reactions that are normal for the minors, especially initial visits; the crying before the ending of the visit and how to make them feel comfortable and to tell them that it will be okay to tell them ‘it will be okay, and they will see them the next week’ and walk them through that process. We also tell them to structure visits, if there is nothing for the child to play with, we tell them to bring some toys and maybe we will go the park. If it’s lunchtime we tell them to structure it for lunch and bring snacks that are appropriate.

**Frequency of Visits**

One worker described the importance of having frequent visitation and mentioned evidence-based studies that have demonstrated the association between visitation and reunification. This worker noted,

I think there has been studies done on the fact that if there are less visits the less chances of reunification with the child. The more visits the faster the case develops. The more eager you see the increase in visits in that happening then you see the visitation more to occur versus when you start a case once a week and you still see a week a year later then it’s pretty much going to be that way for the life of the case, the case is going to go on for a long time.

On the other hand, a great number of respondents concurred that the frequency of visits should be a minimum of one visit per week, primarily when the permanency goal for the case remains as return home. To illustrate this, one worker stated,

It has to be the policy for return home [cases] one-hour per week minimum and we are encouraged to do it as often as possible. When goals get changed to anything to return home such as substitute care or guardianship, visitation goes to
one-hour per month and adoption [when] rights are terminated, there is no contact.

Nevertheless, when asking workers about the amount of visits parents and children are entitled to have, there was a great dissonance when comparing responses as some workers were not exactly sure of the visitation policy and whether the visits were only once a week or more than once a week. When asked about the state policy on frequency of visitation, one of the respondents indicated, “When the goal is to return home, if I am not mistaken, I think it is weekly visits. Yes, it’s weekly visits.” A second worker stated, “Normally it’s about once a week.” Another respondent indicated, “They can visit anywhere from daily honestly to weekly [visits].”

In an effort to provide a better understanding of how the decision for frequency of visits was determined, follow-up questions were presented during the interviews to enhance the discussion on whether this decision is made by court, DCFS or worker’s discretion. One worker explained, “For return home cases according to the state [DCFS] the visits should happen at least once a week minimal and also it’s the age of the child.” A second worker reported, “It’s a DCFS policy procedure that they have a section that talks about visitation that we are required by law to give parents visitation rights with their children.” Another worker stated, “A lot of them have court ordered visitation hours for once a week. One-hour visit that is supervised.” A different worker explained, “The court order determines the frequency [of visits] and then it’s up to the parent. Like we have some parents that want what the court order states and more and they can have that and I schedule those [visits].” Additionally two workers stated, “Weekly visits is the
minimum standard according to DCFS,” and, “Normally the case worker and the
supervisor talk about the amount of visits, [and] sometimes court makes
recommendations.”

A great number of respondents referred to policy guidelines when addressing the
decision-making process regarding frequency of visits. However, when a more concrete
question was raised to elicit the description of the policy and the knowledge of thereof,
only few workers were able to fully articulate the actual policy. For instance, in the
question concerning the worker’s knowledge of the DCFS policy one worker stated, “I
don’t know it right of hand.” A second worker responded, “I’m not sure of the top of my
head.” Another worker said, “It [the policy] really does not give much of a time frame if I
am not mistaken.”

The limited time that case workers has to manage a caseload of many families that
includes the arrangement of visitation schedules leaves little flexibility or time for
additional visits. Therefore, a significant number of respondents agreed that the lack of
time and agency resources pose a great challenge when looking into augmenting
visitation for families. One worker commented on this issue and stated, “we can’t do
[visits] every day because we have so many cases it would be impossible to do
everybody’s visit every day.” Another worker stated, “Sometimes we don’t have the
time; we don’t have the staff to supervise it.” Another worker emphasized, “I cannot do
three times a week for every client. I just can’t.” A final statement was,

We don’t have time we can really do that and that is something that I think if the
case is going very well then that is something you can ask at court maybe we can
move to unsupervised visits and you can have your child for longer. But I mean we have so many cases sometimes that you can’t provide.

**Length of Visits**

With regard to the length of parent-child contact, workers count on certain flexibility to decide the amount of time families should spend together. As shown in Figure 6, respondents mentioned a myriad of factors that influence this decision that goes from legal reasons to family, child’s and worker’s characteristics.

**Length of visits: Legal factors.** According to this particular worker, “Legally it’s one hour to two hours, [but] you can do more if you want to.” Another worker indicated, “We are only mandated by policy to do one hour a week.”

![Figure 6. Factors involved in workers’ decisions on length of visits](image)

**Length of visits: Family characteristics.** One of the interviewed workers highlighted the level of family engagement during the visit as an important factor to consider the time for visits. This worker said,
Minimal should be an hour but it depends the child’s age and how the parent and the child engage in the visit. We can have a visit for one hour because it’s hard for the child especially for a behavioral child to be invested for more than an hour.

Another worker takes into consideration the amount of people involved in the visit in order to grant more time for family interaction. This worker stated, “Depending on the amount of kids, it’s not specifically written the time length but we do take into consideration the amount of kids.” Another worker stated, “One hour and that would be one parent. The more number of children, the more time you give them.” A similar response was, “It should be for an hour. I guess it depends on the number of kids, it can go for two hours.”

In addition to the number of children involved in the visit, this worker takes into account the child’s reaction towards the visit and how much they can handle the family interaction by saying,

Usually it is from one to two hours. If it’s on the weekend maybe three to four, if it’s during the summer as well; anywhere from two hours to four depending on the children too because a lot of the children can only handle like one or two hours and after that they are just crabby, a hot mess and ready to sleep and go home.

An additional factor considered for visitation was noted by a few workers that mentioned the age of the child as determining aspect for increasing the amount of family contact. One of these workers mentioned, “I usually do two hour visits but that’s just me personally. The guidelines for older kids are an hour a week and then babies they are suppose to be two-hour visits.” Another worker stated, “It depends like if it is a new born baby we try to do like twice a week visits for a couple hours each time and it just depends on the consistency of the parents.”
**Length of visits: Worker’s characteristics.** It is important to point out that children placed in residential or group homes might have other accommodations including being assigned to more than one worker. As one caseworker in a residential facility explained, her children have the DCFS assigned worker in addition to the case management services that she provides while the children are institutionalized. In the context of a residential placement, this worker explained how the decision-making process includes both workers by stating,

Most of the time it’s by DCFS, [the] DCFS worker who is involved will say, ‘this is how it is suppose to be.’ Sometimes it just depends on schedules. Like I have parents who want to come three times a week and I just tell them I don’t have time, I can’t supervise them that often, we can only do once.

This worker referred to the availability of her schedule as a factor for allowing more time for family interaction, “Again it depends on the circumstances, let’s just say I have nothing to do the rest of the afternoon and if I need to give them more time that’s fine.”

**Visit Locations**

The process of determining the appropriate place for the family visits was one of the most controversial topics across the interviews that raised a variety of responses from different perspectives. Respondents identified four main settings for the family visits as presented in Figure 7. This section will focus on the worker’s descriptions of three of these identified settings along with their perceptions of the benefits and limitations for the main locations.
Locations of visits: Office-based setting. One of the main places identified for visitation was the worker’s agency. This office-based scenario appears as a safety zone for many workers to increase the level of personal comfort when dealing with visits for families with history of violence including emotional or physical abuse. Some of the respondents referred to the agency as a place that allows them to closely monitor the family interaction as well as to rely on support in case of conflict escalation. In regard to these situations one worker said:

I think that’s when you pretty much have the visits in a place like this, when you are at the agency with other people if the parent has a history of physical abuse, violence or when there are safety issues... [Also] when there is a history of sexual abuse and you are not comfortable, a lot of these visits they can take place at court as well so you always want those visits to be as closely monitored as possible.

Another worker expressed, “Typically when the case first comes in then we like to have them at the agency so that we can kind of monitor the interaction between the
parent and the child.’” With regard to that initial visit, one worker added, “[We] have a
chave a chance to get to know them especially if it’s a brand new case, so a chance to get to know
the kids more extensively to know them and the parents.” Others agreed, stating,

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Usually the first visit we want to see them in the agency to observe the parent if
they go from one to two or one to five usually you need to observe that and then
from there you move to their house but you don’t go there directly.

In cases where there is a history of poor impulse control or anger management
problems, workers take extra security precautions when choosing the location for the
visits. One worker emphasized, “Always supervising it and generally here at the agency.
If the parent has a history of violence I would not do a visit at their home they have to
come here.”

The agency appears as a convenient location for workers to observe the family
dynamic and get a better sense of individual personalities and member’s interaction. One
worker said, “I feel more comfortable in the agency in the beginning of the case because
you can monitor the parenting skills better; as the case progresses then you know you got
to get out a little bit into the community.”

In addition to assessing the parents’ engagement with the children, this setting
also allows the worker to ensure the safety of the children and monitor the
implementation of the safety plan for families with history of violence. For instance, one
worker stated, “With agency visits it’s safer especially if you have clients that are known
for acting out or yelling or anything like that, because there is a phone in every room so
it’s a bit safer.” Another worker agreed, “At the office, we can have more control because
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we know this space, we know where everything is, we know the exits, the entrances and things like that.”

The fact that families are placed significant distances from each other require workers to facilitate the visits in the office as a central location for all parties involved. Very frequent, geographical distance plays a significant role in the visitation arrangements as many children reside far away from their homes of origin. Therefore, distance and lack of agency resources are other factors involved in the process of finding the office a convenient place for visits. With regard to this particular issue, one worker responded,

Distance tends to be another one if you have somebody in Rogers Park and the kids are already in Matteson, that’s a long hike for a little kid to be going back and forth transporting and that also takes off from our time too, to be honest; that is almost three quarters of a day for us. And when we manage caseloads of fifteen, sixteen, seventeen kids, we’re limited with case aides, it does become very difficult so yeah sometimes just out of convenience; if it’s in the middle of the road we will do office [visits].

Alternative office spaces are used either in the court setting, children’s advocacy center or DCFS visiting rooms. One worker explained, “I know the juvenile court has their family center; that is there, and a lot of the times if we cannot have the parents come to the agency we will contact the juvenile court and schedule that room.” Some agencies count on resources to subtly increase the level of interaction between the professional and the parent visiting with the child. These resources includes family visiting areas as well as rooms with a one-way mirror which allows the worker to communicate with the parent through a transmitter in the parent’s ear while they are interacting with their child. One worker commented on this resource,
If the visit is taking place here at the office we have a playroom that the doors can be closed [because] we have a double sided mirror that we can go into a different room [and] observe the visit from there.

However, a few workers commented on the high demand that visiting rooms have within the same agencies as workers had to share sometimes the only one room with their colleagues or with the several families in their caseloads. One worker stated,

Space can be hard to find sometimes, we have a couple visiting rooms that are open in the afternoon that we can reserve space, and they are like playrooms; they have toys and things for kids to do… Sometimes you are kind of stuck with an office and you have to bring your own toys into the office.

Another worker commented,

We can actually sit in the play room with them if we have the play room [because] is a first come first serve basis so you have to sign up for it, so in an instance that we have more than one visit at the same time and that particular room is not available we have a huge conference room that the visit can take place in.

The office setting is also convenient in cities with extreme weather changes, as one worker mentioned, “In the winter there’s not really much you can do especially if you have a little baby or a younger child [thus] we use to do them here at the agency.”

**Locations of visits: Community-based setting.** Despite the prevalence of the office-based setting as an essential location for visits, the study found that all of the respondents agreed that visits most often take place in a community setting including restaurants, public libraries, theaters, and recreational parks. Additionally, when workers were asked about the most popular places for the visits within the community setting, they all agreed that McDonalds has become a common visitation center. One worker said, “The community, anywhere McDonalds, Burger King, if the weather is nice the park. I
have a lot of my families who in the summer will have picnics in the park.” Others agreed, stating, “Anywhere if it’s not in the home, in the parks, McDonalds, restaurants, a lot of the times they will go to other family members for birthdays as well, and we do take that into consideration.” “Sometimes we will meet in a neutral location like McDonalds, I think that’s the majority of the ones I have done, either here at the agency or McDonalds.” “In McDonalds that is a big one.”

I try to get the kids out of here and take them to the park like ‘let’s go live a little, let’s go somewhere else with your mom or dad,’ but if they are in a community-base [setting] we will go to McDonalds.

I have gone my goodness in these seven years; I remember I had a visit every week we used to go the park. That one was supervised and they loved going to the pool, we used to do that and let’s say the parent wants to take the child let’s say to the theater, a festival or there is a birthday of someone that they know and they want to share that. Usually during the summer time they want to go to the park and want to do summer activities.

We also include visits in the community for whatever reason the parents want to move the visit to a park, the library or McDonald where they can all eat together. Sometimes we can make those accommodations, but again it depends on how well developed those visits have been going prior to the visits out in the community.

Sometimes we use the public places like McDonalds, the park and the little you know they can only stay focused for so long, so sometimes it’s good that they play interact, go have fun.

**Locations of visits: Biological parent(s)’ home.** Visits can also take place at the children’s foster home or at their biological parents’ home. However, the study participants indicated that in some cases the biological parents’ homes are not necessarily considered for family visits at least during the early stages of the case. To illustrate this, two workers stated that the majority of their visits occurred at a public place and, “Very
rare at the biological parents’ home.” Another worker reported, “I don’t encourage the visit in their home immediately.” On another interview, one worker said, “well, we have done it with foster homes like if the kid is being discharged to a foster home we’ll do visits at the foster home, but I’ve never done it at a biological home.” Another worker shared her opinion, “Quite honestly some workers are lazy and don’t want to take them to the [parent’s] house.”

One worker who has been in the child welfare field for more than five years indicated that she has never conducted a family visit in the biological parents’ home. When she was probed about the reason for not choosing this particular location, she stated, “I don’t know why I never considered [the visits] in their home. I don’t think I’ve ever heard one of my coworkers doing visits with parent-child in the biological parent’s home.” A different worker provided a similar answer,

Since I’ve been here [at the agency] I have not facilitated any visits in the home of the parent; I can’t tell you why because I can’t even think of a reason why I have not done that, but me personally I have never facilitated a visit in the home of the parent.

On a separate interview, one worker said, “I’ve done visits there [the home] but a lot of the time the home is inappropriate.” When this worker was questioned about the word inappropriate, she expanded her answer stating,

It means if the parents are still using drugs and alcohol and there is still drugs and alcohol in the home or the home is just completely filthy and I’m not going to bring a baby that is crawling to a home where bugs on the carpet you know it just depends on the condition of the home.

This worker also explained that it is usually the person supervising the visit who determines the appropriateness of the home. This person can go from caseworkers
themselves to the contract agency providing transportation for children and supervision services for the family interaction.

One worker recognized that sometimes the struggle with setting up visits in the biological parents’ home had to do with the children’s reactions after the visit. This worker stated,

How are you going to get the kid out of the house? Would you want to leave your mom or dad’s house after a visit? No! So you got to be very careful when you implement that home visit in the house; usually we try not to do that or I don’t want to do that until we are in overnights [visits].

Another worker described the procedure embedded in the decision to do the visits at the parents’ home and explained,

We will go into the home and we will investigate the home to see if the parents have fire alarm detectors, carbon monoxide detectors, and a front and back entrance. If there is someone else living in the home, we have to do background checks a little more extensive if they have ever been arrested, convicted of any crime and we also look into the child abuse to see if they have any previous allegations against them. Just making sure the environment where the child is going to be at is safe and appropriate.

**Locations of visits: Benefits and limitations.** Based on the description of the different locations for visits, the study also inquired about the workers’ perspectives on these various locations and how they perceive as positive and negative aspects of each visitation setting. A summary of the key elements will be presented in Table 5 and the information will be organized by type of setting.

The first section covers disadvantages of meeting in an office space. Follow-up questions were presented to respondents to steer the discussion primarily toward the
advantages and disadvantages for the family interaction rather than the worker’s preferences. One worker stated,

The office is not the most ideal place. To me it appears to be a hospital setting, too clinical. I don’t think that the parents can be themselves. The children depending on their age have toys to play with, but as the children get older their interests vary so to be sitting in front of a parent at seventeen and talking to them about what’s happening in their life this is not ideal. More appropriate would be in a home setting where they can talk about what’s been happening in the neighborhood with their parents and where they are in similar surroundings.

A similar response was,

Clearly when you’re at an agency and you are in a secluded setting like we are now, we’re in a visitation room, it’s a little awkward and it could be a little weird for people. I mean clearly for you and I if someone is on the other side of that mirror watching us we’re going to think this is weird right?

Two more workers highlighted the issue of parents feeling ‘observed’ as an influential factor for their performance during visits. One of them explained,

Sometimes it is hard for them [parents] to be one-hundred percent themselves because they feel they are in a very controlled environment and at home they feel more in control, this is my house and they have the right to ask the worker to leave if anything happens but here [agency] it is very controlled, like right here this is the visiting room they know the glass mirror you can see them through there and they think we are counting every time they breathe.

The other worker noted,

When it’s in a place like this [agency] I think sometimes it puts the bio parents on edge, they feel like they’re being watched every single minute. It’s the same thing if you’re outside in the community, but I think it gives them more peace because they’re out and there are other people and it’s not an agency and you don’t have people like watching you just like that.

The children’s behaviors are also an important factor when looking at the ideal place for visits. One worker explained,
The cons here [agency] would be it’s a very enclosed space and for children with a lot of energy there is not a lot of space to run around and they can get really frustrated and bored. The older kids like to be outside running around but then they don’t really get one-on-one with their parents and if they are out running around playing in the park because most of the time the parents are not going down the slide with them. So I guess they will get more one-on-one time inside but the kids are happier if they are out.

The visits taking place at McDonalds were also addressed in this part of the interview and one worker in particular said,

Sometimes like with McDonalds the little ones just want to go ahead and play in the playground, and if you have a parent who needs to be prompted, how are you going to prompt the parent to go with their kid to get on the slides, they can’t do much. Even the little ones they are going to say ‘oh no they are playing; I am not going to bother.’ I guess it’s whatever they [parents] try to make out of it.

Another worker indicated, “I think the kids enjoy it because they are always up for it, they love McDonalds and happy meals and the play, so I think the kids do enjoy that a lot.” However, another worker mentioned concerns regarding the visits in the community by saying, “It can be hard out in the community and I’ve seen a child have more random behaviors out in the community that can be done in a McDonalds and the anxiety so you don’t know what to do.”

Going along with these comments, another worker mentioned visits at local children’s restaurants like Chuck e Cheese and raised an interesting question,

I think the obstacles with Chuck e Cheese is especially during the summer time visits when children are out of school it is really loud, it is really busy and the child is just not really bonding- they are gone, they want to play, so they don’t have that focus, that one-on-one. I mean it’s good to see how mom can keep pace, especially if they are going to reunify and go back home. How she can keep up if it’s one, or two, three children maybe in the sib group, can you handle all three in a busy setting like this?
With regard to the visits in the community including family parks one worker stated, “I guess in the community there are more distractions, there is less time to see the parent interact one-on-one. If they are in the park, the parent is usually more like in an observer position.” Another worker noted a similar con regarding the visits in the community and stated,

Here [agency] it’s more structured sometimes you want to be in the community to make it more comfortable as a family setting but then at the same time when we are there some parents feel more uncomfortable because they feel like the community is watching them so you have both, especially if your cultural background is different then you really stand out so if have a black family and you are white why is this white lady with this back family and the opposite, so its really an indicator into the community.

This worker offered her input on three different locations and reiterated the complexity of visitation considering the multiple variables involved in the process of finding the right location. This worker stated,

Here at the agency it can be kind of sterile, we have toys in the playroom; it’s nice and bright but it’s still not homey. The community is better because they can interact and do different activities together. Backdrop to the community what kind of child you have, are they medically complex, do they have behavior issues, it just could be too much stimulations, and the kid just can’t handle it. At home maybe the kid had a trauma at home and going back there makes them re-experience that trauma so it really just depends.

An interesting contrast to this respondent’s perception of home visits and the risk of prompting the children to re-experience trauma was given by this worker who stated, “The kids are more comfortable because it’s their home, this is where they were at before case involvement. So at time they still have their own room, they have their toys, and I think they feel more comfortable.” A similar input was provided by a seasoned worker who stated,
The child is going to be returned and usually is going to go back to the home where they were removed or parents are there or their belongings are in that place. My room, the blanket that I like that sometimes I take… I don’t feel comfortable sleeping in another bed and they have a sense that they still belong to that place even thought they are there [home] only temporarily. They felt attached, that is where the attachment continues and bond. I have observed my teenagers, I have a lot of teenagers when they go back to own home it’s like, ‘oh my God this is my place!’ even though they are well treated in their foster home, mom’s house, that’s my house.

Another worker indicated that the parents’ home should be always considered as the first location for visits, primarily in reunification cases because, “The parents apartment [or] house is the environment they are going to be living at and they need to be familiar with it.”

For those cases in which children are placed in residential facilities or group homes, one of the workers stated,

I think the agency can be better than McDonalds. I think when you go to McDonalds the kid is so focused on food and play land that they aren’t really there for the parent like they aren’t really matter that the parent is there, they just want the food. But here if you take away the food and the play land they are kind of forced to interact more with the parent and I think it helps more that this is where the kids live so it helps that the parent is coming into their home so it shows that the parent is putting an effort into coming into the child’s home and then the child can show them like their room and where they live so I think that can help the relationship too.

Another observation about the pros of having visitation at the biological parents’ home was noted by this worker who said,

The parents’ home it’s better if the home is appropriate because you know some of my kids are like I miss my mom’s fried chicken, she can make the fried chicken at home so that during the visit they eat fried chicken and then it’s comforting for the kids they can’t do that here.
The need for a specific placement along with the difficulties that arise to facilitate visitation under a myriad of variables provides a glimpse of the significant effort workers and families have to make to accomplish visitation. Table 5 summarizes the benefits and limitations that worker’s associated with the various settings for visitation.

Table 5. Summary of Worker’s Perceptions of Benefits and Limitations of Visitation Settings

<table>
<thead>
<tr>
<th>Type of Setting</th>
<th>Benefits</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office</td>
<td>- Younger children have toys to play with.</td>
<td>- Appears like a hospital setting, too clinical.</td>
</tr>
<tr>
<td></td>
<td>- It’s more structured sometimes</td>
<td>- Not homey</td>
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<tr>
<td></td>
<td></td>
<td>- Parents can’t be themselves.</td>
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<tr>
<td></td>
<td></td>
<td>- Hard to engage older children.</td>
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<td></td>
<td></td>
<td>- Awkward for people</td>
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<td></td>
<td></td>
<td>- Parents feel observed, in a controlled environment</td>
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<tr>
<td></td>
<td></td>
<td>- Challenges the worker-parent relationship.</td>
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<tr>
<td></td>
<td></td>
<td>- It puts the bio parents on edge</td>
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<td></td>
<td></td>
<td>- It’s a very enclosed space.</td>
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<td></td>
<td></td>
<td>- For children with a lot of energy there is not a lot of space to run around</td>
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<tr>
<td></td>
<td></td>
<td>- Better than McDonalds</td>
</tr>
<tr>
<td>Community</td>
<td>- Comfortable feeling.</td>
<td>- More distractions.</td>
</tr>
<tr>
<td></td>
<td>- Family can do different activities together.</td>
<td>- Less time to see the parent interact one-on-one.</td>
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<tr>
<td></td>
<td></td>
<td>- Some parents feel the community is watching them.</td>
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<tr>
<td></td>
<td></td>
<td>- The child can’t handle too much stimulations.</td>
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<tr>
<td>McDonalds</td>
<td>- Place for children to play in the playground</td>
<td>- Lack of parent-child interaction.</td>
</tr>
<tr>
<td></td>
<td>- Children love the happy meals and the play</td>
<td>- Parents are unable to show skills</td>
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<tr>
<td></td>
<td></td>
<td>- The kid is so focused on food and play.</td>
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<tr>
<td>Chuck e Cheeses</td>
<td>- Allow to observe parenting skills in a busy</td>
<td>- It is really loud.</td>
</tr>
<tr>
<td></td>
<td>setting.</td>
<td>- It is really busy.</td>
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<td></td>
<td></td>
<td>- The child is just not really bonding.</td>
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<td></td>
<td></td>
<td>- Children lose focus, that one-on-one with parent.</td>
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<tr>
<td>Parks</td>
<td>- It gives them more peace because they’re out</td>
<td>- Children don’t get one-on-one interaction with their parents.</td>
</tr>
<tr>
<td></td>
<td>- The children are happier</td>
<td>- Child has more random behaviors.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Children show more anxiety.</td>
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<td></td>
<td></td>
<td>- Parent is more like in an observer</td>
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</tbody>
</table>
Visit Supervision

As shown in Figure 8, this section of the findings will focused on three aspects of visit supervision: Need for supervision, visit supervisor, and the visitation reporting process. With regard to the visit supervisor, caseworkers and case aides were identified as the main actors in visit supervision. A discussion of case aides’ educational background and training experience was also included.
Visit supervision: Requirement and need for supervision. A great number of respondents agreed that supervision of the visit is required within the initial process when the child comes into the foster care system. One worker stated, “the supervision it’s just kind of an assessment process from the beginning of the case and also a lot of times it’s court ordered because of safety reasons.” For similar reasons another worker indicated, “From the very beginning of the case visits are always supervised until usually parents are inside the services and once they are going well then they look at unsupervised visits.” A different worker stated, “Supervision is implemented in the very beginning. That is per DCFS guidelines until the court says otherwise.”

There was an agreement among respondents of the need for supervision considering that the main reasons for what the cases come into care involve risk factors associated with child maltreatment and abuse. One worker said, “That visit definitely has to be supervised, the parent can have no contact alone with the child and that is staffed and the parent knows that.” “If we know there is [a history of] physical abuse it is definitely a supervised visit.” Another worker indicated, “I think for cases of physical abuse its kind of like any other visit to make sure that it is supervised.”

Visit supervision: Visit supervisor. There are many people involved in the supervision of a visit and whoever supervises the interaction does not necessarily have to be directly involved with the family case, as one of the respondents indicated, “It can be the case manager honestly it can be anybody here that is employed.” Another respondent noted,
There are several people who are allowed to supervise; I can supervise the visit, my supervisor can supervise the visit, if there are conflicts in schedules, I can’t get one of my co-workers to supervise the visit. Foster parents are allowed to supervise, respite does provide transportation for the kids, so our respite department can supervise these visits as well.

**Visit supervisor: Caseworkers.** Despite the different roles of people allowed to supervise a parent-child interaction, respondents indicated that they are mandated to supervise the visits at least once a month. With regard to this mandatory visit, one worker indicated, “We are supposed to supervise at least one visit a month.” Another worker reported, “I’m only required to view them once a month and the rest are supervised by a supervising company.” Likewise, one worker emphasized,

> It’s required by DCFS that if somebody other than the worker or the supervisor supervises the visit [then] the worker has to supervise at least one visit per month so we get the chance to see the interaction between the kids and the mom.

**Visit supervisor: Case aides.** Respite workers along with case aides were constantly mentioned throughout the majority of the interviews. Whether they were an internal or external aid for caseworkers, the role they play within the visits became something that could not be overlooked in the interviews. This raised new questions concerning these workers’ background and characteristics. With the aim of helping the reader understand this section, the term “case aide” will be employed as a generic term to refer to workers who assist with the supervision of a visit.

**Visit supervisor: Case aides from outside agencies.** One respondent mentioned that her agency utilizes the service of an external company that provides transportation and supervision for the visits, but in this particular case, the respondent mentioned that
she does not have direct contact with the respite workers themselves, but with their supervisors. This respondent explained,

I know when respite [worker] supervises the visits they have to fill out visitation forms. So those visitations forms go to their supervisor and at the end of the month if everything went ok the supervisors will give the forms to us and we just review them. If anything has happened at that point in time the respite workers know that they have twenty-four hours to report any incidents to their supervisors and then supervisor to us.

This respondent was uncertain about the reason for this communication pattern, but she mentioned the struggles that resulted from the inability to discuss the visitation dynamic directly with the person supervising it.

When the worker has to rely on the services of outside providers, communication has a different set of challenges. One of the main challenges is the lack of regular professional feedback, which diminishes the ability to share case-related expectations when observing the family interaction. In order to maintain this case-related communication, one worker indicated,

Basically anything that we need to observe that we would like to be monitored closely we would write it in a report that is sent to the [supervising] agency and they look at the report and say well this is what the worker is looking for. So we say is the parent bonding with the child? Is the child bonding with the parent? And they write us after every visit. There is a written maybe possibly one-page summary of how the visit went, if any unusual occurrences happened and if they notice anything out of the norm.

Visit supervisor: Case aides within the same worker’s agency. The study respondents agreed that when both the worker and the case aide are part of the same organization, the frequent contact and implicit communication facilitates the mutual
feedback and understanding of the case. One example of this communication dynamic was provided by one of the respondents that reported,

Well you go over with the case aide they are here, ‘this is what’s going on with my case this is what I need you to be paying attention to,’ and then the case aide also writes documents of the visit so when you get the documentation you read the documentation as a worker so if you’re seeing that something is missing you know if it’s generic or whatever the case is maybe you can go back to the case aide and be like ‘I need you to look more at this or your know or that and I need you to document this better.’

The frequent contact and communication among case workers and case aides within the same company, also contributes to the process of building professional trust and collaboration, as one worker indicated, “I trust what they are saying… I trust them, that is what they’re saying, after all this time they know what they are looking for. Like I said most of our case aides have been here for years.”

Another worker shared her experience of having the case aides help them with transportation and supervision of visits, while being part of the same worker’s company. With regard to the mutual feedback process, this worker indicated,

It’s a form and I have verbal contact with the case aide because I see them daily, their offices are right around the corner so I see them daily. They report to me verbally and it’s a form that they are required to fill on the computer and give a copy to us and a copy to their supervisor.

Visit supervisor: Educational background of case aides. A great number of respondents indicated that the minimum requirements for individuals to become case aides are: a high school diploma, passing the background checks by the Criminal Records Bureau, and possession of a car and a valid driving license. Although, some of the case aides have either a bachelor’s or Master’s degree, this is not a requirement. With regard
to their backgrounds one worker reported, “No, to be honest I don’t know, I hope they have at least a high school diploma.” Another worker said, “For the drivers I don’t think there is any specific background I know that there is like a high school degree but I don’t think that there is anything specific background that they need for that.”

Another respondent stated,

They can’t have any you know prior CANTS [Child Abuse and Neglect Tracking System] indicated reports against them and of course their driving records has to be kind of clean and you can’t even have any DUIs [Driving Under the Influence]. You can’t have you know too many moving violations you know too many tickets or something like that whatever, but the majority of the people that work for the agency have minimum high school diploma beyond that I don’t think so.

Another worker stated,

I find that the older case aids are minimum high school, maybe some college. They younger case aides generally are in college now because we just had one transfer from being a transporter to a child welfare specialist because she graduated; and some of them are in school now.

A different statement concerning the educational background was,

I do not know for sure but I believe it’s a like a high school education and a background clearance. Although it varies because the transportation company that we utilize there are some master level clinicians that do part time for that company but they are not necessarily required to be college educated or something like that.

The following worker was uncertain about the company that her agency contracts out, hence she stated,

Well, I don’t know too much about the agency itself. I have met some of the drivers and they are the ones that actually do some of the transporting. They don’t appear to have too much education, but maybe possibly they do this part time. They do have to have a driver’s license, they do have to have insurance, they have to have their own car, they have to be reliable I think the most that they ask for is possible high school diploma.
Visit supervisor: Training. Another important question asked in the interview was aimed to address the former and specific training case aides receive in order to supervise visitation. One worker explained that even though her case aides were high school graduates, they had to receive a significant amount of training to learn how to handle children with behavioral needs. This worker indicated,

They receive a lot of training, exactly what training they receive? I can’t tell you because I really don’t know. They’re working with children who are medical; children they have to sit with the kids’ nurse and go through all their medical needs and this is what you have to do in case this happens or if it’s a behavior child they have to sit with the behavior specialist to say this is what you could do if the child starts acting out.

A follow-up question was asked of this particular worker to understand whether the training was tailored to enable case aides intervene during the family dynamic. This worker emphasized that their training focuses primarily on the child’s behavioral needs and how to properly respond to them rather than to address the parent-child interaction.

The same question about the training and preparation case aides receive in order to facilitate the parent-child visitation was verbalized across all interviews. The majority of respondents were uncertain whether case aides receive any sort of training related to visitation services and, in particular, to enhance their ability to observe, intervene, and provide reports of the family dynamic. One worker stated, “That’s why in hypersensitive cases where the children are young, I like to supervise them myself because the outside agency that we contract out really are not trained to look for what we are looking for.” Another worker noted, “This agency that we contract out with, they are drivers, they are cleaners, they are supervisors, they are everything to do every job at that agency and they
are not specifically trained in visitation.” However, this worker recognized that she has to rely on their supervision services despite their lack of training because of her own limited time when managing a caseload of 23 children.

Overall, the respondents in the study stated the importance of comprehensive preparation for caseworkers and case aides to provide quality of visitation services. However, this topic will be reviewed again when presenting the findings about the resources agencies provide to workers to facilitate the provision of services.

*Visit supervisor: Visitation reporting process.* A follow-up question was raised to participants to address the process of gathering visitation reports, understanding that technically many people can supervise a parent-child contact. These reports are aimed to document the family interaction and present it back to the judge, attorneys, and other service providers. With regard to this reporting process one worker stated,

There are two ways; one is if there is something that is really important, it’s something that is just not going right typically the case aides I’ve had they always contact me and have just said ‘mom was this this and that.’ They do have to write out a form, we have a child visitation form that they have to write that goes from the time they picked up the kid or client also what happened during the visit. How long it lasted, where it took place, is anything significant they have to sign it and give us the forms.

Although the many attempts to fill up the communication gap between workers and people collaborating with transportation and visit supervision, a great number of respondents expressed continued concerns about the reporting process. One worker stated,

If I want to know something I can just call up the driver and say hey have you noticed anything odd? What’s going on in the visits? And they can tell me over the phone. I’ve been needing to wait for the reports they come two months or a
month later. They are not very you know reliable in getting them in. You do get them in, but sometimes you will get piles of them three months in visits.

The same worker recognized that she did not trust other people’s reports but her own judgment. In fact, she prefers to conduct unannounced visits during the scheduled family visit to get her own opinion of the interaction. This worker added,

Depends on who the writer is, but I actually do get a good sense of the visit when I do an unannounced visit myself. I usually like to judge based on myself. I do read the reports but sometimes not all of them and if I really want to get a good idea of what’s going on in the family I’ll show up unannounced on a supervised visit.

This was not the only worker who felt the need to be cautious in interpreting the visitation reports. This worker stated,

I supervise most of my visits because I want to make sure that accurate information is being reported and I want to be able to gage parenting skills first hand and report that back to the court for reunification purposes.

Another statement was,

If I could I would supervise more so I can have a better idea how those visits go and the transportation company still shows up and I could be there and write a note that I also showed up and this is my perception of how the visit went.

Two more workers stated, “A respite worker is not going to write down every little thing that a bio parent is telling the child. So I still like to go in there.”

It varies by the case aide and the caseworker I am assuming. There are some that are not very descriptive, it is ‘children watched TV, children had a snack, and then no unusual incidents,’ and there would have to have a conversation you know what did the interaction look like and different things. Then there are some case aides who are a lot more descriptive and they are talking about the bond and the attachment and the interactions and whether it is safe and appropriate, so really it varies a little bit.
A different worker with a similar observation about the reporting process speculated whether these limitations had to do with the lack of preparation respite workers receive in order to provide supervision. This worker stated,

Most of input usually they [Respite] write about how the visits goes is not very in depth observation about the situation. Let’s say DCFS has a form that they fill out too, that is a visiting record that they write the time of the visit, who came to the visit, the length of the visit and then comments how the visit took place. Usually what they write is, ‘The parent arrived on time, during the visit they watched a movie,’ but any observations clinical observations if there was an incident let’s say something happened, but they are not allowed to do deeper observations because they don’t have the training.

Another worker commented on the legal implications of visitation reports. The children’s attorneys utilize these reports on their behalf, but also public defenders based their arguments on visitation feedback when advocating for parents in court hearings. This worker indicated,

I can tell that this is another driver because [he reports] ‘visit went well, mom played with the kids,’ but no details about what they played. ‘They played, they had fun,’ tell me how they had fun you know why is that your saying that they had fun. So then of course the public defender is going to be like oh wow! Are you talking about these kids? They are having a blast when they see their parents.

A final response regarding variation in quality and specifics of report was, “Depending on the driver or the worker it depends on how detailed they are. Some are very bare bones and others are more elaborate and engaging you can tell that the observer is really paying attention to what’s going on.”

These statements identify the issues embedded in the reporting process, as its quality would depend upon many factors ranging from the involvement of the reporter in the case to their professional training and writing style.
Another phenomenon that workers reported that occurs in the reporting process is when the visit supervisor is too involved in the child’s case that her/his subjectivity can interfere with their judgments of the family interaction. This is the case when foster parents are asked to provide supervision for family visits. With respect to this situation, one worker stated, “Especially when they love the children and they are really attached to those children they will see things that didn’t happen. I try to the best of my ability to listen and just take the objective report of the conversation.” Another worker indicated that she prefers to receive verbal reports from foster parents, primarily because they sometimes refuse to or delay the process of filling out visitation forms. This worker noted,

It’s the whole visitation form. I would rather just do it over the phone because I know that they would just tell me right then and there and it’s easier. Because here they have to fill out the form as part of their job and sometimes they don’t feel obligated to do certain things and we work for them as well. So a lot of foster parents I would rather just do it over the phone.

Another worker reported that she receives the reports through emails, mainly under the premise that the foster parent supervising the visit has found something unusual during the family interaction. She indicated,

I ask the parents who keep a log of when parents visits for and if anything stuck out within the visit that they feel they should note and then they usually email me once a week or I send them an email and they will email me back write down the dates and stuff.

**Trauma-Informed Practice Approach on Visitation Services**

In the context of visitation, trauma-informed practitioners foster collaboration with all those who are involved with the child, utilizing the best available resources to
facilitate and support the recovery and resiliency of the child and family. In the current study, trauma-informed practice was measured through the different resources the child welfare agency provides to workers to enhance visiting services including worker’s supervision time, training, consultation and additional resources (e.g., case aides). Furthermore, worker’s trauma-informed interventions with visiting families were considered for the analysis of this model component.

As shown in Figure 9, this section of the findings will focus on three aspects of trauma-informed interventions with parents and children participating in visitation services: (a) Worker’s perspectives on parent-child interaction, (b) Worker’s decisions and interventions, and (c) Worker’s institutional resources to provide visitation services to families.

Figure 9. Trauma-informed practice approach on visitation services
Worker’s Perspectives on Parent-Child Interaction

Figure 10 displays the discussions of child welfare workers regarding the parent-child dynamic that diverged primarily around the issue of parents’ and children’s myriad of feelings when reuniting and separating from each other during visits. Additionally, all of the workers spoke of their expectations of parent-child contact as well as the children’s and parents’ reactions when one of the parties did not attend the scheduled encounter.

Figure 10. Workers’ perspective on parent-child interaction

**Worker’s expectations of parent-child interaction.** Caseworkers’ expectations, whether or not they are discussed with parents, play a significant role in the way they perceive the parent-child relationship. All caseworkers elaborated minimal expectations they have on parents’ behaviors during the visits, which in turn constitute the frame of reference when observing the family interaction. In the words of one worker, “You expect them to be appropriate. You expect them to be loving and nurturing with their children to get a positive visit. That’s the main thing that you expect.” Another worker indicated,
I’m looking for the child and parent’s reaction like when they see each other like do they run and hug each other? Is there affection? Are they like hugging and kissing? Is there eye contact or is the child totally ignoring the parent just playing with toys? And the parent is asking appropriate questions? Like how was school? How are things going here? Are you staying out of trouble? To show that the parent is taking interest in the child and is kind of a tune to what’s going on with them.

Expectations may vary depending upon the child’s age as highlighted by one of the workers who stated,

It depends let’s say if they have a baby we expect the parent to carry the baby. If it’s a baby to carry the baby to make sure the baby is fed, to make sure that she knows how to feed the baby properly. That the parent may pay attention if the child has a wet diaper, to play with the baby.

Some workers prefer not to share their expectations with parents in the beginning of visitation as a process of assessing the parenting skills or lack of thereof. For example, one worker explained,

I don’t talk to them about it in the beginning because I want to see if they just do it on their own instead of if I tell them this is what I’m looking for, of course they are going to do it, but it might not be real or genuine and then as we get down the road after a couple minutes and they are just not doing it and I feel like something they need to work on and it can benefit their parenting I tell them about it, like you know whenever your child talks about getting in a fight it might help if you could give them some advice or validate their feelings or whatever it is.

There was a general agreement among child welfare workers that parent engagement strategies utilized throughout the visits are the most important factors they expect to observe during parent-child contact. Participants repeatedly used words like engagement, relationship, and involvement to describe ideal parenting approaches while visiting with their children. For example, one worker noted,

Bonding first. Is everybody engaged? I mean what kind of conversation are we having? Are we even talking? You know are we having fun in the visit? Were are
your parental skills you know those types of things are going on in the visit or are we just sitting in here staring at walls saying oh my god can this visit be over? I am looking for those types of things in the visit.

Another worker elaborated,

I particular I am looking at how they engage initially, that initial contact. Is the child lit up, is the parent excited or is the parent just like ‘aw, I’m doing this visit just to get it by so I can get me child?’ What’s that bond, are they bonded? Do they hug? Do they touch appropriately? How does the parent – a form of discipline, you may have to discipline that child; is it appropriate or inappropriate? How do they speak to them, the tone that they use with them? I look for is the parent actually interacting with the child? Or like in the play place the child is just gone. Does the parent actually interact, ‘do you get on the swings with them, do you read the book with them, do you assist them with things, do you take them to the bathroom? Or do you tell me he or she needs to go the bathroom.’ If we are somewhere where there is a snack do you tell me ‘well she is hungry, or do you take the initiative to just get it for them?’ Are you gentle with them? Just are you being a parent, are you being observant, are you alert or are you sitting back on your phone?

A similar statement about worker’s expectations was,

I look at their bonds and see if they appear bonded affection, appropriate conversation like if they are older. Structure, you know if they are just sitting there and there is actually nothing to do and the mom is on the phone I would note that. If they are engaged with them like on the floor playing with them or they are attentive to the needs if they ask ‘Are you hungry, are you thirsty?’ and then they respond to it by giving them food or water.

Worker’s perspectives on the behavioral dynamics of the visiting family.

Although parents are strongly encouraged to utilize parenting skills during the visits, respondents reflected on the multiple factors embedded in the parent-child contact that may challenge even the most engaging parent. One worker discussed the complex feelings that can arise during family visits that stem from feelings about the initial separation. These feelings, if left unresolved, can lead to relationship strain and further family conflict. This worker elaborated,
I think sometimes the children do it on purpose to get the parents’ mad, I don't know but it happens a lot and I think it’s also that the kids like to test the parents like ‘you can’t do anything to me, I have someone else here watching also’ I don't know why the kids do it, but they do it a lot.

Another worker noted,

Sometimes the children come here to misbehave to call negative attention from Papi because the environment in the foster home might be more controlled. I have the children [that] in the foster environment they don’t misbehave, but when they were with the parents they didn’t have a structure, they misbehave here to call the parents attention and also they have more siblings [so] they want the parent just to focus on the child.

A different worker reported that she has had to remove the child from family visits to reinforce appropriate behaviors and advise the child to enjoy the family interaction. This worker stated,

The same thing goes for our kids than for our parents. There are certain things that we expect from our kids. If a kid is 3 or 4-year old and they’re just having a tantrum how can you really do something? If it's an older child who is having, let’s just say, this meltdown all the time or now he is just challenging whatever or acting out, the same thing goes, I usually pulled out my kid in the past and said listen you need to stop acting like that, you cannot be disrespectful to your mother, you cannot say this to your mom or your dad you need to stop, I’m not going to tell you this again because if I do then we are going to stop the visit. So you hold them to the same standards as you do with the parents, you explain them the importance of the visits saying you don't get to see your parents all the time take advantage of your visits and use your time wisely.

On the other hand, a significant percentage of caseworkers elaborated upon parents’ inappropriate behaviors they had observed during visits. Their narratives included accounts of parents that had coached their children to misbehave in the foster home so they can return back home. In words of one worker,

A lot of the parents their main purpose is to like put things in the kids heads about certain foster homes that the kids are in or I’ve had a case were the biological mom was telling the kids you know you should act a certain way because if you
act like this they have to take you out of there and eventually you will come back home to me things like that.

Another worker agreed by stating,

A lot of parents have this misconception that if they disrupt their placement they are going to get fed up with this child and give them back to the parent, and it doesn’t work that way because if this child disrupts their placement they’re getting put in a different foster home and it’s only going to make it worse for the child.

**Behavioral dynamics of the visiting family: Managing termination of the visit.**

Some of the study respondents mentioned the importance of providing support for the parents and to allow them to debrief their overwhelming emotions, mainly when dealing with the end of the visit. Given the psychological and interpersonal complexities of visiting, including transitions like “hello and good-bye,” one of the questions also addressed the way workers handle this dynamic during visits. The following illustrates an example,

A lot of our kids need transitions throughout the visits, so we’ll make the parents aware of that. A lot of times our kids need a calm down time towards the ending, something like saying, in five minutes we are going to clean up your mess. In five minutes, we’re going to say good bye, we’re going to put our coats on and things like that because we have kids who need that transition and it’s just letting them aware of those transitions. I normally tell them 15 minutes before the visit so they are conscious about it.

Another example was,

A lot of time I address it more towards the kids but I would suppose it helps the parents too that normally I just give reminders that we have a couple of minutes and like two minutes we are going to have to clean up and we will say good bye, Just trying to prepare the kids but I think a lot of times it also helps the parents. A lot of the times I really work with my cases with the parents for like how to appropriately say good bye because a lot of the times they don’t know how to wrap that up and like why don’t you say goodbye and if you want to give a hug a
lot of the times the kids kind of need that so I think the parents need to do it sometimes.

This worker stated,

I don’t ever want to end a visit abruptly I always I like to tell them okay you have fifteen minutes left now you have five minutes so they can you know start cleaning up but enjoy transitioning slowly transitioning so it’s just not erupt and saying okay we are done now we have to go so I let them know how much time they have left and you know just start packing up saying good bye that usually helps out tremendously because then the child is like okay well I am going to go now so it’s not abrupt.

Despite workers’ efforts to prepare to and remind families of visitation transitions, a great number of respondents reported the difficulty for parents and their children to go through the process of terminating the visit. With regard to this experience, one worker stated, “I think when they are younger I don't care how much you prepare them is never a good thing because they never want to say goodbye to their parents.”

Terminating a child and family visit may trigger symptoms and behaviors related to trauma and separation that opens the door for numerous questions from children who struggle with navigating through the visitation process. To illustrate some of the children’s reactions to the process of saying goodbye to their parents, one worker commented,

You kind of remind them, you know it’s time to clean-up or can you please start cleaning up with the kids. Then sometimes when you see the acting out, ‘why can’t I go, mommy am I not going to go with you, why can’t I go to your house, I want to go to your house?’ And when they are six or seven they already understand and then what do you say; ‘can I go to your house on the weekend, can I celebrate my birthday at your house?’ it is really difficult. Or ‘I don’t want to go, I don’t want to go back to that house, I want to go with you’ and they don’t want to say good-bye and they start crying or they start kicking the walls, kicking people because it gets really confusing. You kind of have to intervene sometimes too.
Another respondent indicated,

In the beginning the kids have a hard time and cry and they don’t want to get in the car that’s awful when we are at that stage so what I do I have mom walk me to my car and have her put her put the kids in the car because otherwise I can’t even sit and that is bad it’s just do whatever is easiest. It’s just a bad situation sometimes you know because they don’t want to leave her so I have her help me. These aforementioned results clearly demonstrate the complex issues surrounding parent-child visits. These issues range from scheduling and logistical challenges to the visit-related upheaval in the children and parents emotions.

Worker’s perspectives on visit cancellations. The responses of caseworkers also were strong in emphasizing the emotional harm to foster children when visits are canceled, or parents fail to appear for a scheduled visit. One worker described her frustration when dealing with this particular situation,

It’s tough because most of these kids really look forward to visiting with their parents no matter what the parents have done they always look forward to their mom or their dad. It’s tough you know, kids get really upset that’s why we try to avoid as much as those situations, usually [I say] sorry something happened and you know mommy or daddy can’t come hopefully you will be able to see them next week. It’s tough especially when they are little because they don’t understand.

Another worker stated,

It’s hard, usually I just tell them ‘mommy didn’t make the visit today, I’m sorry I don’t know why she didn’t make the visit,’ and they always ask ‘is she coming, is she...’ and it’s hard to deal with that situation but I just kind of; ‘mommy didn’t make it today, hopefully she can make it next time.’

One worker explained the difficulties when managing the children’s anxiety while expecting for their parents’ arrival. However, she highlighted that it is more difficult to
handle a situation when the parents not only fail to show up for the visit, but also fail to notify the reason for their absence. This worker noted,

I try to comfort the kid and let them know that mom or dad said they were going to be there, but in the instance that they don’t show up then we have a whole different problem because the kid can react negatively you know it could be very withdrawn or have issues when they go back to the foster home which is nothing related to the foster parent just due to the parent saying they would going to be here but they never show.

While dealing with children’s reactions after a cancelled visit or no-show, caseworkers find several strategies to help the child process his/her overwhelming emotions. One worker indicated that she makes up stories justifying the parents’ absence as a way to ease the disappointment and prevent additional conflict in the parent-child relationship. This worker explained,

Well there comes times when I am like oh well you know if the child knows that they take the bus you know I was like oh mommy or daddy’s bus must have not showed up she couldn’t come. I will make up an excuse for the parent you know and I will make it sound like the most crazy thing [happened] because I want the kid to say oh man poor my parents… because they’re kids like I said the kids don’t have any fault in this you know I want to try make peaceful for them as much as I can because they are already going through a lot.

A different worker indicated that she takes the child out for a meal as a way to compensate his disappointment, “You end up taking them out to compensate. Yes, I just take them out to McDonalds I mean you are just your heart just breaks for them.” A similar statement was, “I buy them ice-cream, that I basically all I can do.”

Another worker decided not to announce the visits to the child until the parent was actually on his way to the office. In this case, the child happens to reside close to the
office, which facilitated the strategy; however, given geographical distances this approach may not be workable in all instances. This worker explained,

Well that happen a lot with one of my cases so I stopped telling the child about their visits because if I tell them about it then they remember and they are looking forward to it and are really fixated on it. I just don’t tell them and they don’t even know about it and then it’s like a surprise and that helps to decrease anxiety but other than that if they know about the visit and she doesn’t come usually the kid gets really upset and they can start crying or just get really frustrated and kicking things and yea that’s all you can do is comfort them and say you’re sorry.

Children cope with cancelled visits in a variety of ways. One of the respondents shared her insight about the importance of having a conversation with children to address behavioral self-blame. This worker emphasized,

That’s hard, you encourage them they will see them; next week is a scheduled visit. We don’t, I would never place blame on the parent but I will usually say ‘it’s not you I’m sure the absolutely wanted to see you, something must have happened but next week we are going to try again.’ Usually they are screaming in the car ride which is unfortunate and crying or getting upset. And then there are some kids who are used to that which is also unfortunate and it’s kind of like ‘ok, it’s happened again.’

Another worker agreed,

Every child is different especially younger, basically it’s based on age. I always go and have a direct conversation with the child and we talk about it and there is always the conversation about not being their fault because a lot of the kids will think that there is something wrong with them and not lovable and so I just stay there and we have a conversation and we talk about their feelings and I will stay, we will play a game and I don’t want to just tell them and leave and let the stuff be like you can deal with that, that’s not me.

An interesting contrast to the idea of having a conversation with the child to acknowledge the situation was presented in the following narrative of a worker who was advised not to have this conversation with the child if he does not request further explanation. This worker stated,
It really depends on the kid. Some kids are more aware than others are those that they will say is my mother supposed to be here? Some kids are not even really aware of it so they don’t really mention it. I’ve had some DCFS workers that they tell me they don’t want me talking to the kid about it at all so if they don’t bring it up then I don’t bring it up. But a lot of times, I will just explain that you know they didn’t come today do you want to call them maybe ask them why they didn’t make it or do you write them and say I was feeling like this because I wanted to see you and I didn’t get to see you. So kind of allowing the kid to kind of process how they feel.

*Worker’s perspectives on parents’ reluctance to visit with their children.* Parents may have several reasons for missing their scheduled family visits or for refusing to see their children through this channel. Some of the respondents were uncertain about the underlying reasons and they could just speculate the motives for their reluctance. One worker commented,

> If they don’t show up and then you try to have conversations with parents but sometimes they rather be doing other things, so sometimes and it’s sad but you try like I’ve tried to adjust I’ll try to get the parents to visit but I can’t make them visit.

Another worker noted,

> I mean I guess we try to explore it a little bit, and be like ‘why, what are your concerns, what the reason’ and try to see if there is anything we can work with on that. I know one of the parent she didn’t want to come because it made her feel sad and get depressed think about her son being in a residential place, and we just talked to her and ‘he is the one in residential, he is really sad too, he misses you and this is going to help him to see you’ so that convinced her. But if they really don’t want to, you can’t force them to come.

In the journey of re-gaining custody of their children, parents may become discouraged or overwhelmed in trying to comply with services in addition to their regular job and household duties. One of the respondents considers these factors as contributors to parents’ reluctance to visit with their children,
Part of it is, you kind of give them a leeway for certain things like if they are saying ‘I’ve got to work’ I will be asking for a letter from the employer, so there isn’t anything she could do per se. Or if they are in a treatment program, they say they don’t get released until this time, well I can’t do this because of it. Then there is a discussion, do you want visitation with your kid, do you want this? This is what it looks like to me- actions speak louder than words. Are you getting tired of DCFS after two, three, four, five, eight years trying to get your kid back? You do get tired. What do you want to do about this, because this I what it’s going to be. We can’t change the rules, you keep relapsing; I can’t just give your kids back because you relapse and you keep getting high. What do you want to do? Sometimes I think parents, non-actions or actions are saying what they want to do, they will eventually blow out and that is their way of saying it- they just terminate rights whatever. My history with parents when they start doing this you are either getting tired, you’re angry, or you’re giving up.

There was a sense of resignation in many of the workers’ statements when probed about the way they handle parent’s reluctance to visitation. Many respondents recognized the struggle when attempting to convince parents to see their children if they perceive that there is no innate desire or motivation to participate. One of the respondents explained,

Well there is nothing we can do about that, you know if they don’t want to visit then we just document and I let them know ‘if you feel like later down the road you want to visit, just let me know and we can set it up.’ I have a case now; the parent doesn’t visit so there is nothing we can do.

Another worker reported,

I just talk to them if they are not ready. I am not going to force it on them because they might be afraid that they are going to mess up and traumatize the child so they are not going to believe me our biggest thing is making sure that our kids and families are ready.

A different worker indicated, “You can’t do anything about that one then you just write that up as an effort to the parent.” A similar approach about parent’s reluctance to visitation was, “You just continue to try to encourage that interaction, it’s much you can
do.” Also another worker said, “No, because you can’t push something like this, if they
don’t want to see their child, it does more harm than good.”

**Worker’s perspectives on children’s reluctance to visit with their parents.**

Children also report unwillingness to participate in family visits, which appear to become more evident in the adolescent years. One of the respondents emphasized that it is generally the older children who are able to vocalize their refusal to see their family. This worker stated,

The majority of the time you will find older children not the younger. The younger generally they want to see their mommy they like the fact that they are going to go out of the home and go to a visit and is going to do something fun.

A similar response was,

I think it depends on their age if they’re a little bit younger you kind of just go along with the visit if they are older and they can really express why they don’t want to visit then I wouldn’t make them visit

Many workers spoke quite specifically about how they cannot force a child to attend a family visit if they strongly refuse to see their family. One worker stated, “You never want to push your child to see the parent if they don't want to or they are not ready… If the child still persist that he does not want to see the parent you cannot force them.” A similar statement was, “If a kid is reluctant to see them, I wouldn’t force them because I wouldn’t want to be forced.” The following illustrates another example, “I think they are very well expressing they don’t want to go; we have enough information to say, it’s not to their benefit or it’s just creating more chaos and more acting out more disruptive behaviors and why do that.”
Another worker supported the idea of not forcing the child to see the family and referred to safety issues as one of the main reasons for children not wanting to attend their visits. This worker stated,

If they feel that they are unsafe and they refuse we can’t force them to have the visit. We talk to them about it and we talk to the parents about what’s going on and give them time to like change their mind, but we don’t like to force them into their room.

A different perspective was given by a residential worker who reported that the reason for refusing the visit may not necessarily involve safety concerns. This worker explained,

I never force a kid to see their family if they adamantly don’t want to. A lot of the times I will encourage them, you know, why don’t we just go say hi and maybe you can just see them say you know I don’t really want visit today and sometimes they will do that. A lot of the times in my experience when the kids that I’ve had don’t want to see their family is because they don’t want to miss out in an activity [and] it’s not because they actually don’t want to see their family and so the encouragement is to see them and then when they see them and see an activity then they stay and enjoy it.

Another worker shared,

It depends on why they don’t want to visit. IF they don’t want to visit because they have some they want to hang out with friends or something that obviously not a good reason if they have justified feelings its maybe you know moms still on drugs and the child doesn’t want to visit because mom is still on drugs I feel like that is very justified so then I explain that in court especially if they are old enough I mean if they are fifteen and don’t want to visit you know you cant really make them.

Another worker reported the existence of a policy supporting children’s decisions when they are uncertain or reluctant to attend the parent-child interaction. This worker elaborated,
They have that right. I think after the age of twelve or thirteen they have the right to say no I don’t want to go to my visits or yes I do. I think it’s right around that age I think it’s a policy, I’ll have to look it up to see what the age is for when they can say yes or no. Yea, it’s probably thirteen.

Workers have different strategies to address the underlying issues for their reluctance as well as to persuade them to change their decision. For example one worker commented,

I would probably just try to talk to them about; ‘why are you scared of them, are you mad at them’ like what is kind of the reason behind it to see if there is anything we can do to help them with that. ‘Would it make you feel better if we had staff with them the whole time, if you bring you stuffed animal with you,’ anyway that would create more comfort during the visit. I mean food is a big thing even if they don’t want to see their parents at all, if you tell them they are going to McDonalds they will go and they will see their parent if the parent buys them food.

Another worker stated,

Well since in my particular experience that I’ve had with something like that just continue to talk to the kid about why they don’t want to see their parent if there are in some sort of therapy individual therapy address that with the therapist and see if the therapist can get a handle on why they don’t want to see this particular parent and just communicate with the parent as to why the son or daughter does not want to have visitation time with them.

This worker noted the importance of addressing the children’s reluctance with their therapist to process the feeling and concerns about their family reunions. This worker elaborated,

Part of it is the age of the child. Most of the kids more than likely would be in therapy and that’s an issue that could be addressed with the parent. If it’s a three year old temper tantrum, that something else than a seven or eight year saying ‘I don’t want to see,’ and I need to take those wishes of the child into the count. I think that they do need to be in therapy, I think that they do need to address those issues with the therapist as well as the worker continually; ‘how do you feel about your mom, do you want to talk about this?’ kind working in relations to what the
therapist in relation to what the therapist is saying, to what the child is saying. I think it’s wrong for a child to see his parent if he doesn’t want to.

Worker’s Decisions and Interventions

When caseworkers arrange and supervise parent-child visiting hours, they are constantly facing decisions dependent on the circumstances presented at each visit. Workers must make decisions such as on whether to allow the parent see the child when he/she comes late or intoxicated to a particular visit, or whether to terminate the entire service temporarily or permanently. In making these decisions, workers use different tools and strategies to balance risk and protective factors in the visiting situations. As shown in Figure 11, this section focuses on workers’ practices when making decisions and interventions about suspending the visits, terminating visitations services, and addressing the challenges faced in their practice approach.

Figure 11. Workers’ practices involved in decision-making process
Worker’s decisions and interventions: Terminating visitation services. All respondents agreed that the decision-making process for terminating visitation is not based on unilateral actions, but incorporates the input of many key members involved with the case. Workers rely on the interdisciplinary support and collaboration to optimize clinical decisions. This decision primarily requires the collaboration of clinicians and behavioral specialists, but some agencies also include the collaboration of nurses, psychiatrists, lawyers, and parenting coaches, among others. Additionally, workers spoke about the main factors for terminating visitation, which may include mental illness, safety concerns, and inappropriate parenting. The following response expresses some of these considerations.

There is this whole parenting capacity assessment that can definitely play a big part in it. There are psychologists who will sit there and evaluate this parent whether this parent can actually parent this child and sometimes it’s determined that regardless of the bond that they have, it is determined that the parent cannot be the parent of this child. As heartbreaking as it is, we have to sit down to determine what is going to be best for this child. And sometimes what the parents feel is best for the child, we don’t feel is best for the child and it does help if a parent has a mental health illness or does have a developmental delay and the developmental assessment says that this child will not thrive in the care of this parent.

This worker elaborated,

The first thing I would consider is for the therapist to observe some of the visit and if the behavior specialist is involved to be present during a few of the visits we have done that many times to see what is bothering the child if there is anything in the visit that triggered the child to behave that way. What is going on, usually as the professional to observe, I try not to make any decisions by myself.
Another worker stated the importance of having the child’s therapist make a written recommendation explaining the reasons for terminating the visits, as caseworkers must clinically justify any critical decisions before court. This worker indicated,

If you take it away you have to have that basis to explain yourself, ‘why are we doing that’ or why you had to do that? You either do it when a therapist is making the clinical recommendation, ‘guess what? These visits aren’t going well, it’s not a good idea; instead of helping this child it’s hurting even more.’ You have to have someone who can either write something from a clinical perspective on why they are recommending that it’s not clinically appropriate.

A different worker expressed,

Well we generally have a clinical staff and it would be the worker involved, the supervisor, our clinical director, and our program director would also sit in the clinical staff so that decision is made by the agency as a whole and if that is this decision that the judgment is made is because the parent has missed three or four straight visits or has been extremely inappropriate so those two reasons.

This worker mentioned the inclusion of the child’s attorney and parents in the general staffing where they present the reasons behind their recommendations to discontinue the family visits.

If we are looking to discontinue visitation for a period of time I have to ask for a staffing in which our program director, both of our senior supervisors are involved, a consulting physiatrist, my supervisor if there is any therapist in the agency that is involved, if there is a nurse, whoever, the GAL in some cases may be called so it really it depends, the parents themselves need to be involved. We may just need to have a staffing in general, and we will do what we call a parent-child team meeting which we call the parents, the GAL, maybe their attorney and saying ‘these are the reasons for our decision.’

This respondent spontaneously included the parents and foster parents as team members in the decision-making process when stating,

That would have to be something that would have to be brought to the team. And the team is the foster parent, the parent, the therapist, the caseworker, and we would all get together to see if that’s in the best interest of the child. If that’s
possible because sometimes due to work schedules, school schedules, that’s not possible.

Some of the respondents were asked about the parental involvement in the decision of terminating family visits. One worker recognized,

My supervisor usually; try to incorporate the parents but sometimes it’s not the parents it’s something outside of the parent that’s causing the change and that conversation is difficult to have because there is a lot of anger and different things directed toward you, so it is somewhat of a sticky situation when you have to decrease visits, a lot of emotions are high for the parents and it’s a difficult thing to do but we’ve had to do it.

Another worker from a residential facility acknowledged,

They [parents] have I think so many [people] the system is so big and there are so many people involved that is hard for the parent to have a significant voice unless they have a good advocate with them like a therapist that is there for them or somebody that is truly advocating for them. A lot of the time I will try to be like the voice of the parent unless the parent is not I don’t know. I try to be fair but sometimes the parent will have a caseworker who is for them and they play that role. When my parents have that has a therapist who really isn’t playing that role for them. I couldn’t be fair when they say I have to keep the child. I don’t want to you know when I go to court or when I am making recommendations I want them to be taken seriously and to be valid so if I am like seen as partial to one party I think I am not taken seriously so I try to be at least appear partial.

On the other hand, the next worker also from a residential facility indicated that if the child refuses to see the parent that could be a reason for discontinuing visitation, “[If] the kid absolutely refuses for like three visits in a row then I would probably talk to the GAL and see if we can end it.”

Two respondents shared scenarios in which they had to make the decision to discontinue the parent-child contact. One of the workers noted,

I terminated a visit recently because one of the biological parents, because the dad threatened me, and he threatened the foster parent and the kids so I talked to my
supervisor and we decided it is not appropriate for him to visit so we terminated the visits and then we filed orders of protection and no contact.

The other worker indicated,

Oh I have had to do that, I have had to get a visitation order to vacate visitations through the court because the dad was being inappropriate. He was telling the minor to disrespect the foster parent and to not obey her and not to go to bed when he was told. Just to do very inappropriate things around the home so I took that information back to the court and the judge has decided to terminate all contact between the minor and the parents. So it’s not at my discretion to terminate is DCFS policy but if you feel that the visits are that inappropriate you can’t staff it here at the agency. The agency can temporarily suspend, terminate them until you find an answer but if it can’t be worked you take it back to the court and you let the judge decide.

**Worker’s decisions and interventions: Suspending visits.** While the decision to discontinue with visits usually involves the participation and judgment of more than one key player, workers also deal with situations that force them to make quick or sudden decisions with limited time for consultation. In this particular section, respondents delved into the decisions that they make when parents become aggressive during visiting hours or arrive at the visit under the influence of drugs or alcohol.

**Worker’s decisions and interventions: Parent’s aggressive behaviors during the visit.** All respondents, based on hypothetical or realistic experiences, were strong in emphasize their decision to cancel the visit if the parent becomes aggressive during the interaction and does not respond well to worker’s de-escalation techniques. The following shows an example,

I warn them first, I tell them this is time that you need to spend with your child not time you need to curse me out you know because most of my clients some of them like me, most of them hate me you know, I am the bad guy, I report all of the information so when they see me there are immediately frustrated because we just had court and I told the judge the goal should be changed to termination so
first they are going to hate me right so I tell them I warn them and if they still are aggressive then I end the visit.

Another worker noted, “It happened to me that they have become aggressive. I would terminate the visit immediately I would remove the children immediately from the situation.” A different worker shared, “The caseworker would meet with the parent aside from the child and encourage them to calm if they didn’t, then the visit would be cancelled.”

This worker described the specific situation of one her drivers who was helping with supervising the visit and ended up suspending the interaction. This worker stated,

To terminate the visit is determined if at the time of the visit something out of the ordinary occurs that puts the child in danger or puts the child at risk or there is something inappropriate happening at the visit. I just had a visit that was terminated by the worker the one that supervises because the seventeen-year-old daughter and the parents start to argue and then it escalated where they started cursing at each other so the visit was terminated. When I was informed about it was the week of the following visit because the biological parent asked why it didn’t occur and then I called the [supervising] agency and they said we had to terminate the visit and neither child wants to visit with the mother but the mother should be aware of this but the mother didn’t find out until I knew, unfortunately the case was relatively new to me. I explained to her the visit didn’t occur because you had an argument with your daughter.

Another worker elaborated on one of the strategies she uses in a moment of conflict,

I try to tell let’s talk outside of the children’s presence because you know once the kid sees that we are arguing then I am not necessarily going to argue back with the parent but I know that any little thing I say the parent is just going to get crazier then what they are at that point so I always tell them can we talk after the visit or can we call me later or can we schedule a meeting for you to come and talk but if they can’t really I’ll pull them to the side and say if you can really control yourself during the visit and you are focused on me more than your children I will take them home and that seems to calm them down a lot.
A similar statement about worker’s strategies when dealing with aggressive parents was,

We would shut it down absolutely I am not going to take to you if you are verbally if you are yelling at me we are not going to have a conversation and I am going to say hey you know what we are going to end early and I can’t talk you know because I am not going to yell over you so you either want to calm down or we will talk later you know I’ve done that.

This worker shared her co-worker’s experience when dealing with parents’ aggressive behaviors during one visit. Although this worker had not gone through a similar situation, she recognized the uncertainty of what procedure to follow in case something alike occurs to her.

Well a situation a couple of weeks ago happened here. I observed a mom became in raged cursing yelling, the kids were removed from the play room with her and that kind of escalated her a lot more so then we all and the supervisor was down there and our program director was in the play room and she got more and more violent too she started becoming kind of physically aggressive with the worker so the security from downstairs was called up the police was called and she eventually left I don’t know what happened after that but and I have to be honest with you I don’t really know the procedure of how to handle something like that because that has never happened to me just a couple of my coworkers.

**Suspending visits:** *Visiting the child under the influence of illegal drugs or alcohol.* Of the 20 interviews, 18 respondents affirmed that they would cancel the visit if they suspect or verify that the parent arrives for the visit in an apparent intoxicated or drug induced state. The following statements represent the consensus views of the participants comprised in this group: “We do want the parent to be sober and not to use any drugs or alcohol before the visit takes place, otherwise the visit will not happen or will be terminated.” “Usually the parents are not supposed to see the child under any
influence, it’s a risk to come to see the child under any influence. It’s a risk for not only the child but for anyone.”

I will tell them if I feel they are under any influence of any drugs or anything, visitations will stop. If there starts to be arguments or whatever I will stop; and we do have a right to stop visitation, it’s at our discretion whether or not visitation continues or not.

If I am at a visit and I see mom is intoxicated or whatever or she is just very inappropriate I will say at that moment, ‘the visit is terminated,’ I will take the kid or I will have the parent leave where ever we may be, if it’s in the office I’ll have the parent leave- I’ll return the child. Talk to the kid depending on the age, ‘this is why the visit was terminated,’ so they don’t think they did something.

I have had a parent who has come to visits and he is suspected to be under the influence, and his children were I think about four and six, and there is no way I am going to allow them to see their dad like that. It was drugs, he was high.

It’s the guideline that if the parent is intoxicated the visit is not appropriate. I don’t recall having seen when we go to training. We talk loud about that because when the case come into the system the judge the first thing they tell them is that they have to follow up DCFS guidelines and to be sober during the visit it depends from the law.

Oh yea you can say, ‘I don’t think you are appropriate, I don’t think you are ready for a visit with your child today, I think it’s time to go, show-up next week I will call to confirm your visit next week.’

I usually come down and say hello to parent before getting the child so if I noticed that they are obviously smelling like alcohol or clearly intoxicated I would probably ask them to end the visit and reschedule when they were sober. Well when I worked in Florida we would actually drug test our parents before visits so that was nice because especially because sometimes you can’t tell you kind of have a hint but you can’t really tell so it’s nice to be able to do that here we don’t have any drug testing before visitation but if I think that a parent is under the influence then I would cancel the visit.

This last statement described one of the respondent’s experiences when making the decision to cancel the visit. In this particular case, the worker had the time to consult the decision with the supervisor. This worker explained,
I actually had that happen. One of my bio parents came, she appeared to be under the influence of marijuana and we suspended the visit right away. I noticed maybe about ten fifteen minutes into the visit and so I called my supervisor to see what she thought and then she called our senior supervisor too, we both left and my senior supervisor came in and we decided to suspend the visit right away and well the mom asked what was going on we let her know that we thought that she was under the influence of you know of an illegal substance at that time a request her to go for a random urine screen she refused so yea we suspended it and documented it and just moved on.

A follow-up question was presented to this worker to explore his decision-making process; primarily the signs that made him suspect that this mother was under the influence of an illegal substance. This worker expanded his answer and indicated,

She was real laid back didn’t really say much, she did engage but not really how she would engage with the girls so that was the first sign that made me think that something else is different about her today and then I looked at her face and she was just the symptoms of somebody being high, she had those symptoms so then that’s when I called my supervisor in.

On the other hand, two workers out of the twenty participants reported that they do not cancel the visit right away after further assessment of parent’s appropriateness and the observation of the parent-child interaction. One worker elaborated,

I did have a visit actually it was last week were the mother showed up and the mother was high as a kite, you can just tell by looking at her, but she takes prescription medication so it’s not something that’s going to smell or something that is going to really cause her to be really crazy it’s just kind of drowsiness, it’s kind of her eyes were half way closed throughout the whole visit, but the kids didn’t see it, I saw it… So I allowed the visit to continue because mom was able to keep herself together and I think you know I called my supervisor and told her what was going on and she said well are you going to cancel the visit and I was like no I don’t think so because the kids really enjoy visiting with their mom and they didn’t say mom what is wrong with you at any point so whether or not they are use to seeing this is a different story, but I just didn’t feel a need and I didn’t think the kids where going to be at any type of risk because of the way she was.
Another worker presented a different perspective based on the experience with one particular case and the discussion in which she participated in a recent training.

There was a debate on whether or not the parents can visit when they have been using substances and you know I guess the new director of DSFS thinks that if the child has been taken from a home from a parent that’s a marijuana user that they are use to seeing dad high or mom high and it’s not shocking for them, but it would be more shocking for them to not see their parent, so I guess the point is to allow the parent to come to the visit if they are high in marijuana or if they are appropriate than withhold the children from the parent. I actually agree with it, because I have one of my dads on my caseload. He is an avid marijuana smoker but he is one of the best dads that I’ve ever seen. He is always loving he is always appropriate he is always high and there is no way to prove it, but he is appropriate but you can see that his eyes are red right, I know he is high, but he won’t drop he has positive for marijuana, but he is always appropriate he always changes her diaper, he feeds her, he notices things like oh her forehead seems a little dry you know he’ll put lotion. He is very very loving and he interacts with her, he will walk around the room and oh look there is a tree point out, there is a tree, there’s the truck you know he is really good but he is very high all the time. So yea I agree with it I feel like that can’t be worse than a client that is you know on medicine for schizophrenia and is completely out of it. I feel like you know those clients are actually displaying less parenting skills. I had one mom that was so drugged up that she slept the entire visit. So how is that any better? So it’s okay, that’s legal for her to come and sleep the whole time but it’s not okay because that’s illegal but he is appropriate. So I agree with it and actually during my training everyone was looking at me like I was crazy but I agree with it if they are appropriate sure!

This worker continued explaining,

I had a dad show up to court drunk but the only reason I knew it was because his breath smelled, but otherwise you wouldn’t know. Most of these drug users are functioning. They have been using drugs for the last ten or fifteen years and so you wouldn’t know if they were high. Most people drink okay it’s the reality of America, most people drink.

**Worker’s decisions and interventions: Worker’s challenges.** Respondents were encouraged to address the different challenges they encounter in the process of providing visitation services for children and families. Particularly, workers recognized that they
are constantly expose to numerous situations when supervising the parent and child interaction that may force them to make decisions without having much time to process the situation and consult with other providers.

One residential worker reflected on the lack of structure and guidelines for decision making, which leaves room for varied and unilateral decisions. This worker explained,

I think that there is not a lot of structure, set structure. There is not at least here not a lot of formal processing and so everyone just kind of does it, you got to do it, so you make it up as you go and then there is a lot of discretion and it is really depending on the case managers personality and that can be tricky. I think there are a lot of factors as far as the how many approvals it needs to go through, that it makes it safe I don’t know.

Another worker mentioned the struggle when children interact more with the worker than with the parent during the visits.

Yea at times a lot of times I try to just be an observer and not really interact with them so they kind of can interact as they close as naturally as they would but sometimes the kids really just rely on us a lot more so sometimes it’s hard to kind of sit back and really encourage them to just use their parent when they choose us.

A similar example about the worker-child dynamic during the visit was,

There are sometimes where I think I could have just sat back a little more and it’s hard to when; and I did change this- and I guess I have this one case in particular that I am referring to. Is that the children; there is this lack of bond with the mom. The mom is good in visits but there is something missing and I can’t really explain it’s just like you see that it’s not there and so the kids would gravitate towards me to play because they are bored because they haven’t been connected to mom in visits, so in the beginning I would play because I didn’t know what else to do and sort of give them attention until I really thought about it. ‘You need to step back because that is not your role’ and kind of let it happen, and so I did.

This worker mentioned the challenge to control her own emotions when dealing with the mother’s angry outburst.
Yes, I had a natural mother who put me out of her mother’s house. She has supervised visits, the transporter was there and I came by to monitor the visits and she put me out of her mother’s house because she was upset with me over court. She was very belligerent, ‘you lied, you this and you that’ everything but my name. And I did, I got upset with her and I shouldn’t have.

Another worker reflected on the way safety concerns sometimes guide worker’s decisions:

I think we all do [have challenges]. I think these situations can really get out of hand real quickly. And one you need to realize that you have a little person watching us to. I guess some things I didn’t let go on, and maybe terminated quicker. I’m sure I have, I’m sure thirty years have done many things. I think with parents a lot of it is judgment calls. A lot of it is in you’re not in the security if this building with security downstairs, you know you’ve got eighty people that can probably pull away from you before you head in the community a lot if it is judgment call. Is this starting to escalate to fast? If it is a newer case you don’t know the parent too well, they bring somebody along that you never noticed before things can get out of hand real quickly. If the parents don’t start responding the way you like them too in terms of trying to deescalate a situation it escalates real quickly. That may not be exactly how you planned it, and I’ve had that where they’ve gone even higher and depending on where you are safety for myself because if I’m not safe, the kid is not going to be safe, the parent take me out I don’t know what would happen to the kids. Safety issues are a real paramount for us.

Another safety concern was reported by this worker who stated,

I once had a case where it was an infant and she was like six months at the time and the father was incarcerated. I didn’t feel those were appropriate visits because the father, he would more so try to interact with me than the child and I reported it to my supervisor but I felt like should have done more. Like maybe reported it to the courts to get those visits stopped maybe. I don’t know, but I felt like that was highly inappropriate visit and I kind of wish I was on the decision ending to say ‘okay well this is inappropriate, get yourself together.’

In this response, the worker shared her insight about the decision of terminating this particular visit.

I think sometimes when the parents and the kids get in an argument and the kids are like I want to go and I am like well we can’t leave and then the kid starts to
argue with me and I am like you know what if you want to leave lets go and then to me that’s like okay you just gave up on the whole family you know like its so I think and it happened to me once and I think that I messed up on my part but the kid wanted to leave and I just kind of you know made the situation a lot easier by saying okay lets go when I should have had the child and the parent actually work it out you know or try to talk about it.

One worker also expressed her dilemma when she feels that she is in the middle between the family and the legal system.

It’s a battle because on one side you are dealing with humans, families and how kinship should work and on the other hand you are still dealing with the legal system, you can’t really blend them you have to somehow meet both standards.

A different worker raised the question about the ultimate purpose of visitation.

You need to look at visitation and whose best interest are you talking about, are you talking about the parents best interest? Or about the child? And who are we really dealing with? It should be about the parents need to do what they need to do, but this is about the kid not the parent necessarily.

**Institutional Resources**

This section will address the participants’ perspective on the different resources the child welfare agency provides to workers to enhance visiting services (see Figure 12). For this purpose, participants were asked to identify and describe these resources only in the context of visitation.

**Institutional resources: For caseworkers.** With regard to the range of services available for caseworkers to facilitate parent-child interaction, there were two specific questions in the interview (see Table 6) intended to address key aspects of institutional support to workers: Training and supervision.
Table 6. Worker’s Training and Supervision Applied to Visitation

<table>
<thead>
<tr>
<th>Have you (or someone else supervising a visit) ever received any specific training on visitation services? (n=20)</th>
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<tbody>
<tr>
<td>YES</td>
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<tr>
<td>NO</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Do you have a designated time to discuss visitation services with your supervisor? (n=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
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<tr>
<td>NO</td>
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</tbody>
</table>

_Institutional resources: For caseworkers/training applied to family visitation._

Only one respondent stated that she had received a training concerning visitation services. Although this worker could not remember the exact name and date of this particular training, she clearly remembered the topic of discussion as she commented it elicited great controversy among participants. This worker indicated,
It was about a former foster parent, she talked about how the children she fostered, I want to say she was in Wisconsin she implemented the plan for three times a week visits if not more she was explaining how you know we have to get the foster parents involved and as a former foster parent she would have the people come over cook dinner help them with their homework wonderful plans wonderful plans it’s just the cooperation of the foster parent, you don’t have people for that, people are so afraid what these other people are doing because honestly some of these cases are coming in because of drug abuse, substance abuse, physical abuse, domestic violence between the foster the natural parent and nobody really wants to share that issue, so but that was an all day training I actually went with my supervisor a long time ago a couple years ago because my boss was a previous program director and she was at the training with us and we sat there we listened like I said it is a wonderful idea it’s just that the reality is that sometimes DCFS doesn’t recognize all of the responsibilities that you give the workers and trying to institute these visits on a daily basis as well but it is really rough it is really rough.

Overall, workers strongly emphasized the lack of training received to address family visitation services. Some of them remembered having brief discussions about parent-child visits in several trainings or learning collaborations, but they were unable to recall whether they had attended a training specifically designed to address the topic of visitation. One worker even expressed, “I don’t think there is a training on how to supervise visitation. I really don’t think DCFS has a policy, I mean they have policies; I don’t think there is a training for it.”

Participants were encouraged to identify key components for effective training and collaboration to enhance their skills in providing visitation services for children and their families. The following statements represent some of the workers’ suggestions,

I don’t know maybe like a better or like clearer agency policy and what to do in certain situations like when a parent is late are we still supposed to let them come or if they are late do we just cancel the whole thing, like a little more clear guidance on like those policy things from administration. I feel like a lot of times it’s just my call and I don’t know am I making the right call or not?
I think that it would be helpful to have like help as far as a lot of parents I think that might work with the other social workers on that like how to some of the parents don’t want to parent or like a coach and so do we have the training to be a parent coach? I am a parent but can I coach somebody else to be a parent?

I would say maybe in dealing with the parent that don’t necessarily want to visit their kids because I had a situation where I confronted a mom about that because I had it up to here so I confronted her because I wanted to let her know that ‘your child is asking about you, are you going to visit, can you at least give me an answer I don’t want to visit- I do want to visit instead of just evading us and telling us anything can you jet let me know?’ I think having another system in for parents that don’t want to visit because right now it is just documenting it. I think maybe if we could offer them some type of service, get them in; it’s a reason why they don’t want to visit. Maybe get them some type of crisis help or some type of intervention to determine the reason they don’t want to visit because just documenting it and saying the parents aren’t visiting, to me I think we need something better something else in place but I don’t know if that is going to happen.

Maybe the issue of if the parent becomes violent or aggressive whether that is physically or verbally I think some type of training or education on how to handle that I think that would help a lot and said if its here especially if its in the public I am not going to say I would be lost but I would be acting on instinct and my professional instinct is not my personal instinct so it’s getting some education on how to handle those particular situations might be great deal of help.

I just need to check myself because I take things personal sometimes and that’s what I am working on, I do take things personal I feel like wise worker you don’t get credit blame everything you get the blunt of everything and especially when you are dealing with people that don’t understand or don’t want to understand it really frustrates you so I am working with my supervisor in helping me be okay with you know being the bad guy.

The only one I think is how do you handle the kids when they cry at the end of the visits, like dealing with those transitions.

I would think like the behavior component I think that’s important for us to be able to handle and if we don’t have the training or you know like I said if the worker is not a parent then they kind of don’t know like even for me sometimes the kids if they had ADHD or bipolar or they are on medication or they are just completely off the walls I don’t even know how to probably when the parent can’t control it and I think it is important because if we are trying to encourage parents
to control their child not control them but to just keep it a structure with the visits we have to kind of know how to do it, how to teach them how to do that.

I think that although it has been several years I think kind of a refresher course about child development and parent child-bond and attachment and activities that can help that in different things that caseworkers can do can aid that.

I wouldn’t say more guidance; I would say I think it should be more education on the parent-child interaction on these visits and allowing other people to come into the visits. I think that it should be more guidelines as far as that. Because I currently have a case where the child; the sibling visits and an older brother who is not in the system anymore he came into the visit and blaming her for the rest of the siblings being in the system. And that’s hard, and I as a worker was upset that that occurred but I was told ‘that’s her brother.’

These narratives provide a glimpse into the areas workers feel they need more guidance on and support to enhance their practice with families. Workers highlighted the need for clearer agency policies to guide their decisions when dealing with parent’s reluctance to visit, parents’ aggressive responses during visiting hours, and child’s reactions after family visits. Workers recognized that sometimes they rely on personal instinct rather than professional training when addressing these family and individual dynamics. Some of the topics workers mentioned throughout their discussion about the need for proper training included: Child development, parent child-bond and attachment, educational activities, emotional regulation, and coaching skills.

**Institutional resources: For caseworkers/worker’s supervision time.** The majority of workers referred to having weekly or bi-monthly supervision time at work. However, as shown in Table 7, none of the workers have a designated time to address visitation services in their respective agencies. Workers indicated that visitation usually comes up in their general supervision time whenever there is an issue with child or the
family dynamic, or a critical decision needs to be made. One worker explained, “It’s about the general case and sometimes we do touch visitation. I would say the majority of times we do talk about a visit if it had changed from supervised to unsupervised.” Another worker stated, “In regards to visitation it would come up in the discussion but the supervision is not specifically for visitation.” A different worker elaborated,

Those would be the three instances, when we have a critical decision to make, when there is an issue with the visitation or probably we have to go to court appearance with the parents because they always ask about visitation when we go to court.

Another worker expressed, “Yea we have weekly supervision but we don’t talk about visitations.” A final statement about worker’s supervision time was,

She [supervisor] will ask me how visits are going with like certain cases but that’s all, and I will be like oh they are going really well I am not having any issues, but I haven’t had any issues in the last month so I don’t even think we have talked about it.

**Institutional resources: For caseworkers/other agency’s resources.** A broader question was also included in the interview to explore other type of resources workers may rely on when providing visitation services to families in foster care. Table 7 shows a summary of worker’s perceptions.

**Strength-Based Practice Approach to Visitation Services**

One of the main principles of strength-based perspective is based upon the individual’s need to develop a sense of belonging and connectedness to other people (Laursen, 2000). This emphasis on strengths is demonstrated in the current study through the worker’s efforts to promote the child’s connection to birth family (including extended family) and partnership between worker and parents.
Table 7. Other Resources to Workers to Facilitate Visitation

<table>
<thead>
<tr>
<th>Type of Agency</th>
<th>Worker’s Narrative</th>
<th>Type of Resource</th>
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</thead>
<tbody>
<tr>
<td>Private</td>
<td>We have a pretty good team here and we have a pretty good director and the same people have been working here for many years so when we have agency meeting all these things are discussed and again we’re here for the same reason so they stress the importance of these child and parents visits. We have two visiting rooms and that’s about it.</td>
<td>Team Support</td>
</tr>
<tr>
<td></td>
<td>I am not sure that they really provide anything</td>
<td>No resources</td>
</tr>
<tr>
<td></td>
<td>They have the vans outside like if we have a lot of kids and they can’t fit in our cars we can get the van and go pick the kids up and sometimes they can supervise the visits as well.</td>
<td>Transportation &amp; Supervision</td>
</tr>
<tr>
<td></td>
<td>The biggest thing is the case aids they are a huge help</td>
<td>Personnel Support</td>
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<tr>
<td></td>
<td>The visiting room, the free tickets where we have to go</td>
<td>Space &amp; Support</td>
</tr>
<tr>
<td></td>
<td>Nothing</td>
<td>No resources</td>
</tr>
<tr>
<td></td>
<td>We have vans and they pay us mileage</td>
<td>Transportation &amp; Funding</td>
</tr>
<tr>
<td></td>
<td>We are not given financial resources and stuff like that.</td>
<td>No resources</td>
</tr>
<tr>
<td></td>
<td>Computers so I can type in the visitation plan</td>
<td>Equipment</td>
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<tr>
<td></td>
<td>I don’t think we get anything yea nothing I can think of</td>
<td>No resources</td>
</tr>
<tr>
<td></td>
<td>Reimbursement on millage probably</td>
<td>Funding</td>
</tr>
<tr>
<td>Residential</td>
<td>They provide a lot of like material things I mean we can always order more games and coloring books and toys and stuff like that for visits. We gave a good supply of that stuff. That’s about it.</td>
<td>Supplies</td>
</tr>
<tr>
<td></td>
<td>They provide mileage reimbursement. We had a conversation with the administrators yesterday actually about how to better support staff so that more visits can happen because the social workers are doing so much and how other people or how they can hire new people in just to do visitations, transport kids to visits supervise, visits so because it’s like a whole challenge…but we don’t know right now it’s just like up to the individual case worker to support the parents however they can.</td>
<td>Funding</td>
</tr>
<tr>
<td></td>
<td>I mean they provide all of the activities and if we need to take a kid then they provide sometimes we have transportation or if we take our own vehicles and we get reimburse for that but mainly just the activities basically.</td>
<td>Supplies &amp; Funding &amp; Transportation</td>
</tr>
<tr>
<td>Public</td>
<td>We have agencies who provide transportation and supervision for our visits</td>
<td>Transportation &amp; Supervision</td>
</tr>
</tbody>
</table>

As shown in Figure 13, this section of the findings will focus on six aspects of strength-based interventions with parents and children participating in visitation services:
Worker’s Perspectives on Parent’s Strengths

One of the questions in the interview examined the caseworkers’ views on parents’ strengths despite the struggles resulting from their involvement with the child welfare system. Many workers elaborated on these strengths with examples from their cases. For instance one worker indicated,
I think that even though these parents do have these obstacles, strengths I’ve come across parents that will say ‘I Love my kid.’ ‘I Love my child’ and sometimes parents do realize that they know that they are not what is best for them. A lot of the times they will sit there and I only want my child to be happy. I think that’s a strength for them, it’s providing the child with the love and trying to give them the support they need.

Another worker highlighted community and family resources as important strengths in the process of re-gaining custody of the children.

The strengths that I have seen is like if they have a community support if they are involved in a community that really supports them, a church or if they have friends or family that really supports them in the reunification process more than likely they will get their child back because family is important when it comes to reunification because most of the time you don’t want them to have your children in traditional foster homes you want them in a home of a relative.

Other case examples were:

I can tell you from one case that I had before my bio mom was very young she was probably 15 or 16 and she lived really far and to me I thought that she was more devoted that some of our older adult parents in the sense that we have bio parents who don't live too far from here and who have cars and who are always late or are no shows for visits, she on the other hand 15 or 16 year old who lived extremely far and she would get here half or 45 minutes early sometimes. She would take the bus that would take her about 2 hours but she times herself wisely, she would come with her own diaper bag filled with things for her baby, to me I thought that it was amazing, I’ve never seen an adult parent who does things like that. That’s dedication.

Consistency, I think parents from day one since the case opens up they tell you I am going to do everything you ask me to do, you took my kids away but I’m going to do it watch. Before you write the service they kind of know what they need to do. I’ve heard of some parents even before the service plan what they heard court or based on what the public defender recommend they can kind of predict what they are going to need. By the time the services plans they have already started one of the services and they are like I said consistent, they try to do more than what you are asking them to do because you know court is asking for basic parenting, parenting style, basic parenting skills.
Table 8 provides a summary of the key parents strengths identified by workers. They presented these strengths as assets that parents draw on to cope with their involvement with the foster care system.

Table 8. Workers’ Perceptions on Parents’ Strengths

<table>
<thead>
<tr>
<th>Strengths</th>
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<tbody>
<tr>
<td>Ability to bond with their children</td>
</tr>
<tr>
<td>The parent knows they made a mistake and they want to correct it</td>
</tr>
<tr>
<td>Family support, having a healthy support system</td>
</tr>
<tr>
<td>Providing the child with the love and trying to give them the support they need.</td>
</tr>
<tr>
<td>The ability to keep their appointments with visitation with their child</td>
</tr>
<tr>
<td>They are dedicated, loving, and nurturing</td>
</tr>
<tr>
<td>Parents are able to hear worker’s suggestions and be open to criticism</td>
</tr>
<tr>
<td>The willingness to do what it takes to get their children back.</td>
</tr>
<tr>
<td>Stability in their own life</td>
</tr>
<tr>
<td>Compliance with everything that is been asked of them</td>
</tr>
<tr>
<td>Accept the fact that they need to be an open book to providers</td>
</tr>
<tr>
<td>Consistency with visitations</td>
</tr>
<tr>
<td>Emotional maturity</td>
</tr>
<tr>
<td>The capacity to draw on their own resources rather than depending on what the agency can give to them.</td>
</tr>
<tr>
<td>Recognize what is the best for their children.</td>
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<tr>
<td>Community support, if they are involved in a community really supports them in the reunification process.</td>
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<tr>
<td>Good collaboration and team work with child welfare providers.</td>
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<td>Resilience</td>
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<td>Parents who go beyond the expectations.</td>
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<td>They have to take care of themselves and their own issues before they can take care of their child.</td>
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Worker’s Perspectives on Parents’ Compliance with Mandated Services

Most participants viewed parents’ compliance with mandated services affecting the visits as well as the overall progress of the case. One worker explained, “It affects
how we recommend cases as a valid reason to say they are not ready for return home…. not getting yourself ready as a parent with complying with what caused the issues in the first place.” The lack of compliance also affects the likelihood to continue providing visitation to families. For instance, one worker mentioned that the lack of parents’ participation in services prevent the case from moving forward to unsupervised family contact. This worker explained, “Because normally you don’t increase the visits unless they have completed some type of service because you are working towards unsupervised visits and you will never get there if they don’t complete the services, that’s a requirement.” Another worker indicated,

If the case is going really well and a biological parent is doing all the services that they need to do, they’ve completed everything you know it’s going well. There haven’t been any issues with visits; bio parents have done whatever services have been asked of them. That’s when you know we go to court and you know usually their attorney wants to put an order in for like unsupervised visits and then when that goes fine then you know you go to unsupervised overnights.

In addressing the importance of parents following the recommendation of service providers, workers shared the challenges presented by parents’ unwillingness to attend substance abuse programs or follow the recommendations for psychiatric treatment. The following narratives illustrate an example,

[Visiting] is not enough to get their kids back because depending on their issue if it’s like, if they are addicted to drugs and they aren’t going to rehab obviously they can’t have their child back or if they are severely mentally ill and not taking their medication, I mean they have to take care of themselves and their own issues before they can take care of their child.

Most of the parents that I have they have a mental health illness that they don’t follow up and then if you don’t take care of yourself, how can you take care of your child. Or they have a very serious substance abuse and they do good but they relapse and here we need to see consistency and sometimes they cannot keep
consistency and that’s sad because you know that they try and we need timeframe we cannot have the child in the system forever.

A lot of the time it doesn’t work in their favor especially if they are not taking their medication as they should be. I know when we go into court if a parent is not on their meds, I would say 85% it doesn’t work in their favor; and there are judges that will take that into consideration in a different way. I know judges who would say if a parent is off the medication and is displaying this odd behavior, then what happens when the child is home with them.

Some caseworkers used parents’ compliance with services as an indicator of their motivation or interest to reunify with their children. When asked about their perceptions of parents that do not comply with services, one worker commented, “I think they absolutely don’t want their kid back and so we should probably find them a foster home and move on.” Another worker indicated,

Sometimes you can tell that a parent is really trying and they really want their kids back and that genuinely it’s too much for them. But then there are some cases where the parents don’t really try at all toward getting their kids back and that’s sad.

Workers were asked about situations in which parents continue to have contact with their children and show willingness to attend the scheduled visits, but struggle with following through with the mandated services. With respect to this dynamic, one worker indicated,

We have parents that do that and what can you do? You have to stress the fact that the services are important and the kids would not go home if you don't do it. Yeah it’s fine that you come to every visit, you’re on time, but when you’re going to court the attorney wants to make sure that everything has been done.

Another worker noted,

It’s like I said, doing what they have to and the law are two separate things that you see in the client, and sometimes they don’t understand they need to progress in service in order to have the child back; this is what I tell the children this is not
me but it’s DCFS, this is the way that works. This is what you have to do if you
don’t do it you don’t have the child back. It’s correlated.

A different statement was,

That’s a hard one because I think that a lot of factors could play into that. Maybe
if they come to every single visit is obviously some kind of attachment there, but
then they aren’t compliant with services, so it makes you think, ‘okay do they
really want their child back, do they not understand what they need to do?’ I
would think that, that parent needs help.

Workers were probed regarding the different interventions or approaches they
take with parents who are unable or unwilling to comply with services. It was noted that
none of the workers considered decreasing the amount of parent-child contact in cases
where parents are reluctant to cooperate with services. However, most of the workers
agreed with the notion of not increasing the contact, but concurred that if the parent
wants to see the children they would provide the visitation. In the words of one worker,

We don’t penalize them because they don’t do their services by taking away their
visits. We don’t increase them though because when it comes to critical decisions
and we have court testimony it’s not help the situation. They can ask for more
visits but if they are not doing their services the child is still seeing them in their
predicament, in their problem.

Another worker indicated,

I just keep them [the visits] the same if they are not doing the other services
because to me you are not visiting them to reunify with them, you are visiting
them just because you are happy with just visiting the kids, but no I don’t increase
them. I only increase them if they are completing other services and making
progress.

Additionally, several respondents addressed the fact that the lack of service
compliance would end up affecting the course of the case and if the permanency goal
changes nonetheless the visitation arrangement changes as well. The following illustrates two examples,

As long as the goal is return home and they are visiting and there are no concerns and there are no unusual incidents then I don’t think it grants for stopping parent child visits while the goal is return home. Like I said it could definitely move the case faster in court to change the goal from return home to otherwise.

Another worker elaborated,

I don't think I would [decrease visits] because I feel like they’re appropriate in visits so what would I decrease the visits, but you have to let them know ‘listen you are not doing what you are supposed to do’ and at some point the case cant sits still forever the case needs to move on and if the parents are not doing what they need to do you are going to ask for the goal to be changed and then you need to inform them ‘when the goal is changed by law we don't have to give you all these visits, the visits will go to monthly visits only.’ The visits would decrease anyway if the goal changes and the goal would chance if the parent is not doing the services.

The majority of respondents characterized the parents’ exclusive participation in visitation as “not enough” to maintain the case open and potentially return the child to their home. Workers emphasized that the compliance with mandated services, as well as their participation in visitation, are the most effective ways to achieve reunification. One worker stated,

Eventually that is not going to be enough, you can’t do all the services and no visits and you can’t do all the visits and no services; it’s a combination. You have to visit and participate in the services. It’s to reunify with your child because when you are there you can’t do one or the other as a parent you have to do it all.

In this last statement the worker shared her insight about the way the system may contribute to the parent’s reluctance to comply with services. She attributed some of the blame to bureaucracy and the fact that sometimes parents’ rights prevail over the best interest of the child. This worker elaborated,
Part of it is ‘actions speak louder than words,’ I am a firm believer if you are not compliant with services my questions is why? The fact is that DCFS is a long drawn out system. It is a bureaucracy filled with loopholes in every which way, it’s not democratic, it’s very much a dictatorship. If somebody comes in I figure out what services they need, I tell you what you need, what timeframe of what you have to do. We go to court I report on what you are doing, what you and are not doing. If you are not doing drops, if you are not visiting and it’s a long drawn up process. I think that courts in it of itself are extremely pro-parent and not pro-child and the two are not exclusive. At some point it has to be about the best interest of the child and how many times we are going with this parent relapse and go in and do this and that before we say the kid needs to be out of foster care. Everything focuses on the parent, and while I agree with that at some point we have to say enough and what’s in the best interest of the child to keep this parent inconsistent to keep this parent being inconsistent coming in and out, ‘oh I’m clean; I’m going to visit you for three or four weeks or four weeks,’ then they disappear again for eight months. Is that really fair to the child? So I think on some point I understand the parent’s frustrations for it, they didn’t get into the system overnight, they are not going to get out of the system overnight. We can only provide services up to so much; the motivation has to come from them. I have had parents go out and say ‘well you’ve got this kid I’ll just go out and have another one to see if they can keep the next kid’. I do believe children need to be with their parents, I also say at what point is it enough and the kids need to have some sense of normality.

**Worker’s Perception of Parents**

Respondents presented a variety of opinions, perceptions, and even emotional reactions when asked about cases in which parents are reluctant to comply with services.

Many workers recognize the struggle and frustration associated with such cases and how it affects them personally in their desire is to reunify families. One worker stated, “What do I think of them? Troubled human being, Okay let’s move forward to adoption.”

Another response was,

A parent that is not committed to the return home goal that is how you say it, I mean I don’t think either way I just apparently they are just not ready so we just move on with the kid and assist them. If they aren’t going to visit that’s fine so what they are telling me is hey I don’t want to parent I just want to see my kid out there they are saying it, so lets just terminate their rights.
The following shows another example,

This is just my opinion, I think that is sad because being a parent myself I know everybody goes through different things but I couldn’t even imagine first my children in the system, but if they were in the system I couldn’t imagine not doing everything I could do to get them out. I think that is terrible, ‘how could you?’ and then you see what these kids go through and you see the pain. You see the desire to be with that parent even when the parent isn’t being compliant and that’s hurtful.

The discussion about whether or not parents love their children despite their lack of efforts to reunify with them naturally emerged during the interviews. Most caseworkers agreed with the assumptions that parents’ reluctance to cooperate with services does not necessarily mean the lack of affection towards their children. One worker indicated,

They are in a place where they haven’t been able to work on what is occurring with them and their history and what has led the case coming to the system. All these parents love their children so much, and so if I have a parent who is not doing anything I don’t ever think it is because there is not that love, not that spawn. It’s that they’re in a place that they are not able to manage whether it is their substance abuse or their mental health needs, and its overwhelming for them so we usually try to put services in place that are going to help them be better within themselves and it will help them parent better, but sometimes it just doesn’t happen.

A different worker expressed that loving the children is part of what parents naturally do, but it is not enough for successfully return the children to their home.

If you can’t see why the case came into the system and properly fix that then how can you properly parent your children, because fine you love your children there is no doubt about that, but what happens when your children go back home and you continue the cycle of what you were doing, the kids are going to come right back into the system or worse.

Another worker stated,
I can tell you that from my experience I don’t doubt it that parents love their children but there is something that is preventing from doing what is needed; and most of the times it is because some health concerns in regard to the parent and their lack of follow-up. They have all those things but they don’t know how to focus.

This worker reflected on how her perception of parents have changed over time as she has gathered more professional experience and knowledge of the struggles parents endure when trying to reunify with their children. She stated,

My opinion? I honestly in the beginning I used to think that they didn’t and that they felt that they were better off without their children and that they had somebody else to take care of them. Now with more experience and with going you know through plenty of more trainings and schoolings that I had before I think that maybe the parent is not in their right part of life to be able to work towards reunification, its challenging you know, it is very challenging and even as a parent I think that maybe sometimes they don’t have the correct the support or they don’t have the mental health well being or the emotional well being or just the courage and the strength to overcome these issues because these parents themselves have underlying issues that maybe have never even been addressed, and if they have substance abuse issues and need therapy, I know that one of our things here is that we don’t refer a parent to therapy who doesn’t comply with the substance abuse treatment, but then they are doing the substance abuse because of their issues and we are not sending them to therapy because of the substance abuse it becomes really complicated for them and I’m not here to side with them but I do now understand the complications and maybe they just can’t they are not ready. For some they do find it easier that hey somebody is taking care of my kids and I know that they we’re okay but I think a lot of the times it’s just that they are not ready that they don’t have the support.

With regard to the parents attending the visits but refusing to comply with services, one worker shared her perception by affirming,

To me the visit is what they want and it’s what they will do, they will come to the visits like clock work, they will come, they will be early, they will call me if I am five minutes late and when it comes to their services they will show up forty minutes late, they wont go, they will cancel last minute. I think it’s because someone is taking care of their children somebody is structuring the visits sometimes for them and for services they have to go through the services and they have to do it, so it’s kind of the other way around and sometimes I feel like we
enable the parents because we take the kids to them and we kind of what should I do next week and we tell them you know maybe this maybe that so they don’t really have to think on their own and I think they don’t have to work as hard for a visit as they do for a service because a visit the kids are happy to see them you know they see them once or twice a week at the most, so it’s kind of easy flow for them but for a service they have to work and I think that becomes more challenging for them.

The majority of workers mentioned substance abuse and mental health issues as two of the main factors they perceive to hinder the parents’ efforts to achieve reunification with their children. Moreover, workers hold different perceptions and reactions depending upon the parent’s struggles, as view reflected in one of the respondent’s comments

I think there are ways parents are willing to give up on their children. It depends on the parents’ issues, if they are mentally ill then you know I feel bad for them because that’s what’s keeping them from being a parent and I mean it’s not something that can be fixed, like the schizophrenic client that I have, that’s never going away she’s been schizophrenic since she was thirteen and that’s never going away and there is not a visit that I have with her that she doesn’t have a hallucination and I feel bad for her, I really do, because she loves her baby she just can’t parent her. If they are substance abusers, I don’t feel bad for them, you know why? People say that it’s just hard to get off drugs you know but that’s your baby, there is so much help, especially in the state of Illinois, there is so much help to get off drugs, free help, and especially if you are involved in DSFS you get everything paid for they is really no excuse.

A very similar response was provided by a different worker who stated,

It depends on the situation, if it’s a parent who is mentally disabled, because they have no control over the things that they can and can’t do, because we have parents that will go to the end of the Earth for their kids, but mentally they don’t have the capacity to parent. Those parents I feel really sad for, because they do everything they need to do but it is just not going to work. The parents who are not just doing anything I don’t understand, I don’t get it, I just don’t get it why people who have no barriers why they don’t want to work to get their kids back so I get angry.

Another worker’s opinion was,
I would be talking [with the parent] ‘do we want to look at guardianship, not terminate your rights but let someone else raise your kids because you are happy being a part-time parent. You are happy doing what you are doing with the kid but you aren’t raising them fulltime. Because if you wanted them fulltime you would be doing what you needed to do, or you are not ready to give up drugs and you know you can be around kids when you are clean and you can’t do that.’ So then we need to be looking a different goal than return home.

This particular conversation regarding parent’s struggles with conforming to the mandated services prompted workers to reflect on other topics. While a more detailed discussion is beyond the scope of this section, the participants specifically noted the difficulties produced by parent’s failure to take responsibility for their actions.

The parent needs to come to terms and understand and want a change and want a fix. The services are there, but taking responsibility is a critical piece. If you are in denial and you feel like I don't know why my kids are in the system, when you know exactly the reason when you constantly continued to say it wasn't me, the kids completely were spoiled and they just said whatever they wanted.

Another worker elaborated,

I have a parent that doesn’t accept that her actions are what brought the child into the system and it’s a sexual abuse case by her paramour. It’s just like well what I did didn’t affect my kids. This is the same mom who disappears for eight months and their kids are acting out. I don’t understand why my kids are acting out when you know exactly the reason when you constantly continued to say it wasn't me, the kids completely were spoiled and they just said whatever they wanted.

A last statement regarding the importance of taking responsibility was:
I have a parent, a natural mom who went three years to individual therapy but she never understood what she did wrong and what brought the case into the system. Progress and attendance, they are not correlated. However, you go back and I think about if you don’t go how can you progress, there are parents that they go to therapy once a month and they do wonderful and I have parents that they go to therapy every week and years come by and there is no progress because they don’t understand not only what brought the case into the system but how to correct how can we prevent this from happening.

**Worker’s Interventions with Parents**

This section of the findings will focus upon two key aspects: Worker’s interventions during family visits and worker’s strategies to promote parent’s participation.

**Worker’s interventions with parents: During family visits.** The worker’s interventions during the family visits emerged as a theme for caseworkers. The majority of workers stipulated that they typically intervene during the visits to redirect a child’s behaviors or help the parent take proper charge of the interaction. One worker stated, “I think that during a visit I will try and help the parent with my parenting skills you know I think it’s beneficial if you are a parent yourself just because you’ve experienced the same behavior sometimes.” Another worker expressed, “That is something that I address right away especially if there are multiple kids involved in the visit, because you don’t want the one kid setting off the rest of the kids, so I like to address it right there.”

Only two workers indicated that they prefer to approach the parent outside the visitation room so they would not disempower the parents in front of the children. These two workers shared their approach when dealing with specifics situations during the visits.
I think that it is bad to reprimand an adult in front of a child and that kind of just tears them down more and that could possibly be a trigger, but no I pulled her out at the moment and I said hey can I talk to you don’t do that hey you know and then go back in the room.

Well I wait to see like what the parents are going to do so sometimes it happens during the visit especially if the child’s is crying for five minutes so then that’s kind of when you step in but if that doesn’t work or go over so well then like I will have that conversation with them outside of visitation.

Approximately four workers reported that they typically approach the parents once the visit ends, as they prefer to observe the way parents handle the entire interaction before intervening. However, it was noted that most workers in this group clarified that they would intervene immediately during the visit if there were a safety or an extreme behavior concern, which goes beyond the scope of this section. One worker in this group stated, “I usually let them have the visit and afterwards I talk to them about some of the things we might need to change.” Another worker indicated,

I’d probably just talk to the parent about it after [the visit] or before the next visit, you know ‘this happened, this didn’t go so well, maybe you need to be a little more assertive and set the rules in the beginning or have a time out zone’ or something like that.

Worker’s interventions with parents: Parent’s participation in the child’s services. With regard to the second key aspect of the worker’s intervention with parents, respondents share the numerous strategies they implement to encourage parents’ participation in their child’s life. For instance, one worker stated,

I do try to urge them to be involved; come over, she is on the cheerleading team, if he is on the basketball team go to their games, support them because then they see mom and they see the foster both in the maternal role but they are both there supporting that child who this is ultimately about and we are supposed to be in the best interest of the child. So why not support them? I go to some of my client basketball games, and dance competitions I’ve been to, and it’s nice to see the
worker, the mom, and the foster parent there supporting that child who has been through so much.

Another worker explained that the simplest strategy could make a great difference in achieving parental involvement. For example, this worker reported that she was struggling with one of her cases in which the mother had the tendency to forget the day of the visits and other case-related appointments. This worker shared her strategy,

She was angry because she says that I was disrupting her life because she can’t remember things like she can’t remember the schedule if it’s not a consistent schedule on a period of time but if it’s changed then she will forget it and so I wrote her a twelve-month calendar and I filled in the calendar to make her remember.

The same worker provided another example in which she simply ask the mother the reason for her to sleep during the visit allowed her to change the strategy and achieve the desired outcome. This worker explained,

It’s like my client the reason that I found out that she was sleeping during those visits after she took her medications, that’s why she was tired or that’s why she was sleeping because she was tired from her medication. I would have not known that if I didn’t have a conversation with her, I did talk to her like why do you sleep the entire time? I am not going to do your visits anymore to watch you sleep and take care of you baby I am not going to do it, and she was like I am tired because I just took my medication I was like let’s change it then, you should have told me that, but she wouldn’t have told me that if I didn’t ask.

One worker in particular spoke about the importance of using the right words when encouraging parents to attend the children’s appointments. This worker stated,

I think talking to them and providing a type of language where they do not feel they are required to go or that we are demanding them to go. It is all about the wordiness, so we really encourage you to attend these visits or a lot of the times when parents ask about their medical conditions the first thing I say is I don’t have a medical degree and I can’t tell you what the outcome is of this and this, but if you go to this appointment the doctor can clearly tell you all the information that you want. A lot of the times I tell them if you want to attend the first
appointment I can go with you the first time, and after that it is up to you to communicate with the foster mom or foster mom gives me the dates and then you can meet foster mom there. So I think that it is providing them with the wording that they are not required does make a difference.

Another worker persuades parents to attend the appointments with the understanding that they would have to do the same once the child returns home. Workers also rely on attorneys and court expectations to reinforce this message. This worker indicated,

What I do is give the mother a copy of these doctor’s appointments and encourage them to go also to court, the lawyer the state’s attorney has let them know that it is important that she attends if not all in some because when the kid goes back home she is still going to have doctor’s appointments. It’s important for mom to know what’s going on with her kid medically so it won’t be no drop off and in this particular kind of care once the kid is returned home.

A great number of workers mention the role of judges and lawyers in their discourse when attempting to motivate parents to become more active and involved with the services for their children. In the words of one of the workers, “A lot of the times when we go into court the judges do ask if they are attending appointments, and if they are not then they will let them know they need to because it’s part of their service plan.”

A similar approach was expressed by another worker,

I tell them that it is mandatory that they follow the service plan and if they don’t follow it or the medical appointments with the child or don’t attend therapy if mandated or is observed that they need individual therapy or whatever service is recommended to the parent is an issue. I tell them that there is no court so far that I have heard that they return the child if the child has a medical condition and the parent don’t know the medical condition because it’s not logical.

Another worker stated, “I tell them, listen if you don’t do these services court is going to terminate your rights and you will not see your baby ever again.”
Given the special needs of each child, parents are encouraged to attend medical, developmental, educational, and psychological service appointments with their children. However, in the effort to increase parental involvement, workers described the different challenges inherent in their monitoring and supporting role with parents. The following example is illustrative,

For me the biggest struggle is doctor appointments, trying to get parents to go to doctor’s appointments. Especially, we are a specialized agency and a lot of the times our children have medical needs and a lot of the times they are like well ‘when they come back home with me I can switch their appointments.’ You need to have an understanding of their medical conditions.

Another worker explained that the lack of parental involvement in the child’s services might be an existing problem even before their children came into care. This worker noted,

It depends if the parent is ready to handle it because a lot of the times prior to the case being involved the parents really weren’t involved with those kind of meetings. They didn’t follow up doctor’s appointments they didn’t go to school so it depends on how ready they are in handling that.

A different worker highlighted the importance of parental involvement in medical treatments, mainly in those cases when medical neglect was the reason that brought the child into foster care,

We do encourage all of that, part of it is the level of care that our kids need. We tend to have a portion of medically complex kids so they [parents] should be interacting with our nurses, learning the care of their child because when we are turning the care to them, a lot of times the medical reasons are why the kid came in or the parent wasn’t appropriately taking care of them or something like that, so we have to make sure that they are able to take care of all of their physical and medical needs so that the kid doesn’t come back in again.
This worker reported the issues encountered in the process of obtaining parental participation, but also acknowledged the parents’ overwhelming feelings when dealing with the foster care system.

Well eventually they aren’t usually invested in it. I think they are overwhelmed with the court system. The fact that their children were taken away either they are going through some mental health issues at that time either they are feeling depressed, angry, frustrated with the system. In the beginning they aren’t going to get a lot of collaboration.

A great number of the respondents discussed the vital role that motivation plays in parents’ initiative to participate in their children’s services. One worker stated,

We describe the importance and usually I don’t have to encourage that. That is something that they want to attend, they all request to attend in most cases and successful reunification cases. There are some barriers because of the foster parent and the parent would have to have contact and really I am just sort of the little person, the messenger so I find out the time of the appointment, where it is located, I ask of the natural parent to attend and I just give that parent that information. We don’t usually assist them in getting there. So we will say it’s that, for example the hospital 9 o’clock in the morning and we expect the parent just to attend and be there with the foster parent at that time. School meetings, if I set up a meeting I will let the parent know that they can come and attend that meeting with me, but honestly that doesn’t happen very frequently for whatever reason. The parent, in my experience, does not usually take that up and attend certain meetings.

Another worker indicated,

It depends on the parent. Like the parents who are really making a lot of progress towards their goals and they are more likely to really return home then we would include them in those sorts of things. So, but if they are not making progress, they are inconsistent, interactions are unhealthy, then we don’t want to kind of set the child for another loss so we kind of keep a safe space between them until they show them they have made some progress.

A similar statement about parent’s motivation was expressed by another worker,

It depends on the parents some parents are really involved and they want to be part of a lot of things, some parents are given the opportunity and they don’t. We
have staffing’s for the kids regularly so they are invited to those as long as they still have rights but most of the time they don’t participate.

A different worker elaborated that,

I give them everything; I don’t want them to say that no one is helping them to get to where they need to get to, that’s an excuse.... I provide them all the necessary tools that they need, but at the end it is completely up to them the motivation, in terms of wanting to get it done.

Respondents described the frustration encountered in the process of motivating and engaging parents to become more involved in their children’s lives. Nevertheless, workers also recognized the importance of harnessing personal and professional skills to understand parents’ struggles and to increase their participation. For example this worker mentioned a set of skills necessary to become a facilitator, rather than an obstacle for parents. She stated,

Working in social services you have to be compassionate, I mean those are some of the trainings we go through, is how to be compassionate and understanding and sympathetic because if you are not then you should be a barrier for them, for the parents to get their kids back; because if you are a barrier you are in the wrong field.

This worker believes that compassion helps workers make greater efforts to motivate families to accomplish positive goals.

I guess it all depends on the type of worker if you are compassionate enough you can be like ‘you know what is going on please be mindful about this,’ ‘this and that are going on’ ‘this is what you can do or this is what I know works let’s try.’

There are other important skills workers rely on when providing services to families. For instance this worker spoke about empathy and how she tries to understand parents’ experience.
This sounds weird for some people but I try to place myself in their shoes like I said before I have my own children and regardless what happened I see how hard it is for them not have their children and I always try to understand that they are not perfect. You have to take into consideration that when they come to foster care, into DCFS custody the worker is subject to or is guilty. They don’t see the things, they are still in the denial stage, and it happens for a year.

Another statement about worker empathy, as well as collaboration, was,

Say that empathy go with supportive to tell them that you’re there to support, that your there to help them to correct, and that you want to return the child, they need to know that from you; and that you will do whatever that it takes to do that. That we are a team, I don’t consider myself the teacher but the student because I see that I learn more from my foster parents and my parents that what I can teach them sometimes you are very surprised there are parents that really have very good parenting skills as good as a foster parents and you learn a lot through them.

Another worker reflected on the importance of building trust by being congruent with promises and actions. This worker elaborated,

Showing them that you keep your promises and that they can rely on you if they need something but at the same time you have to develop a trust with them. And you tell them from the very beginning that this relationship is based on trust and if you are going to not be truthful then it’s not going to go well. That’s how I expect their collaboration. If we are pressing them too much or if it’s overwhelming they need to tell me that. Once you get your children taken away all of a sudden is too much all at once going to court, talking to attorneys, talking with the supervisors, talking with DCFS staff, talking to therapists, getting your life having to get your life in order and being available when we need you and when something is going on with the kid is too much for parents to take on at once.

These set of supportive skills help workers facilitate engagement with parents, establish a trusting and empathic working relationship while providing understanding, compassion, and encouragement. The following table summarizes the workers’ skills and strategies when promoting parental involvement as well as the obstacles to parents’ participation to in their children’s services including visitation.
Table 9. Factors Involved in Parent’s Participation in the Child’s Services

<table>
<thead>
<tr>
<th>Obstacles to Parents’ Participation</th>
<th>Worker’s Strategies to Promote Participation</th>
<th>Worker’s Skills to Encourage Parents’ Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The lack of parental involvement in the child’s services.</td>
<td>Constant encouragement through one-on-one conversations.</td>
<td>Working in social services you have to be compassionate</td>
</tr>
<tr>
<td>The biggest struggle is, trying to get parents to go to doctor’s appointments</td>
<td>Set up calendar reminder to help remember scheduled visits.</td>
<td>To be compassionate and understanding and sympathetic</td>
</tr>
<tr>
<td>Parents’ overwhelming feelings when dealing with the foster care system.</td>
<td>Simply asking the mother the reason for not coming to the visit and find ways to overcome obstacles.</td>
<td>Being empathetic and supportive.</td>
</tr>
<tr>
<td>Parents are not intrinsically motivated to participate in the child’s life.</td>
<td>Using a type of language where parents do not feel they are required to go or that we are demanding them to go.</td>
<td>Willingness to learn from parents.</td>
</tr>
<tr>
<td>Help parents realize that they would have to attend the appointments once the child returns home</td>
<td>Ability to build trust with parents.</td>
<td></td>
</tr>
<tr>
<td>Rely on attorneys and judges to reinforce the importance of parental participation</td>
<td>Showing them that you keep your promises and that they can rely on you.</td>
<td></td>
</tr>
</tbody>
</table>

**Worker’s considerations on cultural sensitive practice to visitation.** Workers were asked about cultural considerations when providing visitation services to families. The results in this section focus on language and culture barriers identified by workers as key factors for culturally sensitive practice to visitation.

**Culturally sensitive practice to visitation: Language barrier.** In the words of one of the workers, “According to DCFS if the child is bilingual the worker needs to know
both Spanish and English, English-Polish any language. Well you know most of the cases are Spanish-English they [workers] are supposed to be bilingual too.”

All of the respondents reflect on the effects and implications of the language barriers. Caseworkers elaborated on the way language barriers delay information to child welfare clients and distort communication with families with limited English proficiency. Families find themselves in situations where they literally cannot understand what their caseworkers are saying, thus they are unable to benefit from their services, in this case, visitation with their children. The following illustrates an example,

I had a family that like there first language was not English and it seemed to be a lot of communication barriers and make sure services were offered in their language. The first language was important because that was the reason why the family hadn’t seen the child. It was a parent who had gone to prison and the paternal grandmother wanted to be a part of the child’s life but for two years she couldn’t but it wasn’t really the case she could have been a part but it just was because of the communication thing and she should have been offered that.

All the respondents agreed with the idea that a visit supervisor should be fluent in the language spoken by the visiting parent and child. However, workers recognized that this ideal arrangement does not always take place especially because agencies lack bilingual workers. One worker described her experience serving families with limited English proficiency,

I think sometimes the parents are a little more uncomfortable because it’s not who speaks their language, it’s not somebody that is even their ethnic background so they feel that it’s just like a wall between them and okay they are like this man and this woman brought my kids and that’s it and so I think that’s a little harder on the parents that it is on the parents then the kids I don’t think they care especially if they know the people I think to them it doesn’t really matter but when it comes to my families who speak Spanish only I have a big problem with that because you know to me how can that visit really be supervised if they have no idea what’s going on in the visit I mean you can see the interaction but how do
you know that they are not completely threatening this child throughout the whole visit and that’s why the kid goes home screaming and crying you know so I have brought that up several times.

A non-Latino Caucasian worker indicated that she was able to supervise the visit for one of her Latino cases, but she ended up asking the child to translate some of the interaction in which she was unable to grasp the meaning with her limited Spanish language skills. This worker indicated,

In one case I had the mom spoke a little bit of English, so and I used to take Spanish in high school and college so I can understand a little bit but I am definitely not fluent, so in that situation I did supervise but I solved most of the time and I could usually figure out what they were saying but it was probably not ideal it probably would have been better if there was a bilingual person there because there were times where she would say something to the child in Spanish and then he would get upset and I would ask the child, what happened? What did she say? And I would have the child translate for me. So I don’t know if that’s the most ideal situation to put the child in.

A closer look at the data provides more insight into the ways language barriers affect families and workers. The following statement of an African American worker shows the difficulties in providing a thorough assessment of the family interaction, as well as her own frustration with this particular situation. This worker noted,

I had a case where the biological mother spoke Spanish and I was told to supervise the visit but I would not give an accurate observation of that visit because mom was only speaking in Spanish. So needless to say we had to get somebody else to observe that visit because mom is speaking in Spanish and the kids are speaking in Spanish to her, it’s like ‘why am I sitting here?’ I could not give an accurate assessment of that visit.

Another worker discussed the struggle when workers supervising the family interaction are unable to understand the parent-child conversations and the myriad of inappropriate topics parents can potentially disclose to their children. A lack of
understanding can mean missed opportunities to intervene when necessary or to understand the parents’ obstacles with reunification. This worker reported,

I had one case that was really sticky and I told my supervisor we really need to get a supervisor that speaks Spanish because this mom was going through a lot of things and the kids were reporting a lot of things throughout the visit and I think like I said this is going to continue until we get somebody that really knows what’s going on because this mom could be telling them plenty of different things and nobody is really going to know what’s really happening you know.

*Culturally sensitive practice to visitation: Culture barrier.* Along with the language barrier, culture stands out as particularly influential factor in shaping the relationship between the caseworker and parents. Nearly all respondents concurred that cultural sensitivity must also be central to visitation planning and implementation. Workers recognized the importance of familiarity with the family’s cultural background to better understand, communicate, and serve them during visitation. One worker indicated,

I think it’s important, I mean I think it’s important to always be culturally sensitive and that is something that I definitely learned. You just have to be aware how certain families and their dynamics and where they are coming from whether it’s like cultural-based and be sensitive to that.

Failing to have an understanding of the culture can mean missing the meaning in varied dialects, even within the same language. One clear example was provided by this worker who stated,

You do need a lot of cultural knowledge because you know a lot of the dialect is different dialogue is different with different cultures. I am Caucasian but I did grow up in an African American community and I have African American people in my family and so maybe I am just more open minded than the average Caucasian, I don’t know, but I have a lot of African Americans on my case load so if the kids are calling each other ‘ratchet’ and whatever but it’s a joke and I guess I know that because I just know that, but somebody that doesn’t know that
would probably write that down like ‘the kids have negative relationship with each other’ but they really don’t, they are just joking around. So I guess someone needs to be very trained in that area.

Another worker indicated, “You definitely have to consider how other cultures interact with each other’s so that you will know. What you may deem as inappropriate it may not be in their culture, and language can also be a barrier.” A different statement was,

You need to have sensitivity. I recall once that I had a parent that was going to give the child a fish soup, the child was like three months old and I’m like ‘oh my God’ but in my culture we don’t do that but I need to respect that in that part of the world that is appropriate and that is what they give the children at that age.

This worker highlighted the importance of knowing the client’s culture to understand the variety in parenting approaches. This understanding allows workers to provide parents with certain flexibility when interacting with their children. This worker explained,

I definitely think we need to be aware of the cultural differences because there are some things that I might do in raising my kids that another culture might not do; or things that I think are appropriate another culture might not think it is appropriate. But I think in knowing the different cultures and how they raise kids and what they do, for example say a Hispanic they may feel the need to feed the kids more when the kids are a little bit older versus letting the kids feed themselves. In a visit in my opinion I wouldn’t promote ‘well why wouldn’t you let feed himself?’ if I know that is part of the culture.

Another worker mentioned that the cultural differences might even influence the process of selecting the location of the family visit, as they may prefer not to be seen in public. This worker expressed,

There some parents that feel more uncomfortable because they feel like the community is watching them so you have both especially if your cultural background is different then you really stand out so if have a black family and
you are white why is this white lady with this black family and the opposite so it’s really and indicator into the community, you got people kind of looking so that kind of has that barrier.

All workers concluded that it is crucial for a visit supervisor to have a basic understanding of the culture of those whom they are supervising.

**Worker’s Perspectives on Participation of Child’s Relatives in Visitation Services**

Participants identified the involvement and support provided by the extended family as key factors in visitation. Some participants welcome the presence of relatives during visiting hours and consider them as important actors in successful reunification.

For example this worker expressed,

They can see their extended family, I have kids that spend the night at their grand parents on the weekends even if they are in traditional foster care, then I have some traditional foster care parents that will drop the kids off at grandma’s on a Friday and grandma will drop them back off at the foster home on Sunday obviously the kids can’t live with grandma because she’s eighty you know but grandma can still drive them back and they can still go to church with grandma and yea I guess it just depends on the willingness of the caregiver and the foster parent or the family members.

Another worker mentioned that she supports the participation of the extended family, but indicated that sometimes they might not be available for the child. This worker stated,

Like I said it’s a lot easier when it is a relative care giver because then you can come and visit over there during the holidays you know the caregiver can bring the child to that parent or extended family home unfortunately with traditional homes usually there is a reason why they are in a traditional foster home and a lot of the times the extended family doesn’t really ask about the child there is probably no bond whatsoever.

A similar statement about relative’s participation in visits was,
We may approve for them to go and visit with the extended family whether that be during the day or for a weekend so those type of things we would like for them to have contact with their extended family because one if they were to go visit it would provide the foster parent with a little bit of a break and then two that keeps them connected with the family so we promote it. If it’s an instance where the kids is constantly want to go to see their extended family and the extended family is not open just try to explain to the kids why this can’t happen you know grandma is busy we don’t me personally I don’t try I don’t say they don’t want you to come because it would send the kids on a whirlwind so yea we promote it only if both parties are open to.

This worker agreed with having the extended family being part of the family visits as long as they do not exceed the number of participants.

Sometimes they will come to the visits with the parents I usually let them come like once a month with the family because you know sometimes they get along if it’s like just a grandma or just a cousin I’ll let them come to as many visits as they want, but if it’s like the grandmother, the grandfather, and their kids and everyone else it’s too much, but I think it is important to stay in contact with their family.

A different worker recognized that she does not purposively encourage the presence of extended family during the visits, but if the family brings it to her attention she would definitely make the arrangements for them to be part of the child’s life. This worker affirmed,

For the parents I don’t encourage it but if the parents bring it up then say there is *una abuelita o a una tía que quiere ver al niño* (a grandma or aunt that want to see the child). I ask them if they want to be a consistent part of the visit if that’s part of the child’s family part of where the child’s grew up then by all means. But I hate introducing new people to the visits because first of all the child is engaged in already changes that they are not accustomed to them, don’t have any bases of why it’s happening and just introducing new people to the visits I usually just like keeping it with the parents and the child but if they have somebody in their life that has supported the and been there all their life like I said *abuelita o tío* (grandma or uncle) I would and the parent the child bring it up to my attention that I would tell them they should be coming they should be part of the visit.
Conversely, a great number of workers described their concerns with relatives taking away the time and space dedicated to strengthen the parent-child bond. In the following excerpt one worker expressed,

I do have parents who do ask and I will let them know, ‘it’s okay to have extended people or family members to come to your visits once in a while but these visits are mainly for you and your child.’ I have no problem, because I have had parents who every week they want to bring in their mom, they want to bring in their just all these people. I get that if you come from a big family and family is a hug priority for you it’s kind of hard to tell them no but in reality the purpose of this visits is for you and your child.

Another worker agreed,

With the cases I’ve had in the past when we have visits parents want to bring everybody to these visits, they want to bring the little cousins, grandparents, whatever. That’s fine but it depends on the case and the situation. I don't think it’s appropriate for everyone to come to every parent-child visit because then the parent and the child don’t have the one-on-one that they should be having. Here and there on special occasions we do that. The parents have brought other members to the visits.

A different view regarding the effect of relatives on the parent-child interaction was,

Really it’s just the siblings, a lot of the times if on this case for instance on this case if grandma comes you know that shows [that] she helps with her relationship but you know it’s between mom and the kids.

According to the following worker, DCFS needs to grant permission to allow the relative’s involvement in visitation. This can delay their participation at least in the early stages of child’s placement in foster care.

That’s a little harder a lot of times we don’t get approval from DCFS for them to do that at all, like a lot of times we are only allowed to talk to their immediate family like parents and siblings and some of my kids do have like cousins in Chicago and like grandparents and DCFS has said no we got to start immediate
family and broaden it later. So a lot of the times we just don’t, we’re not allowed to.

This statement was similar to other responses that explained that parents are not expected to bring people to the visits, but in case they want the child to have contact with friends or relatives, they would have to make a request in advance. One participant explain,

The thing that we request in the visitation is like if they are going to have any relatives in the visits usually they need to let us know two or three weeks in anticipation, especially when the respite worker is supervising the visit we need to conduct CANTS [Child Abuse and Neglect Tracking System] and LEADS [Law Enforcement Agencies Data System] or especially when some of those visitations take place in the parent’s house.

One of the workers from a residential facility stated that in addition to the DCFS approval, her agency follows another procedure for allowing relatives to have contact with their institutionalized children. This worker stated,

It really depends on the case some cases have a lot of family that wants to be involved and sometimes it’s almost too much for the kids but whenever a kid has a family member that comes forward and they want to have communication it has to cleared by DCFS so a lot of the times it come to a procedure that they have to call me and I have to refer them to DCFS worker and the they have to approve it before they can go on and have contact with the kid. If they do, it normally will start with letters or phone contact before we would increase it to visits just so that we it slowly introduces it to the kid.

The following statement reflects the worker’s dilemma regarding the inclusion of relatives in the visits. However, she does emphasize that workers are not required to involve the extended family in the visitation. This worker elaborated,

That is a little tricky; it really does because our mandates include contact with the parents. Our main concern is that they see their parents and if the parents are not around and they do see the parents and they are around sometimes later on during the lifetime of the case we make the kids available for one parent. But we are not
obligated for contact with grandparents; maybe they can come on a visit once a month if they let us know they are planning on bringing in. Aunt or uncle, then they would need to let us know what type of contact you know this kid has had with so and so. Why is it that they want to bring them over, because it kind of changes the dynamic when you are bringing in someone, I am really observing the reaction when they are having a little family reunion. But then at the same time it is hard because then the kid’s loose contact with their expanded family, the friends, with the community- the people they were familiar with. It’s just more trauma.

The following worker reiterated the fact that workers are not mandated to provide visitation with the extended family, “We don’t much because it is not required. Like grandparent visits and uncle visits are not something DCFS has to facilitate.” Another worker provided a similar statement, but indicated that she particularly encourages the involvement of foster parents’ extended family.

But normally we are not mandated that they [children] visit with other family members, but we do encourage the foster parents if there are relatives interested in spending time with the kids, like taking them to the movies, out you know and we run the background checks to make sure they are clear and appropriate and if they are they can visit.

Quantitative Strand

Sample Description

Table 10 summarizes the characteristics of the study participants that consisted of 44 child welfare supervisors. The majority of the participants were female, older, and somewhat evenly distributed between Caucasian and workers of color. Females constituted 84.1% of the sample, while males constituted 15.9%. The ages of the respondents ranged from 26 to 50 plus years. Two participants declined to state their age. Over 44 percent (44.5%) of were Caucasian, 38.6% were African American, 9.2% were of Latino background, and 6.8% identified themselves as Asian/Pacific Islander. All
participants in the sample held a Master’s degree. The field of study varied across the sample, but the majority of participants had advanced degrees in social work. The results showed that 77.2% of the respondents had earned their degree in Social work, 9.0 % in Counseling, the 6.8% in Psychology, and 2.2% in Administration. On the other hand, 6.8% of the study participants have been working in the field of child welfare between 1-5 years, 27.2% between 6-10 years, 20.5% between 11-15 years, 20.5% between 15-20 years, 20.5% for 20 plus years. Two of the participants did not respond to this question. The time spent in supervisory positions varied across participants, with approximately half of the respondents working as supervisors between 1-5 years (52.5%). Participants were employed in three different child welfare sectors: 75% of the sample was employed in the private sector, while 18.2% were employed by public agencies and 6.8% of the sample was employed in a private residential facility. The survey sample included employees from ten child welfare agencies.

**Quantitative Findings**

The following section reports on the results from the quantitative data of the 44 child welfare supervisors. The specific aim of the quantitative surveys was to provide an answer to the second research question: How does the child welfare supervisor support the worker in implementing the FTS model in visitation services for children and families in foster care?
Table 10. Demographic and Background Characteristics of Sample Participants in the Quantitative Strand of the Study

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (N=44)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Female</td>
<td>37</td>
<td>84.1%</td>
</tr>
<tr>
<td>• Male</td>
<td>7</td>
<td>15.9%</td>
</tr>
<tr>
<td>Age (N=44)</td>
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<td></td>
</tr>
<tr>
<td>• 26-30</td>
<td>5</td>
<td>11.4%</td>
</tr>
<tr>
<td>• 31-35</td>
<td>6</td>
<td>13.6%</td>
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<tr>
<td>• 36-40</td>
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<td>4.5%</td>
</tr>
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<td>Ethnicity (N=44)</td>
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</tr>
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</tr>
<tr>
<td>• Latino</td>
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<td>9.1%</td>
</tr>
<tr>
<td>• Asian / Pacific Islander</td>
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<td>6.8%</td>
</tr>
<tr>
<td>Master’s Degree: Field of Study (N=44)</td>
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<tr>
<td>• Social Work</td>
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<td>77.2%</td>
</tr>
<tr>
<td>• Counseling</td>
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<td>9.0%</td>
</tr>
<tr>
<td>• Psychology</td>
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<td>6.8%</td>
</tr>
<tr>
<td>• Administration</td>
<td>1</td>
<td>2.2%</td>
</tr>
<tr>
<td>• Other</td>
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<td>4.5%</td>
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<tr>
<td>Number of years in Child Welfare (N=42)</td>
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<td></td>
</tr>
<tr>
<td>• 1-5</td>
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<td>7.1%</td>
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<tr>
<td>• 6-10</td>
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<tr>
<td>• 11-15</td>
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</tr>
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<td>• 16-20</td>
<td>9</td>
<td>21.4%</td>
</tr>
<tr>
<td>• Over 20</td>
<td>9</td>
<td>21.4%</td>
</tr>
<tr>
<td>• Missing Data</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Number of years as Supervisors (N=43)</td>
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<td></td>
</tr>
<tr>
<td>• 1-5</td>
<td>23</td>
<td>53.5%</td>
</tr>
<tr>
<td>• 6-10</td>
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<td>16.3%</td>
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<tr>
<td>• 11-15</td>
<td>4</td>
<td>9.3%</td>
</tr>
<tr>
<td>• 16-20</td>
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<td>16.3%</td>
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<td>• Over 20</td>
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<td>4.6%</td>
</tr>
<tr>
<td>• Missing Data</td>
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<td></td>
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<td>Type of Agency (N=44)</td>
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<tr>
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<td>18.2%</td>
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<tr>
<td>• Private</td>
<td>33</td>
<td>75%</td>
</tr>
<tr>
<td>• Private Residential</td>
<td>3</td>
<td>6.8%</td>
</tr>
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</table>
The quantitative strand of the study focused on four areas (see Figure 14) related to the supervisor’s perspective on visitation services, as well as the related resources provided to caseworkers. The areas included in this analysis were: (1) the visitation services; (2) the worker’s supervision time (3) Training in visitation, and (4) Decision-making process.

![Figure 14](image)

Figure 14. Major findings from quantitative data

Visitation Services

This section of the findings will focus on six aspects of visitation: (a) the supervisor’s perception of visitation, (b) frequency of child visits (c) resources available for visitation (d) visitation planning, (e) visit supervision, and (f) parent’s right to visit. The findings from these six areas of inquiry follow.
**Visitation services: Supervisor’s perception of visitation.** Survey questionnaire participants were asked to provide an assessment of their current level of preparation on the subject of family visitation. As presented in Table 11, 81.8% of supervisors in the sample considered themselves to have high level of preparation on the subject of family visitation compared to 18.2% of supervisors who indicated a moderate level of knowledge in the subject area. No supervisor felt there was little preparation on family visitation. When participants were asked about the relationship between visitation and family reunification, 40.9% of the sample strongly agreed with the concept that visitation is at the heart of reunification, 38.6% of respondents agreed, 15.9% disagreed, and 4.6% respondents strongly disagreed.

Table 11. Supervisors’ Level of Preparation on the Subject of Family Visitation

<table>
<thead>
<tr>
<th>Category</th>
<th>N (44)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>High:</td>
<td>36</td>
<td>81.8%</td>
</tr>
<tr>
<td>I have received formal training about the psychological, social, and developmental impact of family visitation on children placed in foster care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate:</td>
<td>8</td>
<td>18.2%</td>
</tr>
<tr>
<td>I have some basic information about the impact of family visitation on children placed in foster care, but I have never received formal training</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Very little:</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>I am familiar with the topic of family visitation and aware of some basic facts</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Familiar:</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>I do not consider myself knowledgeable about this topic, but would like to learn more.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Interested:</td>
<td>0</td>
<td>0.0%</td>
</tr>
</tbody>
</table>
| I do not consider myself knowledgeable about this topic and it is not an area of interest for me.
The study participants were also asked about their assessment of parents’ commitment to reunification: 95.5% of participants disagree that biological parents who miss more than two visits in a row are not committed to reunification. On the contrary, 4.5% of respondents believe that the parents’ lack of participation in family visits indicate that they are not committed to reunification.

**Visitation services: Frequency of child visits.** Respondents were asked about the frequency of parent-child visits in cases with a permanency goal of “return home.” Nearly all respondents (97.7%) agreed that the visits are held once a week. Only 2.6% of the sample indicated that the visits take place once a day. Study participants were asked about their perspective regarding the adequate amount of visitation time to maintain the family bond while the children are in an out-of-home placement. Nearly three-quarters of the respondents (72.7%) disagreed that two-hour weekly visits provide adequate time to maintain child-parent relationship, while slightly more than a quarter (27.3%) of the participants agreed.

**Visitation services: Resources and services for visitation.** Participants were asked about the different resources agencies provide to support family visitation. The study found that transportation is the service that all agencies included in the study provide to families. Nearly all (97.7%) of supervisors in the sample indicated that they provide a place for the visitation to be conducted as part of the agency’s resources to support family visits. Respondents overwhelmingly (95.5%) included the supervision as an important tool for visitation provided by their agency. Nearly 70 percent (68.2%) of all supervisors reported that their agencies provide parents with a voucher for transportation
and/or food, 63.6% provide direct transportation for parents, 27.3% indicated that they provide entertainment during family visits, and 20.5% stated that they provide food for the visit.

**Visitation services: Visitation plan.** Participants provided multiple responses in this section of the questionnaire and almost all (97.7%) supervisors agreed that the caseworkers are involved in the visitation plan, followed by 95.5% of participants who mentioned that parents are also crucial members in the development of the plan. Similarly, 79.5% of participants included foster parents as critical actors in the visitation plan, followed by children (52.3%) and others (13.6%).

Participants were also asked about the training caseworkers receive to develop the visitation plan. Over 68 percent (68.2%) of supervisors in the sample indicated that participants receive training related to visitation planning; while, 31.8% reported that caseworker do not receive any specific training to address the development of visitation plan. Participants provided multiple responses when asked to address the way they monitor the visitation plan. The overwhelming majority of supervisors 93.2% indicate that they monitor the implementation of visitation plan through the worker’s case notes and visitation reports. The same percentage of supervisors indicates that they engage in visitation related conversations with the caseworkers in their regular supervisory meetings. The majority (65.9%) of respondents reported that they also monitor the implementation of the visitation plan through reports from foster parents and/or foster children, and 63.6% through reports gathered from biological families. Only 4.5% of respondents indicated that they do not monitor this plan.
In addition to monitoring the initial development of visitation plan, supervisors were asked about how often they review the plan once it has been implemented. Participants provided multiple responses and 58.1% of respondents stated that they review this plan every six months, which coincides with the time caseworkers attend court hearings or Administrative Case Reviews. The majority (55.8%) of participants reported that they review the plan during the quarterly child and family team meeting, while 48.8% indicated that they review the visitation plan when developing the overall family service plan; 37.2% during weekly meetings with case workers; and 7% at other times.

**Visitation services: Visit supervisor.** While participants provided multiple responses to this part of the survey, it was clear that the most frequently mentioned visit supervisor was by far the case aides, with 81.8% of the participants listing them as the main provider. The caseworker and the outside agencies were the next most frequently mentioned visit supervisors, with 31.8% and 20.5% participants listing these, respectively. Few participants (13.6%) listed the therapist as supervisor for family visits. Additionally, supervisors were asked whether the person in charge of the visit supervision receives training prior to the visit. The majority (65.8%) of respondents reported that they do receive training with this focus compared to 34.1% who reported that staff are not specifically trained to supervise a family visit.

**Visitation services: Parent’s right to visit.** The study participants were asked about their beliefs regarding the rights of biological parents to see their children, regardless of the reason for which the case had come to the attention of Department of
Children and Family Services. Fifty percent (51.2%) of respondents agreed while 34.9% of participants disagreed. Followed by 16.3% of respondents that strongly agreed that the parents have the right to see their children through visitation services regardless the reason for which the child came into care. Similarly, nearly all survey participants (95.5%) agreed that parents should be allowed to see their children regardless of their compliance with mandated services once children are in foster care. Only 4.5% disagreed with this statement.

**Worker’s Supervision Time**

This section of the findings discussion focuses on supervisors’ perspectives on the time they spend with caseworkers during case management supervision. This section will address two aspects of worker’s supervision time: (a) general supervision time, and (b) supervision specific to visitation.

**General supervision time.** Table 12 shows that 34.8% of supervisors meet twice a month with workers for one-on-one supervision, 25.5% of respondents meet with their supervisees once a month, 23.2% of supervisors provide supervision once a week, while 13.9% of respondents provide supervision more than once a week. Only 4.6% of respondents reported having supervision time with caseworkers less than once a month. Supervisors were also asked about the length of supervision meetings with caseworkers. Supervisors most frequently (42.9%) indicated that these meetings last more than an hour, followed by 45 to 60 minutes (35.7%), 15 to 30 minutes (11.9%), 30 to 45 (9.5%) minutes in rank order. Two participants did not respond this question.
Supervision specific to visitation. Supervisors were asked about the time they meet with their supervisees to address visitation services. Fifty-nine percent (59.5%) of supervisors in the sample agreed that they have adequate time to meet with caseworkers to address visitation dynamics/services, compared to 23.8% of respondents who disagreed with this statement. Fourteen percent (14.3%) of participants strongly agreed that they have sufficient time in meetings with caseworkers to allow for adequate attention to family visits while 2.4% strongly disagreed. Respondents were asked about if they promote discussion and reporting about visitation dynamics during their regularly scheduled individual supervision with caseworkers. Their responses indicate that 95.2% of supervisors elicit worker visitation reports during individual supervision.

Table 12. Frequency and Length of Supervision Time with Workers

<table>
<thead>
<tr>
<th>How often do you formally meet with caseworkers one-on-one to provide supervision?</th>
<th>n (43)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than once a week</td>
<td>6</td>
<td>13.9%</td>
</tr>
<tr>
<td>Once a week</td>
<td>10</td>
<td>23.2%</td>
</tr>
<tr>
<td>Twice a month</td>
<td>15</td>
<td>34.8%</td>
</tr>
<tr>
<td>Once a month</td>
<td>11</td>
<td>25.5%</td>
</tr>
<tr>
<td>Less than once a month</td>
<td>2</td>
<td>4.6%</td>
</tr>
<tr>
<td>Missing Data</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How long are these meetings, on average?</th>
<th>n (42)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 to 30 minutes</td>
<td>5</td>
<td>11.9%</td>
</tr>
<tr>
<td>30 to 45 minutes</td>
<td>4</td>
<td>9.5%</td>
</tr>
<tr>
<td>45 to 60 minutes</td>
<td>15</td>
<td>35.7%</td>
</tr>
<tr>
<td>More than an hour</td>
<td>18</td>
<td>42.9%</td>
</tr>
<tr>
<td>Missing Data</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>
Training Specifically on Visitation

The study participants were encouraged to address any visitation-related training offered to caseworkers within their agency. As indicated in Figure 15, 38.6% of participants reported that their agency offered such training at least once a year. Over 20 percent (20.5%) of respondents agreed that they offer visitation-related trainings twice this year, while 22.7% indicated that they have not had any such training for the last 12 months; 11.4% report every other month and 6.8% on a monthly basis. On the other hand, 59.1% of supervisors included in this sample stated that their agencies have provided training to address trauma-informed practice, applied specifically to visitation services, compared to 29.5% of participants who denied any provision of these specific trainings. Eleven percent of respondents did not provide an answer.

![Figure 15. Supervisors’ perspective on training addressing family visitation services](image-url)
**Decision-Making Process**

Caseworkers are constantly dealing with unusual incidents and diverse family dynamics that inform their decision-making process. In making these decisions, workers rely on consultation with their supervisors to determine, for example, whether to continue or discontinue the parent-child contact. The survey participants were asked to address their recommendation to caseworkers in situations in which the child consistently displays inappropriate or unusual behaviors after the visits and/or when the parent seems unable to effectively address the child’s behaviors during the visiting hours. The response options provided for these questions primarily focused on the continuum of contact between parents and children. Table 13 shows the percentages of supervisors’ responses, noting that a number of participants skipped these two particular questions in the survey. Two participants took the additional step of contacting the researcher to express their difficulty with this set of questions. Both respondents agreed that the decision-making process is complex, as involves many layers and factors beyond the facets of the family dynamic during parent-child contact.
Table 13. Supervisor’s Recommendations to Workers about Increasing/Decreasing Family Visits

**What would you most likely recommend to caseworker if the child always displays inappropriate or unusual behaviors in the foster home right after the visit?**

<table>
<thead>
<tr>
<th>Category</th>
<th>n (34)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the amount of child-parent contact</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Decrease the amount of child-parent contact</td>
<td>9</td>
<td>26.4%</td>
</tr>
<tr>
<td>Continue with the visitation plan the way it is</td>
<td>24</td>
<td>70.5%</td>
</tr>
<tr>
<td>Let the foster parent decide what’s best for the child</td>
<td>1</td>
<td>3%</td>
</tr>
<tr>
<td>No answer</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

**What would most likely be your recommendation if the worker reports that the parent seems unable to effectively address the child’s behaviors during the visit?**

<table>
<thead>
<tr>
<th>Category</th>
<th>n (36)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the amount of child-parent contact</td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td>Decrease the amount of child-parent contact</td>
<td>7</td>
<td>19.4%</td>
</tr>
<tr>
<td>Continue with the visitation plan the way it is</td>
<td>24</td>
<td>66.7%</td>
</tr>
<tr>
<td>Let the worker decide what’s best for the child</td>
<td>5</td>
<td>13.8%</td>
</tr>
<tr>
<td>No answer</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>
CHAPTER FIVE
DISCUSSION

Introduction

The purpose of this study was to understand child welfare workers’ experiences when providing family visitation services and most specifically, to explore how the family-centered, trauma-informed, and strength-based model of practice was reflected in the planning and implementation of parent-child visits. Additionally, the study had the purpose to identify the organizational resources that support caseworkers with this specific family intervention via their supervisors. To fulfill this purpose, a mixed-method concurrent and embedded design was employed. The researcher collected and analyzed both qualitative and quantitative data simultaneously. In this study, the quantitative phase provided a supportive, secondary role to the qualitative phase. The researcher in this study utilized the qualitative method (primary), which had a greater emphasis within this study than the quantitative method (secondary). Thus, the quantitative data was embedded within the exploratory design in which the qualitative data played the primary role.

This chapter discusses the integrated qualitative and quantitative findings in relation to the following study objectives: (1) to explore how the family-centered, strength-based, and trauma-informed child welfare practice model is reflected in the caseworker’s decisions on visitation services when planning and implementing visits, and
(2) to examine how the state child welfare agency provides support, information, and resources to prepare caseworkers in the implementation of this model in visitation services. Next, the limitations and strengths of the study are discussed. The chapter concludes with implications for social work research, practice, and policy.

**Family-Centered, Strength-Based, and Trauma-Informed Model of Practice**

As evidenced by the Federal Children and Family Services Reviews (CFSR) completed in 2011, one of the aims of the Illinois Child Welfare Practice Model is “to ensure that child welfare service planning, assessment and decision-making is family-centered, trauma-informed and strength-based” (IDCFS, Children and Family Services Reviews, 2011, p. 9). The roots of this model date back to the Illinois Round one of the Program Improvement Plan (PIP), and require that “agency assessments and interventions must be systematically targeted to both the child, the family and to agency systems, with the caseworker serving as the primary vehicle for facilitating change and managing the coordinated responses required in the child welfare system” (p. 9). This model not only embraces a more trauma-informed practice approach when providing child welfare services in Illinois, but also is intended to further the Department’s mission of protecting children by strengthening and supporting families.

This model provided the study a lens to collect, organize, and understand the narratives of child welfare workers’ experiences when providing visitation services for families in foster care. Although the purpose of the study was not to evaluate the implementation and effectiveness of this model, the researcher used the three components of the model as a frame of reference when collecting and analyzing data. As presented in
the findings section, Figure 16 summarizes the family-centered, strength-based, and trauma-informed model of practice only in the context of the current study. Although each component of this model will be discussed individually, they will be integrated when addressing the study conclusions and implications for practice.

**Family-Centered Approach**

The family-centered practice model focuses its intervention on an intensive, strength-based, and empowering dynamic between caseworker and parent. In the current study, this model component is understood as the parent-worker relationship that promotes parent’s involvement in decision-making and their participation in case planning for visitation purposes.

Figure 16. FTS Model in the context of visitation services
Visitation Plan and Preparation for Visits

Earlier research has recognized that caseworkers have great power and control over visitation arrangements (Davis et al., 1996; Mapp, 2002). The study findings were consistent with previous studies indicating that in addition to visitation arrangements, workers are required to document and to write narrative reports of the visits that are sent to the court and/or other providers; tasks that increase the level of responsibility and commitment from the caseworker. This study also found that workers assumed responsibility for coordinating visits without major support from supervisors or other providers involved with the family. These findings were confirmed by survey of child welfare supervisors, who agreed that the caseworkers are the main participants in the visitation plan.

The majority of respondents in the qualitative component of the study agreed that they only consult with parents when scheduling the time and day of the visits, but denied parental involvement in the visitation planning process including the preparation of parents for the family interaction. An interesting contrast was provided in the quantitative strand of the study in which the overwhelming majority of supervisors mentioned that parents are crucial contributors to the plan. However, the results did not provide further information on whether this crucial participation refers to their active involvement in the development of the visitation plan or referred primarily to scheduling and availability.

Caseworkers confirmed the information provided in the state procedures on visitation services, particularly regarding the visitation plan. The procedure stipulates that “the place, frequency, length of visits and names of participants in the visit must be
entered in the Visitation Plan” (Procedure 301.210, P.T. 96.24, p. 11). It also specifies that the visitation plan “[…] should be reviewed by the worker monthly and changed as warranted.” Workers noted that they most often review this plan by themselves every six months either when they have to attend court hearings or when the case goes through an Administrative Case Review. These findings were confirmed by the child welfare supervisors who usually review visitation plans with their caseworkers only under the two aforementioned circumstances. The vast majority of supervisors indicated that they monitor the implementation of visitation plan through the worker’s case notes and visitation reports.

The visitation plan consists of a brief document that merely delineates the logistics of the visitation. According to workers, the plan is a one-page document that includes information about participants, frequency, length of time, and place for the visits. However, the document itself does not allow the worker to incorporate concrete activities that provide opportunities for family to get prepared for family visits as well as to progress toward service objectives. To ensure effectiveness in visitation outcomes, the plan should include the participation of the birth and foster parents, as well as the involvement of those children who have the capacity to contribute to the planning and preparation process. The process of developing this plan should also encourage opportunities for worker-parent collaboration to assess the family’s challenges, expectations, and achievements. Visitation planning is meant to be an ongoing process that is routinely reviewed by all parties involved, primarily the caseworker, parents, and their children (Procedure 301.210, P.T. 96.24, p. 11).
Frequency and Length of Parent-Child Visits

As suggested in other studies, organization, planning, and education are critical components of visitation arrangement that are frequently overlooked by caseworkers due to high caseloads (Loar, 1998). This is consistent with the current study findings, which show that scheduling and attending visits are not exclusively a parental challenge, but also for the caseworker. The interview findings confirmed the reality that caseworkers often have to reschedule or provide families with the minimum visiting hours required because of case emergencies or overwhelming case-related tasks. The limited time of caseworkers leaves little flexibility or opportunities for additional visits, which differs from the Department’s expectations that encourage workers to schedule visits more often than weekly, especially as children move closer to returning home. A great number of respondents expressed difficulty arranging the visitations for the parents that request parent-child contact to occur daily or more often than weekly. Workers recognized that despite their commitment to reunifying families, it is difficult to schedule, attend, and supervise more than weekly visits for families, considering that they have to juggle a caseload of twenty or more families.

Study results also indicated that many workers take into account a wide range of factors when determining the appropriate length of family interaction. Some of these factors include: the age of the child, the parent’s involvement with services, and the quality of the family interaction. While the length and frequency of visits varies depending on the needs of the children and their parents and on the service objectives, the study found that worker’s hectic schedule and limited agency resources continue to play a
significant role in determining the amount of time parents spend with their children. It is clear that these constraints prevailed over family’s needs; even when DCFS visitation policy encourages that the length of visiting time should be progressively increased over a period of time to help families adjust throughout the reunification process.

Notably, in the study survey, nearly three-quarters of the child welfare supervisors disagreed that two-hour weekly visits provide adequate time to maintain child-parent relationship, which is supported by studies recommending that visits should ideally be held for several hours at a time and more than once a week. Haight et al. (2003) argue that parents moving toward reunification with their children should be allowed longer stays with the children to assist them with the transition back into the family dynamic.

**Location of Visits**

Earlier research indicated that caseworkers often simply assume the role of setting safe places for visits without proper consideration of what will happen during the visit (Loar, 1998). The study found that although safety factors influence workers’ decisions regarding visitation settings, workers take more into account their own safety concerns rather than the child’s when choosing the appropriate place for visits. As suggested in the findings section, the process of determining the appropriate place for the family visits was one of the most controversial topics across the interviews that prompted a variety of responses that reflected different perspectives. Workers recognized their ambivalence in the process of interacting with families when they are not familiar with parents’ behaviors. Therefore, office-based settings along with public places such as restaurants and recreational parks have the highest prevalence for workers when it comes to selecting
the visitation setting. Nevertheless, previous studies found that an office environment
cannot reflect what a normal family interaction would entail and the judgment about
visitation settings must be balanced with the best interest of the child along with the best
interest for their relationship to their parents (Perkins & Ansay, 1998).

It appears that in order to make visitation a positive experience not only for a
child, but also for the worker, child welfare agencies rely on these “neutral settings,”
which may involve unexpected effects. For instance, all participants in the qualitative
study mentioned that they have used McDonald’s as a visitation location because of its
convenience, but primarily because of the child’s preference. Understanding that the
child’s preference may not be necessarily related to the best interest of the parent-child
bonding, McDonald’s should not be considered as a visitation setting. These restaurant
facilities are not designed to promote parent-child interaction and are not the ideal
environment to objectively assess parenting skills. In most instances, children with short
attention spans are over stimulated and focused on the restaurant’s playland rather than
interacting with the parent. Additionally, if the visitation dynamic is in itself traumatic for
the child, he/she may associate the visitation place with past trauma and consequently, re-
experience the trauma every time they go into a McDonald’s or any other fast food
restaurant. Consequently, public and open spaces for visitation may not always ensure
that visiting occurs in a setting where privacy, structure, and natural interaction are
promoted. This perception supports an earlier study indicating that meeting in public
places might jeopardize the privacy and comfort necessary to achieve a successful family
interaction (Haight et al., 2003).
Visit Supervision

Supervision becomes a pivotal element in the structure of the visits. McWey and Mullis (2004) explain that a supervised visit implies the presence of a ‘neutral third party’, usually from the child welfare agency, with the purpose of monitoring the family interaction. All study participants in the qualitative strand discussed the complexities of visit supervision and shared their insight on how the presence of a third party affects the parent-child interaction in a positive or negative way. DCFS procedures suggest that visit supervision fulfills numerous purposes including: assessing parent’s progress and the parent-child interaction, supporting relationship building, teaching parenting and communication skills, and protecting children from possible harm from their parents. The study participants in the qualitative strand reflected on these multiple, and sometimes conflicting, roles they play when providing visitation to families, which raises an interesting discussion especially in those instances when supervisors held only a high school diploma.

It is understandable that DCFS visitation procedures encourage the provision of parental support as well as competent intervention for dealing with the complex individual and family reactions during visitation. Nevertheless, it is not realistic to expect that a high school graduate case aide can monitor family interaction while assessing parent’s progress, reinforcing parenting skills, and protecting children from inappropriate parent behavior. In fact, a great number of experienced child welfare workers that participated in the qualitative study shared the difficulties and challenges they have encountered when attempting to fulfill multiple roles during family visits. Additionally,
the study found that workers lack evidence-based assessment tools and decision guidelines needed to address basic questions about: when and how the visitation supervisor should intervene; whether visitation should be therapeutically based; or whether they should play a more passive role during the parent-child interaction.

Visit supervisors should also be sensitive to family’s traditions, cultures, and ways of celebrating milestones with the child. For example, one of the study participants shared her reaction when a parent tried to spoon-feed her three-year old during the visit. This worker highlighted that one of her expectations when supervising family visits is to assess the parent’s knowledge of the child’s developmental needs. The question then arises as to whether this particular parent lacks understanding of the child’s developmental milestones, whether it is a cultural or family-based ritual, or whether simply a way to connect with the child (in an effort to compensate for separation). A different worker who elaborated on the importance of knowing the different cultures provided a spontaneous and interesting contrast to this example. This worker noted that she would not discourage spoon-feeding practices during a visit, as she understands that in some cultures parents may have the tendency to spoon-feed their older children. This is a clear example that two caseworkers might view the exact same family dynamic and take different actions.

Additionally, language was found to be a significant barrier to visitation supervision. The study findings reveal that non-bilingual workers are sometimes asked to supervise family visits with parents that have limited English proficiency. Even though the child may be bilingual or at least have a receptive knowledge of their parent’s
language, children should not be used as interpreters. This distorts power relationships within families and between parent and worker, as well as diminishes the parent’s authority in the eyes of their children. Children often provide poor quality interpretation because they often have limited native language skills and vocabulary. Furthermore, if parents and children are asked to use an alternative form of communication to fit the supervisor’s language skills, it can often lead to miscommunication and the inability to resolve emotional needs between the parent and child.

On the other hand, the Department’s visitation protocols indicate that if visits are supervised, proper documentation of the child-parent interaction must be filled out and submitted to the family caseworker. The worker (or the supervisor) of each supervised visit shall log, as accurately and as completely as possible, the Visitation Record Form, including: the date, time and place of the visit; the names of the persons in attendance; detailed examples of the parents’ and children’s behavior during the visit; detailed descriptions of any incident which occurs during a visit, as well as an assessment of its impact on the children. Study participants elaborated on the countless challenges encountered when gathering written records from the multitude of supervisors observing these family visits. A great number of respondents complained that documentation is too often a brief note. Insufficient detail and summary of observations regarding the family interaction not only disregards DCFS documentation requirements, but also hinders caseworker or therapist follow-up work with the family members.
**Trauma-Informed Practice**

A trauma-informed service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. In the context of visitation, trauma-informed practitioners foster collaboration with all those who are involved with the child, utilizing the best available resources to facilitate and support the recovery and resiliency of the child and family. In the current study, trauma-informed practice was measured through the different resources the child welfare agency provides to workers to enhance visiting services. Worker’s supervision time, training, and additional resources (e.g., case aides) were considered for the analysis of this model component.

**Worker’s Decision-Making Process**

There was clear agreement, between the caseworkers and supervisors included in the study sample that critical decisions (e.g., increasing/decreasing visitation and terminating visitation services) are made after extensive consultation with providers including therapists, psychiatrists, attorneys, and clinical supervisors. Although natural parents and foster parents were not mentioned in every interview, only a few workers shared that they include their participation when making critical decisions regarding visitation.

Authentic collaboration means taking the time to involve all relevant parties, especially primary stakeholders: parents and children. It also means taking a trauma-informed approach when encouraging families their active participation in the child’s life and in decisions concerning their relationship. To provide optimum service to clients, the
child welfare system has to incorporate critical service providers in meetings, as well as the “client system” thus all important input is considered.

Although the critical decisions are primarily made in collaboration with service providers, the qualitative findings of the study revealed that caseworkers are constantly exposed to challenging situations during visiting hours that require them to make quick or sudden decisions with limited time for consultation. Similarly, caseworkers are forced to make important decisions about a case despite little experience or support from the agency's administration.

It is clear sometimes that a caseworker finds it quicker and easier to make an independent decision about the family being served and to follow through on that decision without consulting with other service providers or critically thinking of the consequences of her/his decisions to the parent-child relationship. Such unilateral practice takes less time and allows a caseworker with high caseloads to respond to constant and more urgent demands. However, if the child welfare system has the intention to increase reunification rates, unilateral decision making practices may not be optimally effective in producing desired permanency outcomes. It takes additional time to consider the multiple factors in a family case (including the worker’s identification issues) before moving forward in the visitation and service plan. Family visits should be seen and understood as an integral part of the family’s case plan and should not be seen as an extra requirement to be fulfilled. Family interaction plans must never be used as a threat or form of discipline for the child or to control or punish the parent. Family visits should be understood by all parties as a legal right, rather than a privilege.
Worker’s Supervision Time

The findings in the qualitative study strand demonstrated that nearly all respondents receive at least monthly supervision with their immediate supervisor. However, none of the study’s participants had supervision time designed exclusively to address the visitation dynamic. Workers recognized that visitation is typically addressed in consultation and regular meetings with supervisors, but primarily when there is a critical decision that needs to be made or when an unusual incident has occurred during family visiting hours. Discussing the visitation dynamic with their supervisor does not appear to be a common practice for caseworkers in this study. However, the findings in the quantitative study showed that supervisors had a different perspective regarding their supervision time with caseworkers. The study found that nearly three-quarters of the child welfare supervisors believe that they have adequate time to meet with caseworkers to address visitation dynamics/services. Additionally, almost all supervisors in the sample expressed that they elicit worker’s visitation reports during individual supervision regardless of the status of the case. While a more detailed discussion is beyond the scope of this study, this interesting contrast is a clear example of how workers and supervisors may have different degrees of perceived organizational support when providing visitation services to families.

Frequent supervision and consultation provides practitioners with a better understanding of the complex issues of visitation. The study found that generally, caseworkers, case aides, foster parents, and visit supervisors do not have a means or opportunity for processing their own observations, experiences and feelings about visits.
The caseworkers in the study commented that their observations are processed sporadically during supervision time and their agencies do not offer any debriefing aimed at how a caseworker or case aide may have assessed or interpreted a particular family interaction. Worker’s personal reaction to parents’ behaviors or to the different childrearing practices, are inevitable and organizations should provide supportive environments for workers to process feelings and concerns—in an effort to reduce countertransference issues within the worker-parent relationship. In situations when a worker is over-identified with a parent or child, consultation, supervision, and team discussions will help the worker with confronting the situation more objectively and taking appropriate actions to provide comprehensive casework for families. Consequently, processing feelings and perceptions is critical when translating these observations into more concrete actions for visitation development. Supervision should be considered as one of the most useful agency resources. The use of team meetings, interdisciplinary consultation, and other collaborative discussions provide caseworkers and supervisors with opportunities to express feelings, find feasible solutions, and encourage trauma-informed practice.

**Training**

The lack of resources, broadly described above, is paralleled by the limits of the amount and intensity of ongoing training and educational support available for current caseworkers. Regular training and trauma-informed practice is necessary for caseworkers to carry out quality service while responding to their demanding tasks and multiple roles with families. Workers’ high caseloads can lead to burnout and rapid agency turnover,
especially if the organizational system does not provide employees with continued support and education.

Caseworkers strongly voiced the lack of training received to address family visitation services. Some of them remembered having brief discussions about parent-child visits in several trainings or DCFS learning collaboratives, but they were unable to recall whether they had attended a training specifically designed to address the topic of visitation. Interestingly, almost half of supervisors included in the quantitative sample stated that their agencies have provided training to address trauma-informed practice applied specifically to visitation services, compared to two-quarters of supervisors that denied provision of these specific trainings in their agencies.

The study findings (both qualitative and quantitative) were consistent in demonstrating that case aides along with caseworkers are by far the most common providers of supervision during family visits. The information gathered from the caseworkers’ in-depth interviews indicated their overall uncertainty about case aides formal preparation to observe, intervene, and provide reports of the family dynamic. Both caseworkers and case aides were found to be in urgent need of skills training in areas such as supervision of visits, interventions during visits, child and parent reactions to visitations, and use of developmentally appropriate activities to enhance family bonding. Workers may be relying on personal judgment to assess whether a family interaction is positive or negative and may hold high expectations of what a parent or family functioning should be. It is important to note that training alone is of little use if the work
environment does not encourage team discussion and professional consultation necessary to implement newly learned strategies and skills.

On the other hand, training is also a valuable tool when families and society are constantly changing and presenting new challenges to the child welfare system, and workers find themselves adjusting to changing environmental conditions and demands. For example, with the proliferation of cell phones with unlimited Internet access and text messaging, there is a new set of challenges for workers. Misusing social media can be detrimental to the children, since they are usually conflicted with feelings of loyalty to biological and substitute caregivers. Conversely, the Internet can also be used to the advantage of the family relationship in cases where geographical distance and difficult schedules hinders the frequency of visits.

Therefore, trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate. Such an understanding informs the organization and delivery of services that can be more supportive and avoid re-traumatization.

Training and professional collaboration may serve to reduce the worker’s tension when coping with challenges, while gaining professional growth and development. Over time, the ability to change and grow in response to new circumstances is crucial to the child welfare system’s continued relevance and effectiveness.

Training should also focus on helping workers refresh knowledge of existing policies that present practice standards for visitation, including frequency, length, location preference, and visit supervision. This need to refresh and review information on
current visitation policies is reflected in the workers’ lack of knowledge on current and precise information about DCFS’ visitation-related guidelines/procedures.

**Strength-Based Approach**

One of the main principles of strength-based perspective is based upon the individual’s need to develop a sense of belonging and connectedness to other people (Laursen, 2000). This emphasis on strengths is demonstrated in the current study through the worker’s efforts to promote the child’s connection to birth family (including extended family) and partnership between worker and parents. Additionally, in this study a strength-based approach to visitation was understood and operationalized by some of the following practices including but not limited to acknowledging the parents’ strengths, considering the child’s natural settings to conduct the family visits, avoiding blaming or embarrassing the parent, and encouraging parents to change.

Although research findings do not reflect on every single aspect of the strength-based practice approach to visitation, the data provided insight on how the workers encourage or discourage visits in the natural setting as well as contact with extended family. Additionally, the study findings provided a glimpse of workers’ responses when encouraging parents to visit with their children.

**Child’s Birth Family Connections**

The Department’s visitation policy suggests that the location for visits should be made as comfortable as possible for the child, with a strong consideration for the parent's home. Under the Procedure 301.210 of Placement and Visitation Services P.T. 96.24, the location of visits:
Should be made as comfortable as possible for the child. In most instances, that location would be in the parent's home. Where the safety of the child might require a more protective environment, visits may occur elsewhere such as in a relative's home, the foster parent's home, in the parent's neighborhood, or a visitation center. If safety of the child precludes any of those choices, the CFS or private agency office might offer the most protection during the visit and should then be the final choice. (p. 11)

Study respondents were encouraged to address the benefits and challenges for having the visits in the parent’s home. Despite the fact that they described more benefits than disadvantages, some workers recognized that they have never even considered this location a viable option for visits. These particular statements make more evident the current gap between the policy and the actual implementation. There are both personal and organizational factors contributing to this gap with detrimental consequences to the families. For example, the fact that children are placed significant distances from the parent, or that the parent may end up having to move to increase reunification chances, has a meaningful impact on the opportunities for visitation in the parent’s home or surrounding areas. Again, limited resources, including lack of foster homes, case aides, and transportation, continue to influence the worker’s decision when considering the child’s natural environment for visitation.

Earlier research has suggested that having the visits in the parents’ home when it is appropriate, minimizes the harmful effects of family separation as well as nurtures and enhances reunification (Haight et al., 2003; Maluccio, 1981). However, the word “appropriate” can suggest a wide range of meanings open to multiple interpretations. The study found this word in many of the caseworkers’ narratives, mainly when they were asked to describe their expectations of the parent-child relationship. Some of the
statements included phrases such as: “appropriate interaction,” “appropriate parenting skills,” “appropriate home.” Nevertheless, these statements may be laden with subjective perceptions of what an appropriate home should be like, as opposed to relying on structure guidelines to lead the caseworker’s decisions and clinically support their assessments.

On the other hand, workers were asked to address their efforts to ensure the child’s contact with the extended family. Nearly all respondents indicated that they support this interaction but they do not deliberately encourage it. In other words, the child’s contact with relatives mostly results from self-advocacy or the family’s request to the worker, instead of being the worker’s initiative to engage the extended family. The majority of respondents attributed this phenomenon to their perception that the main goal of visitation focuses on enhancing the parent-child attachment relationship, which is not inclusive of the extended family. Respondents shared their beliefs that the constant presence of other family members during visiting hours reduces the one-on-one interaction between parent and the child and hinders the assessment of parenting skills and family dynamic. Nevertheless, earlier research has suggested that, for example, one of the most pervasive values in the Latino culture is the importance of the family, including the extended family. Additionally, members of the Latino and African American community enjoy large extended family networks with a variety of functions including visiting and reciprocity (Delgado, 1990; Vega, 1990). When family members live in close proximity to one another, children are exposed to family networks and their parents may sometimes share parenting responsibilities with extended family members.
Therefore, in some instances, the child’s lack of visitation with the extended family may increase his/her sense of abandonment and detachment from family system.

**Worker-Parent Collaboration**

The study found that despite the limited resources, caseworkers find ways to encourage parents’ participation in visits and attendance at other services. Sometimes workers are required to “think outside the box” in order to accommodate visitation schedules for all parties involved in the visits albeit with limited resources. It was noted that the worker’s initiative to promote parent’s participation was primarily based on personal characteristics (empathy, compassion, etc.), commitment to the field, and former experience as a caseworker. The study findings also demonstrated that caseworkers find several ways to minimize children’s disappointment in situations in which parents are sporadic visitors. These include supporting the child and not blaming the parent, even when contacts are disrupting or confusing. Workers speak positively about the parent to the child, despite inner frustration when parents cancel or do not show up for scheduled visits.

**Limitations and Strengths**

The researcher acknowledges several limitations inherent in the design and scope of the current study including, but not limited to differences attributed to: agency’s geographic region and worker’s experience in the field. The sample was limited to child welfare workers in Illinois; thus, the findings may not be generalizable to child welfare workers in other states.
Self-selection bias may have been present in the recruitment of subjects, thereby, limiting generalizability. The 20 workers who chose to participate in qualitative interviews may have had more personal difficulties with visitation services and wanted to talk more about visitation challenges than other workers do.

This researcher made significant efforts to enhance the rigor in analyzing qualitative data and to reduce researcher bias and subjectivity, however, weaknesses may still be present. Since the researcher has worked in child welfare for more than seven years, the researcher may have asked leading questions during interviews to get answers that support the researcher’s previous assumptions and perceptions of the foster care system. Additionally, the fact that respondents were aware of the researcher’s professional background might have prevented them from sharing their relationship experience with clients and natural parents with ease. This has been recognized as social desirability bias, which is the tendency to respond to questions in a socially acceptable direction. This response bias might have occurred in the study in those questions that elicited the respondents’ perceptions of parents, parenting skills, and cultural childrearing practices as well as questions addressing best practices when providing family visitation services.

A major limitation in the study was the lack of analyst triangulation given that the study used a single researcher to collect and analyze data, as opposed to relying on multiple researchers or analysts to ensure credibility of the research results. Having at least two researchers independently analyzing the same data would have reduced selective perception and interpretive bias in the study. However, the use of a mixed
method approach – through the inclusion of interviews and surveys- increased validation in the qualitative analysis, as converging different types of data typically yields a more balanced overall result (Quinn, 1999). Additionally, the use of NVivo to code and organize the qualitative data helped increase the rigor of the entire analysis process. Welsh (2002) states that an important feature of NVivo is that it provides a remarkable help in terms of data management that enables researchers to interrogate data and classify long data files in a more rigorous way. The author argues that, “It may make the researcher feel as though she or he is being more rigorous and transparent than would be the case using manual methods, and hence data are interpreted more confidently” (p. 5).

Another limitation of this study is that it was a cross-sectional design in which the experience of participants in the assessment of families involved in the child welfare system was only being examined at the time of the interview. Therefore, this experience might be influenced by other variables such as the nature of their current family cases. Another weakness of this design is that only the decision-making professionals were interviewed, taking into consideration only one side of the story without including the experience of the children and families in care.

There were also challenges with the quantitative strand of the study, primarily at the moment of setting up the survey for the Internet. The researcher failed to restrict the respondent’s ability to provide multiple answers. For example, the study participants were asked to select the visitation setting with the highest prevalence in their agencies. Although the statement encouraged respondents to select only one option, all respondents provided multiple answers, which prevented the researcher from using this question to
expand knowledge on whether their agencies support home-based settings as opposed to public locations or visits. Future studies with more advanced measurement tools may help the process of gathering quantitative data with this particular population.

Despite these limitations, the current study has several strengths to contribute toward future research and practice. A strength of the study is that it yielded in-depth responses about workers’ experiences on areas not explored before at these particular agencies. Through semi-structured interviews, the study had the opportunity to delve into the child welfare experiences when providing visitation services for families in foster care in the state of Illinois.

It is a particular strength that the study employed a mixed-methods design because little is known about the role of caseworkers when planning and implementing visitation services to families. The mixed methods approach was helpful in obtaining in-depth understanding of the worker’s perspective on the opportunities and challenges of parent-child visitation. By conducting supplemental quantitative surveys with child welfare supervisors, results obtained from qualitative data could be better understood.

A final strength of the study was the richness of the data set, which supported detailed examination of the child welfare worker’s experience and perceptions of parent-child visiting services to various demographic, work experiences, within a variety of agency factors.

**Implications for Policy and Social Change**

This study contributes information from the perspectives of direct service providers. These perspectives on their experience of providing and delivering visitation
services to families can aid as a resource to policy makers. The focus of this study includes information that may help improve family visitation services. Therefore, suggesting implications for policy and service delivery change from four perspectives. First, policymakers may benefit as a result of this study by having the perspectives of service providers, which can be used as a reference for formulating new policies and procedures to guide worker’s decisions when dealing with parents’ aggressive responses during visiting hours and parents visiting children under the influence of drug or alcohol. Second, upper-management levels in the child welfare system may benefit from having these perspectives as they can promote proper training, supervision, and adequate resources to enhance the provision of visitation services. Third, other child welfare workers may be able to gain insight of the importance to connect with their families and provide the necessary support to deal with the complexity of visitation dynamics. Fourth, the natural parents might benefit by advocating for their involvement in the decision-making process concerning their children and the legal right to visit with them frequently.

An additional critical element is to assure that the state agency develops clear policies and procedures that support enhanced visiting and permanency planning services. For those policies that are already in place, it is important to find ways to reduce the gap between the policy and the implementation of thereof. Policies and procedures need to be carefully explained to workers from both sectors in child welfare and to make sure it is translated into practice to have useful meanings for providers. This would ensure utilization of the input from all parties and their acceptance and ownership of existing policies.
Implications for Research

The results of this study highlight the need to fully examine the complex psychological and interpersonal processes involved in parent visitation with children in foster care. Although visitation is a required service to families and a legal right to parents, little research has examined the perspectives of individuals actually involved in visits. Earlier research has suggested the importance of visitation for reunification purposes, but the present study revealed how organizational resources and caseworker’s overwhelming responsibilities may hinder the provision of quality visitation services. Therefore, additional research needs to be done to explore the psychological and interpersonal challenges for child welfare workers when providing visit supervision and dealing with a variety of parental behaviors. Understanding the difficulties when playing several roles in the visit, more evidence-based studies should identify ways to make visits a productive experience for all stakeholders involved.

Implications for Social Work Practice

This study implies yet another avenue for the profession to contribute to children and families in foster care as well as to the child welfare system when providing visitation services to families. Consistent with earlier research, participants’ responses highlight the importance and complexity of family visitation services. The process of communicating with parents, insuring that family members receive adequate support to manage visit transition, and addressing individual and family reactions to visiting hours, are just some of the challenges caseworkers encounter when facilitating visits. Most striking, however, was parents’ apparently minimal involvement in visit preparation and
implementation. Practitioners can encourage the establishment of a short session prior to every visit with parents in the form of debriefing, coaching, service linkage, and psycho-education to discuss and plan for complex issues in relation to the upcoming visit.

Child welfare workers may require education to successfully juggle the multiple, and sometimes conflicting, roles they play during visit supervision such as encouraging parent-child closeness and monitoring for possible inappropriate parent behaviors. Further collaboration needs to be encouraged for all stakeholders involved in visitation services, to constantly review and assess services and to better meet parent-child visitation’s needs. Caseworkers should have clear expectations with regard to the goals sought to be achieved through visitation. Additionally, the visitation goals for every case need to be constantly assessed as the family dynamic changes through their involvement with child welfare. It is important that the goal remain simple and concrete for families. For example, if the primary goal of visits is to strengthen the bond between the parent and child, then visitation should not primarily focused on evaluating parenting skills. Caseworkers should find other contexts to achieve secondary goals in order to promote natural and spontaneous parent-child interaction during visits. Most of the parents attend parenting classes and there should be some sessions in which they can include the children with the main purpose of observing and coaching parenting skills. Parents and workers become overwhelmed when visits are utilized to accomplish multiple and sometimes conflicting purposes.

Educational opportunities (e.g., training, learning collaborative) may help in alleviating the caseworkers’ perceived lack of organizational support in managing
visitation-related tasks. The findings from the current study are consistent with previous studies in that child welfare workers reported that they had little or no training to address the demands of high caseloads. Knowledge and skills on the subjects of risk assessment, parenting skills, developmental needs, childrearing practices, verbal de-escalation techniques, and family systems should be disseminated through trainings and education.

**Conclusions**

The results of this study explore how the FTS model is reflected in the caseworker’s provision of visitation services for families in foster care. Additionally, the study explored the way caseworker’s supervisors support the implementation of such services. Considering that a family-based, trauma-informed, and strength-based approach to visitation would emphasize the importance of engaging family members in visitation planning, promoting high quality contact between parent and children, and understanding the effects of trauma on family life, the current study found that these practices are not occurring on a regular basis.

Despite caseworker’s commitment to the field and intention to empower families, they count on resources that are not adequate to perform the expected activities associated with their demanding workloads. For instance, when balancing child safety, family integrity, and the safety factors involved in visitation services, caseworkers may find themselves with the dilemma between the family’s wellbeing, their own well-being or the best interests of the child. Parents are constantly left out of the planning and implementation process, which becomes difficult for them to understand the visitation purpose and arrangements and to increase their responsibility for visitation outcomes.
The greater the involvement of the parents in the planning and implementation of visits, the greater their willingness to accept responsibility for their children – all progressing toward achieving the reunification goal.

Perhaps the most evident challenge caseworkers endure when encouraging families to attend visitation is the constant decisions they have to make to protect children and ensure their safety during the visits. Given the lack of meaningful training and preparation for responding to visitation challenges, the main concern is that workers are basing their decisions on personal experience and beliefs rather than on established best practice standard for safety assessment and intervention.

The child welfare system is in urgent need of a significant organizational shift in how visitation is viewed by workers and supervisors. Family visitation is not as effective as it can be because of the resource limitations (e.g., time constraints, lack of consultation and supervision to revisit and revise plans, ideal locations, transportation issues, high caseloads). Instead of being a centerpiece for a reunification service plan, visitation services end up being seen as a burden and an overwhelming requirement within the multiple caseworkers’ tasks. An organizational focus of enhancing visitation is warranted, in which visitation is viewed as a powerful tool for reunification and as a human and legal right for parents. The study findings suggest that this change may be possible by redirecting or increasing supports for visitation through training, professional consultation, and the creation of evidence-based clinical practice visitation guidelines. Consistent organizational communication that affirms the importance of visitation as a right, as well as a powerful reunification tool is needed.
APPENDIX A

INTERVIEW SCHEME
Demographic Information

- Gender:
- What is your ethnic background?
- What is your age range?
- What is the highest level of education you completed?

Bachelor Degree
Master Degree
Doctoral Degree
Other ______________________

- What was/is your professional discipline or training?
- How long have you been working in the field of Child Welfare?
- How long have you been a caseworker?

I. Empowerment-oriented practice applied to visitation

Worker-parent collaboration

1. What do you think is the purpose of having family visits?
2. What are the benefits and risks of having a child-parent interaction?
3. How do you help to prepare parents for visitation?
4. Do you develop a visitation plan?
5. What does the visitation plan look like?
6. Who is involved in the development of this plan?
7. Who assists you with the development of the visitation plan?
8. How often do you create this plan?
9. What factors do you consider in making plans for subsequent visits?
10. Do the parents have other type of contact with their children in addition to the scheduled visits?
11. How do you encourage parents to participate in their child’s daily activities such as: school and doctor’s appointments?
12. How do you encourage the relationship between the biological parents and foster parents?
13. How often do the parents visit with their children?
14. How long does the visit usually take?
15. What criteria do you base your decision on?
16. Where do these visits most often take place?
17. What are your thoughts about this setting(s)?
18. When does the visit need supervision and who provides it?
19. What are the main characteristics of a person providing supervision for the family interaction?
20. What kind of activities are the parents expected to carry out during the visits?
21. Do you help him/her prepare the activities for the visit?
22. When you have to make changes to the visit (e.g. time, place, supervision arrangements, termination of visits) how do you discuss these changes with the parent?
23. How do you include the parent in the decision-making process?
24. What is the procedure you follow when the parent does not show up for the scheduled visit or show up late?
25. How do you address this issue with the parent?
26. What would you explain to the child when the parent does not show up to the visits?

**Worker-supervisor collaboration**

27. Do you have a designated time to discuss visitation services with your supervisor?
28. What kind of resources does the agency provide to families to encourage the parent-child interaction?
29. What kind of tools does the agency provide to workers to support the provision of parent-child interaction?

**II. Trauma-informed applied to visitation**

1. How do you arrange the visit when there is a history of physical abuse? How do you protect the safety of the child?
2. What would you do if a parent arrives at a visit in an intoxicated state?
3. What would you do if a parent becomes verbally and/or physically aggressive during the visit?
4. If a child is reluctant to see his family, how do you address his/her reluctance?
5. If the parent is reluctant to see his/her child, how do you address his/her reluctance?
6. What happens if the parent seems unable to handle the child’s behaviors during the visit (e.g. child not following rules, disrespecting the parents or workers, uncontrollable crying, etc)?
7. Would you assist the parent right after the situation arises or after the visit ended?
8. What happens if the foster parent reports to you that the child displays unusual behaviors in the foster home right after the visit?
9. How do you help the parent prepare for dealing with transitions – e.g. hello, goodbye, and setting limits?
10. Have you ever received training to address trauma-informed practice applied specifically to visitation services?
III. Strength-Based Practice applied to visitation

1. From your experience: What are the main strengths of parents who are seeking reunification? (Probe: provide specific examples).
2. How do you utilize these strengths when implementing the visits?
3. Have you arranged visits in the child’s natural setting? (Probe: What have been the outcomes? If none, what have been the obstacles?)
4. What do you do to maintain the child’s contact with his/her extended family?
5. What do you think of a parent who does not comply with the required services?
6. What do you think of a parent who does not comply with the required services but attends all family visits?
7. Have you ever had a challenging or difficult experience during a parent-child visit that you wish you had handled differently?
8. Have you ever made a mistake while supervising a visit?
9. What areas do you feel you need more guidance on when providing parent-child visits?
APPENDIX B

SURVEY
Basic Information

1. Gender:
   Male
   Female

2. What is your ethnic group? Choose one option that best describes your ethnic group or background
   White
   African American
   Hispanic/Latino(a)
   Native American
   Asian
   Other ethnic group

3. What is your age range?
   20-25
   26-30
   31-35
   36-40
   41-45
   46-50
   50+
   Decline to state my age

4. What is the highest level of education you completed?
   Bachelor Degree
   Master Degree
   Doctoral Degree
   Other __________________________

5. What is your professional discipline or training?
   Social Work
   Counseling
   Psychology
   Administration
   Other __________________________

6. How long have you been working in the field of Child Welfare?
   1-5 Years
   6-10 Years
   11-15 Years
   16-20 Years
20+ Years

7. How long have you been a supervisor?
   1-5 Years
   6-10 Years
   11-15 Years
   16-20 Years
   20+ Years

8. How many employees do you supervise?
   1-5 workers
   6-10 workers
   11-15 workers
   16-20 workers
   20+ workers

9. Of those, how many are direct service caseworkers?
   100%
   75%
   50%
   25%

10. How often do you formally meet with caseworkers one on one to provide supervision?
    More than once a week
    Once a week
    Twice a month
    Once a month
    Less than once a month

11. How long are these meetings, on average?
    15 to 30 minutes
    30 to 45 minutes
    45 to 60 minutes
    more than an hour

12. How often do you meet with your team?
    More than once a week
    Once a week
    Twice a month
    Once a month
    Less than once a month
13. How long are these meetings, on average?
   15 to 30 minutes
   30 to 45 minutes
   45 to 60 minutes
   more than an hour

14. What would you consider your current level of preparation on the subject of family visitation?
   High: I have received formal training about the psychological, social, and developmental impact of family visitation on children placed in foster care.
   Moderate: I have some basic information about the impact of family visitation on children placed in foster care, but I have never received formal training.
   Very little: I am familiar with the topic of family visitation and aware of some basic facts.
   I do not consider myself knowledgeable about this topic, but would like to learn more.
   I do not consider myself knowledgeable about this topic and it is not an area of interest for me.

15. In the last year how many times has your agency addressed the topic of family visitation in formal trainings?
   Once a month
   Every other month
   Twice a year
   Once a year
   Never in this year

16. Has your agency provided training to address trauma-informed practice applied specifically to visitation services?
   YES
   NO

17. If a judge determines that the permanency goal for a family is “return home”, how frequent are parent-child visits?
   Once a day
   Once a week
   Twice a month
   Once a month
18. What resources does your agency provide to support visitation between a child and his/her family? (Select all that apply)
   Transportation for the children
   Transportation for the parents
   Vouchers for transportation and/or food
   Food during the visit
   Supervision
   Entertainment
   Place for the visit

19. What do visitation services typically include? (Choose all that apply to your agency)
   Transportation services from and to visits
   Scheduling the child-parent contact
   Support and encourage parents to attend visits
   Prepare, monitor, and assess child-parent contact
   Provide trained and specialized supervision
   Regular meetings to discuss the obstacles, progress, and current needs

20. Who typically participates in the development of the visitation plan? (Choose all that apply)
   Caseworker
   Parent
   Foster parent
   Child
   Supervisor
   Other_____________________

21. Does the caseworker receive specific training to develop the visitation plan?
   Yes
   No

22. Where does the visit usually take place? (Select the answer with the highest prevalence)
   Agency
   Parent’s home
   Relative’s home
   Foster home
   School
   Public place (restaurant, library, mall, etc)
23. When visitation requires staff supervision, who provides supervision during these family visits?
   - It is always the caseworker
   - Case aids
   - Outside agency
   - Therapist
   - Other ________________________

24. Does the person supervising the visit receive special training prior to the visit?
   - Yes
   - No

25. How do you monitor the implementation of a visitation plan?
   - Through the worker’s case notes/visitation reports
   - Conversation with the worker in supervision
   - Reports from biological families
   - Reports from foster parents and/or foster children
   - I don’t usually monitor this plan

26. How often do you review the visitation plan? (Select the answer with the highest prevalence)
   - During weekly meetings with the case worker
   - During child and family team meetings
   - Every time the case goes to court or an ACR
   - When developing the family service plan
   - Other ________________________

27. What would you recommend to caseworker if the child consistently displays inappropriate or unusual behaviors during the visit?
   - Increase the amount of child-parent contact
   - Decrease the amount of child-parent contact
   - Continue with the visitation plan the way it is
   - Let the worker decide what’s best for the child

28. What would you most likely recommend to caseworker if the child always displays inappropriate or unusual behaviors in the foster home right after the visit?
   - Increase the amount of child-parent contact
   - Decrease the amount of child-parent contact
   - Continue with the visitation plan the way it is
   - Let the foster parent decide what’s best for the child

29. What would most likely be your recommendation if the worker reports that the parent seems unable to effectively address the child’s behaviors (e.g. child not
following rules, disrespecting the parents or workers, uncontrollable crying, etc) during the visit?
  Increase the amount of child-parent contact
  Decrease the amount of child-parent contact
  Continue with the visitation plan the way it is
  Let the worker decide what’s best for the child

Please read the following and indicate how much you agree or disagree with each statement.

30. When I meet with caseworkers for individual supervision I always elicit the worker’s feedback and report about visitation.
   Strongly disagree
   Disagree
   Agree
   Strongly agree

31. When I meet with all workers for team meetings I always elicit the workers’ feedback and report about visitation.
   Strongly disagree
   Disagree
   Agree
   Strongly agree

32. When I meet with caseworkers for individual supervision, I only address family visitation if something unusual has occurred during the visit.
   Strongly disagree
   Disagree
   Agree
   Strongly agree

33. When I meet with caseworkers for individual supervision, I usually address family visitation for the cases that are attending administrative case reviews (ACR) or attending court hearings within this month.
   Strongly disagree
   Disagree
   Agree
   Strongly agree

34. I have adequate time to meet with caseworker and address visitation services.
   Strongly disagree
   Disagree
   Agree
Strongly agree

35. Two-hour weekly visits are adequate to maintain child-parent relationship while in foster care
   Strongly disagree
   Disagree
   Agree
   Strongly agree

36. Biological parents have the right to see their children regardless of the reason for which the case came to the attention of DCFS
   Strongly disagree
   Disagree
   Agree
   Strongly agree

37. Biological parents who are not complying with the required services should not be allowed to see their children.
   Strongly disagree
   Disagree
   Agree
   Strongly agree

38. Biological parents who miss more than 2 visits in a row are not committed to reunification.
   Strongly disagree
   Disagree
   Agree
   Strongly agree

39. Visitation is definitely the heart of reunification
   Strongly disagree
   Disagree
   Agree
   Strongly agree
APPENDIX C
CONSENT FOR INTERVIEW
Project Title: Visitation Services for Families in Foster Care

Researcher: Lina Muñoz, Doctoral Candidate.
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Purpose:
Understanding that visitation between the child and his/her biological family is the primary mechanism through which family relationships are maintained while in foster care, the purpose of the current study is to explore the caseworker’s experience when planning and implementing visitation services for families working towards the reunification goal.

Procedure:
For this study we are asking you to participate in an interview with the primary investigator. The interview will last approximately two hours. The questions in the interview will cover information from the experience working with families seeking reunification to specific information about the parent-child interaction while the child is in the system. We will also be asking you questions regarding your knowledge and practice approach with regards to the delivery of the family visitation services. Other questions will be in regards to your level of education, occupation, experience in the child welfare system, and particularly the experience as a caseworker. In order to conduct the interview, the researcher will record the conversation, which will only be used for this research and will be destroyed once the data has been transcribed.

Possible risks/benefits:
The time you spend participating in this study may take away time you have for work or personal endeavors. However, this study will give you the opportunity to communicate to professionals and child welfare service providers what occurs in family visits and can advance what is known about the daily experiences of caseworkers facilitating visitation services for families in foster care. Your decision whether or not to participate in this study will not affect your employment status.

Confidentiality:
• No identification documents are required for this study. By signing this consent form you are agreeing to participate in this study. All interviews will be assigned a numerical code.
• All the interviews will be audio-recorded. The interview will only be identifiable by number. All of the interviews will be stored in a locked cabinet and then saved as an audio file to the researcher’s password protected computer. Once the data has been transcribed and saved as a Word document in the computer, all audio files will be destroyed.

• As a participant of this study your rights will not be compromised. Privacy will be protected at all times. Nobody will have access to the recordings or your name and personal information (except the researcher.) The findings from this study may be published and/or presented at conferences or professional events where there is an interest to know more about family visitation services. Any information gathered in this study that is used in any way will always remain confidential, just as your personal rights will always be honored.

Voluntary Participation:
Your participation in this study is completely voluntary. If you do not wish to participate in this study, you do not have to. However, if you do decide to participate and you do not want to answer a question, you do not have to and you can end the interview at any time without penalty or consequence.

Contacts and Questions:
If you have a question about the study please contact the researcher, Lina Muñoz at the telephone number that appear at the beginning of this document. If you have questions about your rights as a research participant, you may contact the Compliance Manager in Loyola’s Office of Research Services at (001) 773 508-2689.

Statement of consent:
Your consent below indicates that you have read and understood the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.

Participant’s Signature ____________________________ Date ____________________________

Researcher’s Signature ____________________________ Date ____________________________
APPENDIX D

CONSENT FOR SURVEY
Project Title: Visitation Services for Families in Foster Care

Researcher: Lina Muñoz. Doctoral Candidate.
Loyola University Chicago, School of Social Work.
820 N. Michigan Ave., Lewis Towers, Chicago IL. 60611
(847) 370 9971

Faculty Sponsor: Dr. Maria Vidal de Haymes, Ph.D, Professor and
Researcher
Loyola University Chicago, School of Social Work.

Purpose:
Understanding that visitation between the child and his/her biological family is the
primary mechanism through which family relationships are maintained while in foster
care, the purpose of the current study is to explore the child welfare supervisor’s
experience when helping caseworkers develop and implement visitation services for
families working towards the reunification goal.

Procedure:
Please read this form carefully before deciding whether to participate in this survey. If
you agree to be in the study, you will be asked to click next below to continue on the
monkey survey website. The questions in the survey will cover information from the
experience working with families seeking reunification to specific information about the
worker-supervisor interaction when developing visitation services. We will also be
asking you questions regarding your knowledge and practice approach with regards to the
delivery of the family visitation services. Other questions will be in regards to your level
of education, occupation, experience in the child welfare system, and particularly the
experience as a supervisor. This process should take approximately 20 minutes.

Possible risks/benefits:
There are no foreseeable risks involved in participating in this research. There are no
direct benefits to you from participation, but the results may be helpful to gaining deeper
understanding of the provision of visitation services to children and families in foster
care.

Compensation:
To thank you for your time, you will have the opportunity to enter a raffle featuring a
$100.00 Amazon.com gift card. In order to do so, you will be asked at the end of the
survey to provide your email address. It is important to note that the survey and your
email information will be gathered in two separate databases: your email information will
not be associated with your answers to the survey at any time throughout the research
process. If you withdraw from the survey before completing it, you will not have access
to the raffle electronic page. The closing date for raffle consideration will be September 15, 2012.

**Confidentiality:**
The survey will not request any information that may lead to identifying self or others. As described above, email address information is collected on a voluntary basis and for the sole purpose of entering the raffle. Email information and survey content are kept separate at all times.

**Voluntary Participation:**
Your participation in this study is completely voluntary. If you do not wish to participate in this study, you do not have to. Even if you decide to participate, you are free not to answer any question or to withdraw from participation at any time without penalty. Your decision will not affect your current or future relationship with the field exchange partner institutions.

**Contacts and Questions:**
If you have a question about the study please contact the researcher, Lina Muñoz at lmunoz3@luc.edu. If you have questions about your rights as a research participant, you may contact the Compliance Manager in Loyola’s Office of Research Services at (001) 773 508-2689.

**Statement of Consent:**
Your moving forward with the survey serves as acknowledgement that you have read the information provided above, have had an opportunity to ask questions, and agree to participate in this research study. You will be given a copy of this form to keep for your records.
REFERENCES


VITA

Lina Muñoz received her Bachelor’s Degree in Psychology from Pontificia Universidad Javeriana in Colombia and her Master’s Degree from Loyola University Chicago. While at Loyola she was awarded entry and a competitive merit scholarship with research responsibilities at the Institute for Migration and Global Studies. Ms. Muñoz had the opportunity to develop her own research projects and present them at several international conferences about migration. She has published research concerning the experiences of migrant’s families remaining in the country of origin as well as the acculturation process of those who reside in the US. She has been the primary investigator on a couple of international research and assisted with many projects about migration within the School of Social Work. Ms. Muñoz currently works in child welfare where she provides intensive therapeutic services to youth and their families who are involved in the foster care system. She is also the Chicago Branch Coordinator of the Maria Luisa de Moreno International Foundation where she leads projects focusing on the important role of continued education for immigrants, promoting family unity and prosperity as well as community integration. Ms. Muñoz is bilingual (fluent in Spanish and English) and has had the opportunity to travel abroad and within the United States. From these experiences, she has learned tremendously as she has become aware and sensitive to cultural issues.