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The Effect of the Frequency of Parental Visiting on the Length of Placement of Children in Short Term Foster Care

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LOYOLA UNIVERSITY CHICAGO

THE EFFECT OF THE FREQUENCY OF PARENTAL
VISITING ON THE LENGTH OF PLACEMENT OF
CHILDREN IN SHORT TERM FOSTER CARE

A THESIS SUBMITTED TO
THE FACULTY OF THE GRADUATE LIBERAL STUDIES
IN CANDIDACY FOR THE DEGREE OF
MASTER OF ARTS

GRADUATE LIBERAL STUDIES

BY

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INTRODUCTION

I sit looking at Angela playing at my feet on the floor. She is almost two years old. She was born about the time I started my journey to obtain my master's degree in liberal studies. Looking at her gives me a concrete idea of what that amount of time represents in growth and intellectual change. So much has happened to me in these two years that I feel I have grown as Angela has grown. I have gone from a spiritual infant to a toddler. If my growth has been important and significant, much greater significance must be given to the importance of Angela's growth. Angela, who is a foster child, has continued to grow despite tremendous odds against her. I'm on my feet walking now, as is Angela, both of us a little shaky, but definitely on our way.

I feel sometimes that there was an invisible hand directing my choices. I had originally planned to get my M.B.A. from DePaul University, in fact, I had already taken two courses at night. I was working as an office manager at a firm that I had been with for almost 18 years. It was a small company with no opportunity for advancement even with more education. The company was run by one man who demanded that his wishes come before everything; days, evenings, week-ends, holidays, and vacations. It was a stifling place to work, but the pay was good. I smoked too much and drank

too much while I accumulated material possessions. I was very focused on making money, and I paid no attention to the fact that I derived no personal satisfaction from my life which consisted mainly of my job. I had no intentions of making any changes. In fact, I felt that I could not change anything even if I wanted to. I was making too much money and getting too old to make a job change and my job seemed to drain my life of any other interests.

Then I read about a quit-smoking program at Martha Washington Hospital. It involved a general check up by the program doctor, a prescription for nicorette gum, audio-tapes, 3 private counseling appointments, and group therapy once a week with others who were in the program. I had been trying to quit smoking for seven years. I had gone for hypnosis, electrical acupuncture, and a community program, in addition to trying to quit cold-turkey on my own at least 6 times. I was never able to quit for longer than three weeks. I decided to try this program and my life has not been the same since that decision was made.

Needless to say , I quit smoking with the help of this program, but the more important change for me was the private counseling sessions and the group therapy meetings. I was surprised by all the feelings which had been "puffed-in" over the years. I was angry, dissatisfied, unhappy, and in general I felt that my life was miserable, but I soon discovered I wasn't the only one. Almost

everyone attending the group therapy felt the same and became very aware of how their lives were progressing in ways they were not happy with. Great changes started to take place in these peoples' lives. Several people quit their jobs and found other jobs or went back to school, two marriages broke up, one divorced couple reconciled, and others moved, started taking dancing lessons, or made up with or broke up with friends and/or relatives. No one seemed unaffected.

I moved in with a friend my age who lived alone in a four bedroom house, I quit my job in a moment of anger brought about by years of pent-up rage, and I had an interview at Mundelein College to learn about their M.A.L.S. program. All of this took place very rapidly. I had decided I had enough money in my retirement program to finance going full-time for my master's degree. When I checked with DePaul and several other colleges offering an M.B.A., I found that no one offered a full-time day program.

I read about Mundelein's Master's program in the alumna newsletter. I had received my B.A. from Mundelein and liked the school atmosphere. When I met with Ann Harrington I knew this was the program for me. Because of the graduate religious program, I could take a full-time course load mainly during the weekdays. I applied, was accepted, and started.

My first course was a required core course, "Between

Past and Future", which introduced us to the literature on Utopian worlds. We heard many views of what other people had to say about the "perfect" world. We read from Socrates and Plato to HERLAND, a Utopian world which had survived without men. Then each of us was required to write about our own utopia. This class produced a great deal of thought from me not only because of the readings, but also because of the class structure. We met each week for a large group meeting and then broke into two smaller groups with each headed by an instructor (all three core courses are taught by a team of two). We discussed in an open forum mode, each saying what he/she felt applied. It was marvelous and seemed to follow the way Socrates felt was the only way to teach and learn, by talking, sharing idea, and even arguing points. I had never taken a class like this.

My next course in the spring was a core course that had us read literature which caused us to reflect on love and work and the person. How timely this was for my personal situation! I began to see that the development of the person must come first, then one can expand into work and do that which brings pleasure and joy to ones self. It was not necessary to pick a profession that made me feel that I had to leave behind my humanity. I could like what I do and have time to slow down and enjoy life. This class was also an open forum for sharing ideas and thoughts. It also provided us with a non-traditional pattern of learning by

incorporating guided imagery, drawing, and listening to the instructor singing her own songs accompanying herself on the guitar. She also told stories and the other instructor led us into the world of myths and fairy tales.

During this same time my housemate, who also felt that the human things were missing from her life, and I discussed the readings from my classes and continued on with long conversations with each other and groups of our friends as to what was the meaning of life. Many of us decided that unless we took an active interest in helping our less fortunate brothers and sisters, our lives had no meaning. We must like the person that we are and help others to become the person they would like to be. In the classes I had taken and with the people I met, I became more aware of feminism and how difficult it was for a woman, especially with children, to make ends meet to provide for herself and her children. Many succumbed to drugs and/or alcohol, neglecting and at times abusing their children. Most of these women and/or their children needed help to continue. One day I read in the newspaper about the need at Columbus-Maryville Shelter for people to hold, feed, and rock babies who were born cocaine addicted. Neither my housemate nor I had married or had children, and we felt that this might be a way to become more connected to our humanity by giving of ourselves to these hurting children. This experience would also give us the joy and experience of

caring for young infants. But Columbus-Maryville had received such a tremendous response from the newspaper article that they now had enough volunteers for at least the next six months to a year. The woman I spoke to suggested I contact the Department of Children and Family Service (DCFS) and see which volunteer programs they could suggest. When I contacted DCFS they expressed a desperate need for foster parents, including single people and gave me information as to where the next meeting would be held to explain the program. We attended and decided to go through the application process and training classes. We did and became associated with a short-term agency, Hephzibah, because we did not think we could keep a child long-term and then give him/her back.

Our first placement came within a few months of our original decision, just as I was starting my summer session at school. Pearl was a 9 month old black baby who was in Loyola medical center because she was a failure-to-thrive baby. She would not eat, but the hospital felt she could be released from the hospital if she were put on a feeding tube at night. We went and learned how to insert the feeding tube down the baby's nose into her stomach and how to run the pump which fed her the milk through the tube. We began to work with the baby to entice her to eat willingly, talking directly to her while looking into her eyes, touching and stroking her, telling her stories, and loving

her. The baby's mother was addicted to alcohol and had been addicted to drugs in the past. She visited with the baby once a week, but seemed unable to quit drinking, to pull herself together and go for treatment. Hephzibah's case workers tried to encourage and direct her, but she only seemed able to pull herself together for her daughter once-a-week. Pearl seemed upset by the visits, but clung to her mother and cried when it was time to go. What effect did these visits have on her and her mother? Did they make any difference? Pearl went on to long term foster care.

This was the same summer that I took a class in "Spiritual Recovery: Alcoholism and Chemical Dependency" and one in "Myth, Sign and Symbol". These classes, which on the surface would deal with different subjects, both dealt in a way with the stories we use to explain our past, present, and future lives. We did role playing which helped us to understand how someone else functioned, especially someone who needed to explain what was going on in their life. The myths we have been taught to tell us what our place in the world is and to keep us in our place, especially for women, cause us to make choices which are often not good for us as individuals, but satisfy other people's needs. The alcoholic and drug addict need codependent people to enable them to drink. The myth is that we as women are responsible for the care of others at any cost. I began to understand that the mother of the baby

I was caring for was caught by her need to escape her pain. She was behaving as she was to keep her boyfriend, who also was an alcoholic, and to fulfill the picture of the single, black, welfare, drunk mother which was the myth she had been taught and believed. For her there was no escape, her baby recovered enough in our foster home to eat and function on her own, but then went on to long-term foster care, visiting Mom and waiting for Mom's spirit to recover enough to pull her life together.

By now my path was set, for a line of inquiry for my courses and for my personal growth, I wanted to search for a way to tell my story to others by sharing with them. I would do this by continuing with my work as a foster parent in the program I was in which allowed me to work closely with the biological family, mostly women. I wanted to learn to listen to the stories of others without judging and to offer support for change. I decided that I wanted to teach at the junior college level in order to work with adults struggling to get an education as I had, attending city colleges, taking classes one at a time at night and then on week-ends, working to pay tuition which wasn't covered by my employer who felt higher education was a waste of time.

The last core course I took was "Core I: Perspectives-Planet" which fueled my interest in the outside world, from my family and local community to the fate of the planet for the population of the entire world. This course

fit well with my course in "Theology and Culture" where we examined how our belief in God influenced our reaction to the people of the world, including how we choose to use world resources, how we viewed the actions of other countries, and how we choose to deal with an international culture. This class made me realize that the women and children I was dealing with were from a different culture because of income level and often because of a different ethnic background. It became apparent that cultural differences could occur to one in one's own city. Again we discussed the question, "Can one person make a difference?" My answer now was yes! I had talked enough with others, read enough, and experienced enough to feel that even my work with one or two children for a short time made a difference in their lives, and therefore may effect their actions and accomplishments as adults. And, I definitely could see the change in biological families, as they received encouragement and needed services and learned to be parents, they grew personally, but also would now be there to raise their children.

My courses with Peter Gilmour in "Religion, Story Telling and Literature" and "Autobiography and Memoir in Religion" helped me to realize it was important to tell stories. This was a way of sharing, especially with children and those from different backgrounds. It could blend cultural differences in a way that could be

understood. Children were comforted even by my autobiographical stories of when I was a child. People who would not listen to a lecture on the right thing to do, would listen to a story with a moral and understand where there might be a better way to handle a situation. Women who didn't know how to parent would listen willingly to stories about how other mothers trained their children and would be willing to consider it as an alternative. Stories also often provided the women and children a vehicle to communicate with us. In cases where they couldn't share feelings or experiences directly, they could tell a story ostensibly about someone else who had these problems and even speculate on a solution as an ending to the story.

My last class was the "New Physics and the New Consciousness" which reminded me that there is much going on in the physical world which our naked eye cannot see just as there is much going on in the everyday world that we don't see nor understand. More and more scientists are discovering in scientific truths the fact that we are all one with the universe. Everything is connected and influenced by everything else which happens from the smallest particle which we cannot see to the "big bang" which created the universe. This class still causes me to read all articles that I encounter on physics, mathematics, the universe, electrons, particles, and to note that the Nobel Prize in Physics and in Chemistry this year was for

research into electron behavior. In reading what the research entailed I was struck by the fact that I understood what they were researching. My liberal studies had taught me many things and stirred my interest in many other areas.

My journey through the liberal studies program intertwined with my journey as a foster parent. I feel that it is quite appropriate that I do my final paper and research in the foster parent program. I have had a total of 26 children in my home for varying lengths from 1 day to 5 months at a time. Each of the children have been scheduled for visits with their biological families, some have had visits, some have not, some have gone home, and some have not.

Angela, the foster child who grew despite her mother's drug addiction, who fought to survive after falling or being pushed down a flight of stairs at the age of ten months, who spent two months at Cook County Hospital in a coma, and one and one-half months at the Rehabilitation Institute of Chicago, and then came to live in my home while she received physical therapy as an out-patient, finally went home with her aunt, who had visited Angela regularly from the beginning. Is there a connection between the visits a foster child has with his/her biological family and the length of time the child spends in foster care?

Overview of Foster Care

To look at the effect that the frequency of visiting has on the length of placement of children in short term foster care, we need first to look at what comprises foster care. Foster care - what does it mean? The phrase brings different images to mind for each of us, but the program has a defined purpose according to the law, the Department of Children and Family Services (better known in Illinois as D.C.F.S.), and various private agencies. According to the Illinois D.C.F.S. Foster Parent Handbook,

"The basic purposes of foster care are:

1. To provide a safe, nurturing environment which promotes the child's maximum growth and development, and
2. To work towards achievement of the permanency goal for the child." (Illinois Department of Family Services 1986, Sec. 1-1)

The foster family provides a home to a child who can not stay in his/her own home. Although the law does not prescribe any time limit, it is supposed to be understood from the start that this is a temporary arrangement. Children who are removed from their homes are usually involved in programs which have as their primary goal the

return of the children to their biological families as soon as possible. The foster care system works as a team encompassing the child's caseworker, any outside consultants, such as, counselors, psychiatrists, child development specialists, or any other of a large array of therapists, the biological family members, and the foster family. All of these people work together to determine a permanent solution to the problems the child and his/her family have encountered. The preferred solution, of course, is to return the child to his/her biological family as soon as it is feasible.

Illinois law and D.C.F.S. policy aim to protect children from harm and provide them with a permanent home. This policy is called "Permanency Planning". This plan recognizes that government has the obligation to provide for a child's safety and well-being, but it must maintain the family intact whenever possible by limiting any intervention into family relationships. In the book, BEYOND THE BEST INTERESTS OF THE CHILD, Joseph Goldstein contends, "The crucial problem is how and to what extent the law can, through the manipulation of a child's external environment, protect his physical growth and emotional development" (Goldstein 1979). When it is absolutely necessary to remove a child, the Department must immediately begin to formulate plans and provide services to reunify the child and his/her family as soon as possible.

To implement this policy of permanency, D.C.F.S. has

instituted a system which they call "Client Service Planning." The service plan requires that each child's case is assessed as he/she comes into the system focusing on identifying the problems in the family that require services and a plan to resolve the problems with assistance from the Department. The service plan can call for the child to remain at home or to be removed from his/her home and placed with a relative or an unrelated foster family or placed in a residential home or, eventually, for parental rights to be terminated and the child placed for adoption. According to DCFS in March, 1986, of the children who were then in foster care, 48.7 percent had a permanency goal of return home (Illinois Department of Family Services 1986, I-1, Sec 1.4). This goal to keep the child at home or to return him/her as quickly as possible if they must be removed, is a priority in all family welfare cases.

If it is determined that a child must be removed from the home to insure his/her welfare and safety, consideration must be given to finding the child an alternate family living arrangement. Placement with a relative, if there is one willing and able, is the first choice. If no viable relative can be found, the child may be placed with a licensed foster family. If substitute care is necessary, a specific placement is selected according to criteria outlined in Department Rule 302 which states that the child shall be placed:

1) in the least restrictive setting which most closely approximates a family and in which the child(ren)'s needs will be met;

2) within reasonable proximity to their homes, taking into account any special needs of the child and family and availability of the service resources needed for the child and family;

3) if possible, in a home that most closely approximates the religious, ethnic, and cultural background of the biological family.

4) in the home of a relative when the child can benefit from the relationship between the parent(s), the relative, and the child; and

5) (If a child of American Indian a heritage), according to criteria described in 89 III. Adm. Code 307, Indian Child Welfare Services (Illinois Department of Family Services 1986, I-11, Sec. 1.4).

Foster parents must pass through a selection process. This process has three components:

1) The Licensing Study which includes a criminal background check (including fingerprinting), a medical report on each family member (including a T.B. test), a Child Abuse/Neglect State Central Register Check, references, and home visits by a licensing specialist to check for safety standards and space available for foster children.

Licenses are valid for two (2) years, unless revoked by the Department or voluntarily given up by the foster family.

No fee is charged for the license. The maximum number of children allowable in each foster home is indicated on the license which cannot be transferred to another person or to another address.

2) The Resources Home Study which provides basic information to make the best match possible between the skills and interests of the foster parent and the needs of the child.

3) Pre-Service Training which is designed to provide prospective foster parents with a broad range of information regarding foster parenting and to prepare foster parents to receive their first placement (Illinois Department of Family Services 1986, I-12,13, Sec. 1.5 .)

Parental Visiting in Foster Care

The care given to a child(ren) while he/she is in foster care is provided by a team which consists of the social worker whose role is that of providing direction and planning, the foster parent(s) whose role is to provide day-to day care for the child, and the biological parent(s) whose role is to continue to play a significant part in the child's life, work to resolve problems and reunite the family, and visit the child.

Foster parents are in a unique position to help maintain the ties to biological families and to help rebuild

the parent/child relationship and to help reestablish the family bonds. The foster parent can help both the child(ren) and the family to whom he/she will return. The foster parent can help to formulate the parent/child visiting plan. This may involve taking the time to allow for numerous lengthy parental visits, transporting the child to and from the visits, allowing biological parents or family to call the child on a regular basis, and ensuring compliance with the visiting schedule.

Visits are the heart of permanency planning. When a child is placed in foster care, one of the first questions he or she will ask is "When will I see Mommy/Daddy?" This is usually the question even if the child has been removed from his/her home because he/she has been abused. "For the child's natural parent is his/her claim to identity. A child must have roots, or he/she will wither emotionally," wrote Elizabeth Rex (Rex 1973.)

In Illinois (Illinois Revised Statutes, ch. 37, para. 701-16) the law protects the "right to reasonable visitation". According to FOSTERING ILLINOIS, Spring, 1992 issue The DCFS Rules and Regulations (Section 305.7) regarding Visitation are on the books but have not always been followed. Workers with heavy caseloads don't have enough time to arrange and supervise all visits. Foster parents are unclear as to their role and responsibilities, and are often apprehensive about the effect of the visit on the child. And there has been no uniform method of

recording visits that do take place.

Because DCFS did not comply with its own rules, a lawsuit was filed in *Bates v. Johnson*. DCFS agreed in 1991 to accept a plan covering visitation rights of children in order to settle the lawsuit which was filed to assure that parents receive weekly visits with their children when it is the Department's goal to return the children to their parents. Some of the main points of the plan are:

1) The first visit must take place within 14 days of protective custody unless there is reasonable cause for a visit to not take place.

2) An ongoing visitation plan will be developed within 45 days specifying when and where visits will take place.

3) A form will be devised to record the information of each visit, including why a scheduled visit did not occur. This form will be kept as part of the child's permanent record.

4) Training will be given to direct service workers and foster parents on how to workup a visitation plan.

5) Caseloads are to be reduced for workers to 30 cases by July, 1993 and 25 cases by July, 1994. In the meantime short term remedies will be instituted to guarantee visits as scheduled during the three-year phase-in plan (*Fostering Illinois 1992*).

the Length of Long Term Foster Care Placement

The research for this section was conducted primarily through Loyola University's computer search. A search was done on all listed printed publications including books, magazines, trade journals, theses, dissertations, and etc. The computer is linked with other universities so any writings should be picked up. The search was conducted using key words and phrases under the major category of parental visits (visiting, visitations) in foster care. Some of the key words were child visitation, reunification, short-term, long-term, foster children, home visitation, parental rights, and foster placement. Each of these key words or phrases, and others as appropriate when the computer asked for further information, were checked under psychology, social work, social welfare, and law. When the computer found anything that matched these classifications, the reference was printed on a list and included all the information needed to obtain a copy. I also used the books and articles available through Hephzibah personnel. These did not specifically deal with the effects of visitation on short or long term foster care, but dealt with the subject of visitations as part of the social workers concerns and responsibilities.

In spite of the acknowledged importance of parent-child visitation, very little is actually known about the use of visitations for therapeutic intervention. Because of this well-intentioned case workers and foster parents and

biological parents approach the task with emotions ranging from disinterest or annoyance to fear and anger. Often non-productive visits become so burdensome that the worker despairs of ever being able to effectively intervene in the parent-child relationship. Out of frustration everyone may inappropriately turn their attention to finding ways of limiting or altogether stopping these contacts.

The primary purpose of the visit is to allow the child to preserve relationships with people who are important to him/her. This purpose takes precedence over all other reasons for visiting. Next to the actual move, visits are probably the most significant element of the placement (Watson 1982). It justifies visiting not only between child and parent, but also between siblings who are not placed together, and grandparents and aunts and uncles, and a large range of extended family depending on what relationships the child had formed prior to being placed in foster care. It is hoped that positive interaction between child and parent will help heal the wounds caused by placement. It is very traumatic to have an outsider remove a child from his/her home, and this act may be viewed as a failure on the part of the parent and child.

There are other purposes for visiting which are not as apparent, but provide an integral service to a child who has been placed in foster care. First it provides reassurance to the child that he/she has not been abandoned, a common fear of children who are placed in a foster home. The visit

also reassures the child that everyone in the family is well. Often children who are placed in foster care have been the caretaker in their homes, and it is very scary for them to be taken away and not know if that person is okay.

Visiting also provides a time when the caseworker can assess the interaction between parent and child. This can help to set up a treatment plan for the parent and help to determine the skills needed for the parent to regain custody of his/her child(ren). Visits can also provide an opportunity for the case worker to see how the parent(s) arranges the visiting schedule, provides for transportation to and from the visits, attends all the scheduled visits, and manages his/her life to arrive on time. The social worker can also see how the parent cares for the children during this period. Is the parent able to provide appropriate activities for the child(ren)?

Visits can provide a forum for enacting a treatment plan. Often a parent(s) must be taught parenting skills. These appointments allow the case worker to direct and teach the parent, and gives the parent an opportunity to practice some of the skills learned under the direction and with the support of the trained social worker or child development specialist. It can be a time when the parent can learn to say no and enforce it with confidence and it also provides for the child to adjust to the parent as the parenting style is changed. This can be when the parent(s) decides whether to continue with parenting and, perhaps, when a child learns

that a parent will never be strong enough to take him/her home, or that if the child goes home he/she will have to provide a great deal of his/her own care. Contact between the foster child and the biological family is a key factor in supporting the return of the child to his/her family.

Finally, the visits can provide back-up support for the recommendations the case worker makes for return or not of a child(ren) to his/her home. If it can be shown that the parent has managed to come to the visits, learn parenting skills, take care of the children, and manage them during a longer visit overnight, and the children have reacted positively to all these developments, it is probably time for the children to go home. If all of these events have instead resulted in failure and the parent no longer even bothers to show up, it is probably time to face the fact that the children may never go home.

The importance of the parent-child visit has been identified in child welfare research as one of the three critical factors affecting permanency outcomes for children in placement. Mass and Engler first identified this critical fact in their classic study, "Children in Need of Parents". Their findings have been repeatedly confirmed in subsequent studies (Illinois Department of Family Services 1986, I11-14, Sec. 3.7).

Hess and Proch maintain that "available research suggests that visiting is important for two reasons. First, the psychological well-being and developmental progress of

children in placement are enhanced by frequent contact with their parents. Second, children who are visited frequently by their parents are more likely to be returned to their parents' care than are children who are visited infrequently" (Hess and Proch 1988). They have found that it is important for an agency to have written plans for frequent visiting. This seems to lead to a higher incident of eventual reunification. They also claim that other researchers have also found that the more frequently parents visit, the higher the probability of reunification. They conclude, "We have found (1) that case plans specify visiting in accord with agency policy, and (2) that parents visit in accord with case plans. If there is no schedule for visits, parents do not visit. But if there is a schedule, parents tend to keep it, especially if they were involved in making the schedule" (Hess and Proch 1988).

Having the visiting policy written, assures at least minimum visiting frequency. If policy calls for a minimum of one visit per week, the agency will invest the resources needed to support that weekly visit. Written plans also prevent any misunderstandings concerning visiting policy and with the input of all involved they serve as a contract between the agency and the parents. As mentioned previously if the parents fulfill the visiting contract this can be used to support recommendations to return children home. Proch and Howard contend, "Visiting can maintain the relationship between parents and children who are not living

together, making successful reunification possible. Because it provides evidence of parents' willingness and ability to care for their children, visiting can also be used to support either a recommendation for reunification or termination of parental rights" (Proch and Howard 1984).

In reviewing the above literature it seems that there is a correlation between parent-child visitation and the reunification of the family. Arranging for visitation is one of the primary aims of the case workers' policy; it is important enough that most state laws and/or child welfare agencies require a written statement be made up shortly after a child is taken into protective custody. This statement is then used as a contract between the parent and welfare agency, and the agency will recommend reunification or termination partially based on the parents' fulfillment of that contract. The contact between the child and parent during foster care placement, also helps to repair some of the damage done prior to removal of the child from the home, and from the impact of a third party stepping in to take the children from their own home without their parents consent. This causes some lose of faith by the child in the parents' ability to protect him/her from external harm. During the visits some of this trust can be rebuilt if the parent is supportive of the child. But all of this establishes an idea that parental visiting has an effect on the eventual reunification of the family.

Simms and Bolden report that "each year thousands of

children are placed in foster homes with the intention of returning them to their family's care in a short time. A large proportion of these children come from families where major problems such as illness, substance abuse, criminal activity, and lack of adequate housing exist, and where the parents lack even the most basic parenting skills. Recent federal statutes require that agencies make an effort to facilitate reunification of placed children with their families whenever possible (Public Law 96-272), and available research has demonstrated a positive correlation between continued contact with the parent during placement and both the adjustment of the child to the foster home and the probability of being returned home" (Simms and Bolden 1991.)

Hess states that "surveys of children in foster care have produced convincing findings concerning the relationship between the frequency of visiting and discharge from the foster care system. Conducted at different times and in different geographical areas, these studies present two conclusions. First, the majority of children in foster care are visited infrequently or not at all. Second, when frequency of visiting is correlated with discharge, children who are more frequently visited are more likely to be discharged from placement and to remain in care fewer months" (Hess 1987).

According to Peg Hess "Fanshel and Shinn collected data on parental visiting at four times over a 5-year period.

Over this period, 43% of the children (246) received uniformly "high" degrees of visitation. Children who were visited frequently were more likely to be discharged than children who were visited infrequently. About 22% of the children (128) experienced consistently "low" degrees of visitation over the 5-year period. Only 3% of these infrequently visited children were discharged from foster care during the 5-year period. Sixty-six percent of the children not visited during the first year of placement were still in placement 5 years later. The link between parental visiting and discharge was found to hold across ethnic groups and to persist over time" (Hess 1987).

Bolden and Simms related "studies of children returned from foster care and followed for as little as one and one-half years have demonstrated recidivism rates ranging to 35%. The alarmingly high failure rate of reunification demands that additional attention be paid to this problem. Lacking specific information concerning the biological parent's true parenting ability, child welfare agency personnel and judges tend to make hopeful, but too often erroneous, decisions. The mere fact that a biological parent has made an effort to visit her child is frequently considered evidence of a strong parent-child bond and may result in a decision favoring reunification. Disruption of the parent-child relationship caused by the forced separation and the difficulty of maintaining any positive aspects of the relationship appears to contribute to an

eventual breakdown once the children are returned home. It is clear that without support services during placement and after reunification, permanency may not in fact take place. Yet studies have found that few parents receive direct rehabilitative services and most communities lack services that teach basic skills to seriously impaired parents. Thus what begins as a temporary placement often becomes a protracted placement" (Simms and Bolden 1991).

In 1984 Simms and Bolden conducted a survey of 70 preschool foster children in the Waterbury, Ct area and found only 44 (63%) whose parents were actively visiting them. One year later, 41% of the children who had been visited regularly by their parents had returned home, in contrast to only 8% of the children who were not visited (Simms and Bolden 1991).

In 1985 Milner did a study on factors that can affect the length of time a child spends in foster care. The type of children, the reason for separation from the parent, the type of social worker and agency, or the cultural background of the foster parents showed any apparent effect on the length of stay in foster care. Milner states that there is "a strong statistical relationship which was found to exist, however, between the child's relationship with family members while in foster care and the length of placement.....There was a high degree of correlation between frequent, positively-oriented visiting and short-term placement" (Milner 1987). This review of

literature shows that visitation between foster child and biological family has an effect on the length of the stay of the foster child in the long-term foster care system.

Hephzibah Children's Association's Reunification Program: Purpose and Practice

I am a foster parent in the State of Illinois for a private child welfare agency, Hephzibah Children's Association located in Oak Park, Illinois which is a community-based, not-for-profit agency. Hephzibah provides short-term intensive child welfare assessment services to families living in the surrounding area whose children have been removed from their care or are at risk of being removed due to child abuse and/or neglect. The agency accepts referrals from DCFS and other community agencies, as well as from families in the area who request help on a voluntary basis. Hephzibah has been caring for children since 1897. It was founded by Mary Wessels as a residential program for homeless children. She chose her own mother's name, Hephzibah, which has a Biblical meaning of "comforting mother" for the name of the home. Miss Wessels' original aim was to provide residential care for children whose parents were temporarily unable to care for them.

In 1974 instead of their residential program Hephzibah began to provide day care for children from kindergarten through fifth grade. In 1981 it began to provide short-term foster care for children and infants to age 11 through its

State-licensed Child Welfare Program. In the fall of 1986 Hephzibah again opened a 24-hour live-in program for approximately ten children ages 4 to 11 who could not live at home and whose needs exceeded that which could be provided in foster homes. Short-term foster care and this short-term residential program provides care to children for approximately 90 to 120 days while the social workers attempt to reunite the families. In 1992 a second residential group home was opened with space for 10 children 3 to 11 years old who need this type of living arrangement for a longer period of time.

Hephzibah's program goals are:

- 1) to assess and enhance a family's level of parenting so that children may remain at home or return home.

- 2) to mobilize community-based services to support and monitor a family's parenting skills.

- 3) to provide a service plan and recommendations for placement and services for children who are unable to return home.

Hephzibah provides various child welfare services to reach their goals. The program is designed to assist and improve the development of children and their families through the following services:

- 1) intense outreach and casework services in the family's home;

- 2) emergency foster care or diagnostic shelter placement if needed during the assessment process;

3) a written assessment which addresses the family's level of functioning and the capacity to benefit from services;

4) a determination whether or not a child can be returned home;

5) a recommendation whether or not to monitor the family for continued services;

6) coordination with schools, mental health service providers, DCFS, and the court system as needed;

7) and, consultation on child welfare issues.

Hephzibah's services are provided under three programs:

1) Family stabilization/family reunification is for families at risk of disruption with children who reside at home, in Hephzibah foster homes or in Hephzibah's diagnostic shelters.

2) Family preservation is for families whose children without assistance are at risk of immediate placement due to abuse and/or neglect as determined by DCFS.

3) Family preservation unified service plan is a voluntary prevention program for families in Oak Park and River Forest having difficulties as parents and in need of more than one community agency (Hephzibah Children's Association 1992).

Under the family stabilization/reunification program at Hephzibah, the following are goals for which the social worker, biological family, and foster family strive:

1) To provide a neutral, nurturing, and educational

environment for foster children, foster families, and biological families in which regular visits can take place while the children are in foster care;

2) To help the biological family and the foster children maintain their relationships during the placement period;

3) To assist the biological family understand their roles in the foster care system;

4) To assist foster parents in understanding their roles in the foster care system;

5) To provide educational and supportive services to foster parents in order to improve the quality of foster home placements;

6) To help the biological family know what services are necessary and where they are available to help them after the children are returned home;

7) To gather information that can be used by the foster agencies and courts to make decisions which effect the foster children (Simms and Bolden 1991).

Hephzibah considers visits with family members to be an important part of the reunification process. Children are scheduled to see their family at least once a week if it can be arranged with the family. Visits are scheduled to make it possible for the family to visit. If necessary the visits are scheduled for evenings and/or week-ends. A case worker is at each of these visits to assure that they go smoothly and to assess the families interaction with the

children. They also give instruction to families on how to handle the children to help develop parenting skills. The case worker takes note of those actions and reactions which will influence what recommendations he/she will make to the courts concerning returning the children to their homes and how soon. Finally, the case worker uses this time to judge how the children are doing and then to determine if they need additional professional help. Transportation for the children to and from visits is coordinated between the caseworkers and the foster parents. Foster parents are expected to make time in their schedules to allow for children to visit with their families even if this is in the evenings or on the week-ends. When the caseworker provides the transportation the foster parents still must schedule their own lives to have the foster children available at that particular time for a visit. This will often entail cancelling evening or week-end plans, but everyone concerned knows that this is one of the most important facets of foster care.

Even if the visits are upsetting to the foster children, it is better for the children to continue to see their families and learn to work through the problems with the help of the caseworkers, biological families, foster families, and additional professional counselors if needed. In the meantime, the biological families can be directed by the caseworkers to the services they need to enable themselves to regain custody of their children. The goal of

the reunification/stabilization programs at Hephzibah is to return the children to their families and to provide the families with the services needed before, during, and after foster care placement. The hope is that the biological family can learn to handle problems and to use services which are available to ensure that their children will never again have to be placed into foster care.

Results of Study of Hephzibah's Records of the Frequency of Parental Visiting on the Length of Short Term Foster Care Placement

In assessing the benefits to foster children of visits with biological families, Hephzibah, who encourages visits as part of the foster parenting plan, put forth the question, "Does the frequency of the visits have any effect on the length of placement in a short-term agency such as theirs?" This question was formulated in my discussion of a research thesis with Hephzibah personnel, Davida E. Williams, Director Child Welfare Services, Foster Care & Group Home Care, and Mary Ann Brown, Executive Director, who were then kind enough to provide me with information from their files.

The following information was taken from Hephzibah foster parent files for 1991. It includes all 50 children who were placed into foster care by Hephzibah for that year even if cases were not closed until 1992. No breakdown has been made by race or sex. All research has been gathered

without using the names of foster parents, foster children, or biological parents or other relatives.

The information gathered in my study seemed to be unique because I could not find any other studies dealing specifically with the effect of parental visiting on the length of placement of foster children. There were several studies published on the effects of visitation in general long term foster care placement.

Graph I shows the disposition of the 50 children who were in Hephzibah foster care in 1991 compared to the number of family visits per week. The majority of children who were visited less than once per week went on to long-term care. Children who received weekly visits were more likely to go home, and all the children whose families visited 2 or more times per week went home. Graphs A through D show the percentage breakdown of Graph I by disposition of the 50 children and number of visits per week. As shown in Graph G, 42% of the children went home, 50% went on to long-term care, 6% went to Hephzibah's diagnostic group home, and, as of October 21, 1992, 2% of the children were still in a Hephzibah foster care home.

Graph A shows that of the children who went home:

- 6% (3) had less than 1 visit per week
- 16% (8) had one visit per week
- 16% (8) had two visits per week
- 4% (2) had five visits per week (no children during 1991 had 3 or 4 visits per week nor more

than 5)

Graph B shows that of the children who went to long-term care:

40% (20) had less than 1 visit per week

10% (5) had one visit per week

Graph C shows that of the children who went on to Hephzibah's diagnostic group home:

2% (1) had less than 1 visit per week

4% (2) had one visit per week

Graph D shows that of the children who were still in Hephzibah foster care:

2% (1) had less than 1 visit per week

Graph F shows that of the 50 children represented:

50% (25) had less than 1 visit per week

30% (15) had one visit per week

16% (8) had two visits per week

4% (2) had five visits per week

Graphs E and H are included to demonstrate how long the children in Hephzibah foster care actually spend in foster care homes before being returned home or sent on to other facilities. Graph H includes the disposition of the children from Hephzibah foster care broken down by length of time spent in foster care.

The results of the research using all 50 cases of children placed in foster care by Hephzibah in 1991 show that children who are visited by their families on a regular basis are more likely to go home. As shown in Graph I, the

majority of children who went on to long-term care had been visited less than one time per week. As the number of visits per week increased, the percentage of children who went home increased.

Comparisons of the Frequency of Parental Visiting: Long Term vs. Short Term

The scope of this study is limited by the fact that it includes only 50 children, all placed in foster care in the same year from one children's placement agency. Because the study encompasses only one agency with only one office, the mixture of children placed, based on race, sex, family income level, social position, and family problem(s), may not be as widely distributed as in the general foster care program. Also, as a foster parent I am a member of the foster care team, therefore, my viewpoint and conclusions may be somewhat biased by my position and feelings. But, in spite of these limitations, the results of this study seem to come to the same conclusions as the results of studies done with the frequency of visits done with children who are placed in long-term foster care, by many agencies, over a long period of time.

By reviewing the information collected for the research on the frequency of visitation during long term foster care, especially the studies quoted on page 12 of this paper, it is evident that the more frequent the visits, the more likely the child is to be returned to his/her family. This

study of the children placed in foster care by Hephzibah's Children Association shows the same results. Of the 50% (25) of the children who had a high degree of visitation (1 or more visits per week), 72% went home. On the other side, of the 50% of the children who had a low degree of visitation (less than 1 visit per week), 88% did not go home.

As Edmund V. Mech says, "Accumulating evidence indicates that contact with children in placement by principal child-caring persons can be an important influence on how long children remain in care and whether or not they return home" (Mach 1985). Jerry L. Milner states, "Children who experience relatively longer-term placements, however, are those who have generally lost the pattern of frequent visiting with their parents. They may be totally unvisited by their families or have infrequent and irregular visiting. The quality of the parent-child relationship for children in short-term foster care is characterized by visits that are consistently enjoyable for the child and parents alike. The relationship is most often affectionate and is maintained through frequent contacts and efforts by the parents to make the experience pleasant. The quality of the relationship for those children in long-term care is doubtless affected by infrequent contacts. Relationships in this instance do not have the positive orientation that sustains the child as an active member of his or her own family and, in many cases, contacts are lost altogether over time. When this

happens, there is little likelihood of the child returning home and a greater likelihood of remaining in foster care indefinitely" (Milner 1987).

Conclusion

If indeed it is true that more frequent visitation leads to shorter placement time, what is the implication on policy for foster care agencies? Obviously, scheduling frequent visits must be made a top priority for all the foster care team members. This importance must be stressed to all involved, including case workers, biological family members, and foster parents. All of these people must work together to arrange frequency and to work out the logistics involved, such as, location of visits, transportation to and from visits for the children and the biological family members, supervision of the visits, and arranging mutually agreeable times for visits. It must be realized that the time and money spent on these activities will shorten the time spent in foster care for many children. The ultimate goal for all those involved in foster care is to get the children back home, if it is possible for them to go home, as quickly as possible.

But, of course, we are assuming here that the frequency of visitation has a positive correlation with a shorter placement time in foster care. Findings in my study seem to corroborate those of other long-term studies, frequent

parental visiting is positively correlated with fewer months spent in foster care.

But, I think my study is based on information which is incomplete as are all the studies I found in my research. According to my personal experience, there are so many variables involved when a child is taken into foster care and so many variables affecting the decision as to whether the child will return home and when, that it is misleading to judge whether visitation has an effect on the length of foster care placement without taking these other variables into account.

Children who come into foster care because their parents are drug and/or alcohol addicts, mentally retarded, mentally ill, and/or sexually or physically abusive are in reality less likely to get their children back in a short term or long term placement. These problems are so complicated and difficult to change that even if the parents visit on a regular basis it would not indicate that a child would go home sooner. There are some problems which can not be fixed quickly, if ever, because they have developed over generations of the same family. As an example I am aware of children who are now in foster care because the 9 year old girl was sexually abused by her uncles (as were several of her female cousins). Her mother and aunts were aware of the situation, but had done nothing because they each had been sexually used by their uncles and other male relatives, and the mother was currently involved in a sexual relationship

with her brother. All psychological tests given to the mother indicate that she has the emotional and mental development of a 9 year old which was that age at which her sexual abuse had begun. Although she visits on a regular basis it is a foregone conclusion by the caseworker that she will not be ready to have her children back before they are of legal age. And, without information about recidivism, even the apparent solving of these family difficulties, would not guarantee that the children would not appear again in the foster care system.

My study was limited because I do not know why the children were initially placed into foster care. In these cases of the 21 children who were visited and went home, 12 were visited by their mothers, 1 was visited by a father, 3 were visited by a grandmother, 3 were visited by aunts or uncles, and 2 were visited by mom's boyfriend who was given legal custody. All 21 of these children were given into the legal care of the person who had been visiting them. I do not know with whom these children originally lived or if any of them returned to foster care after this placement.

Of the 13 children who were visited but did not return home, all were visited by their mothers. According to the records, 2 mothers were mentally ill, 2 mothers (and fathers) had active cases of AIDS, 1 mother was only 13 years old and was the victim of incest, 6 mothers were active drug and/or alcohol addicts, and 2 of the children were too emotionally ill to be returned (no information was

given on the mothers' conditions). These cases are exceptions to the supposition that children go home who are visited regularly.

The other 16 children were not visited and did not go home. No information is available as to the reason for foster care placement, why no one visited, nor why they did not go home.

It appears from my experience that the frequency of visitation may correlate with shorter term foster care, but when delved into it is not the cause of shorter term foster care. Statistics in this case seem to prove a point which is not actually a fact.

Future studies to be of value must take into account these variables. To show that frequency of visits cause shorter foster care placement, all other variables must be the same. If this information is not made available or not used as part of the study, the results are unreliable, if not misleading.

But policy implications would remain the same in either instance. All children should have visits scheduled as frequently as possible and those who do not visit should be encouraged and helped to do so. Frequent visits keep up the morale of all those involved in foster care, make the time in foster care easier by continuing family relations, help to continue to motivate families to make needed changes, and help keep children connected to their biological families.

I will conclude with the following from quote from

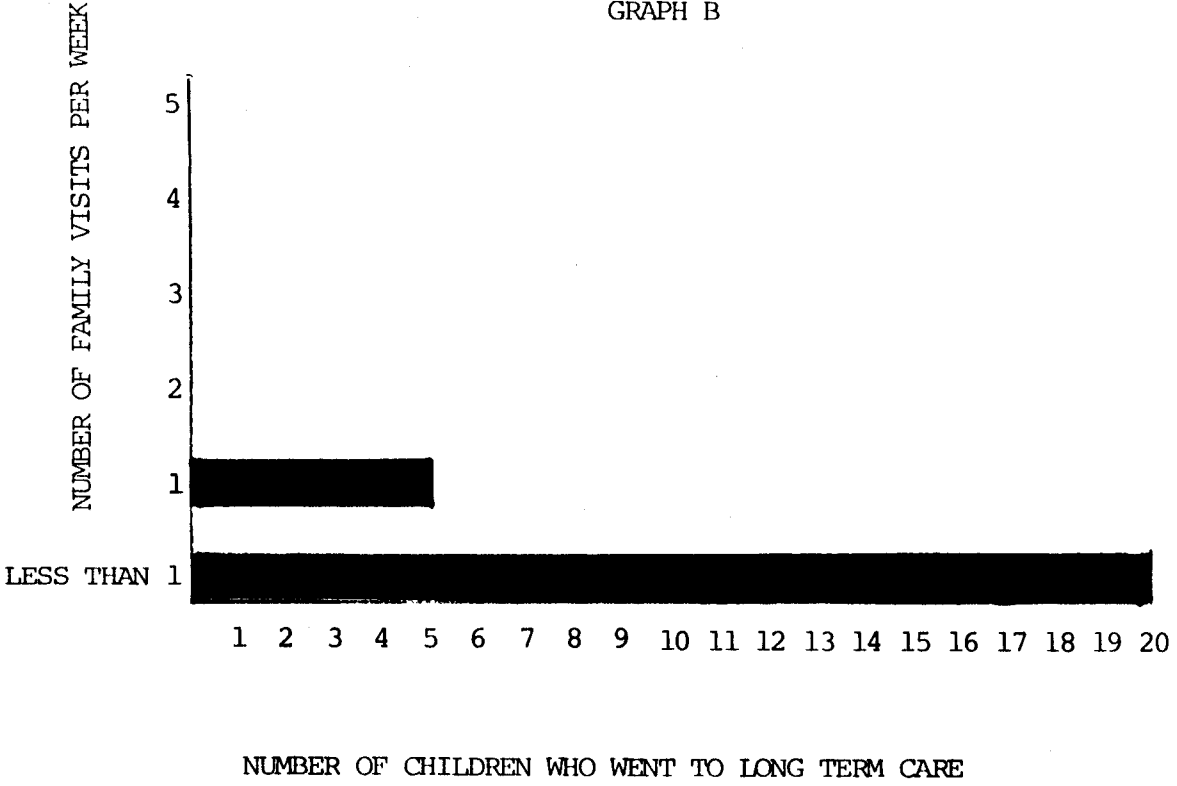
Kathleen Proch and Jeanne A. Howard, "Most parents who were scheduled to visit did so, and most visited in compliance with the schedule specified in the case plan. Parents who did not have a visiting schedule or who were told to request a visit when they wanted one did not visit. This clearly suggests that a way to increase the frequency of visits is to schedule them to occur more frequently." (Proch and Howard 1986).

GRAPH A

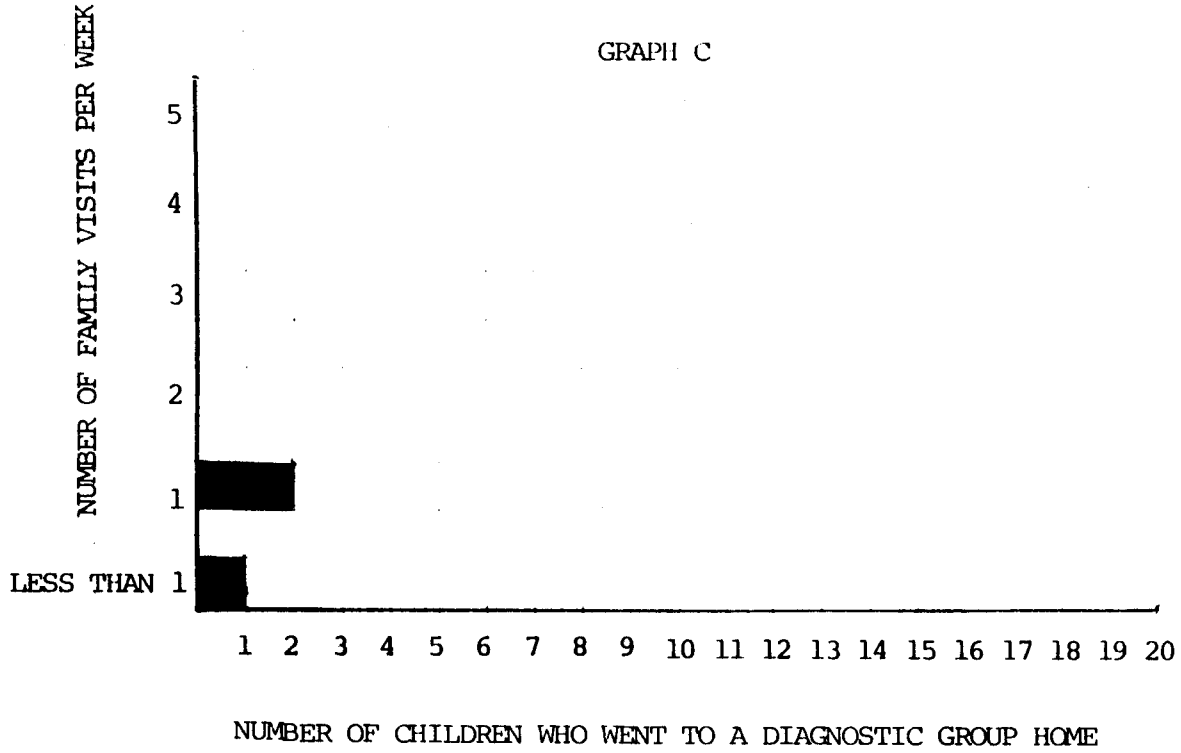
NUMBER OF FAMILY VISITS PER WEEK

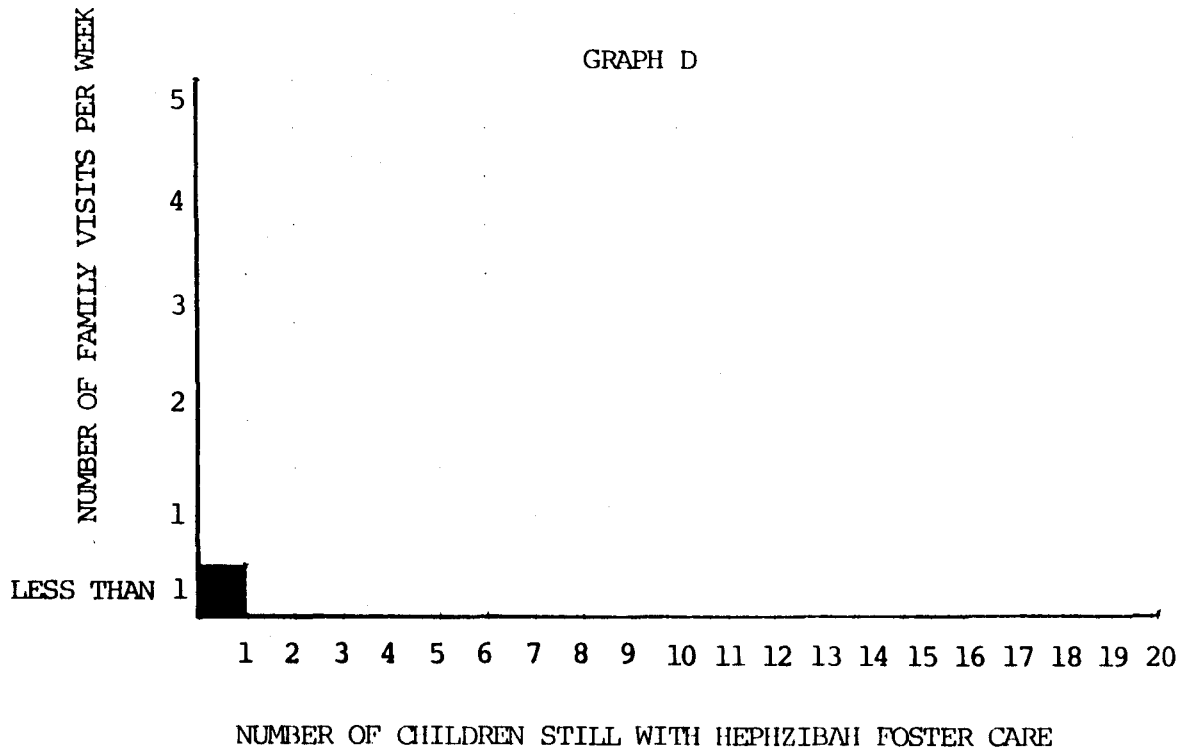


GRAPH B



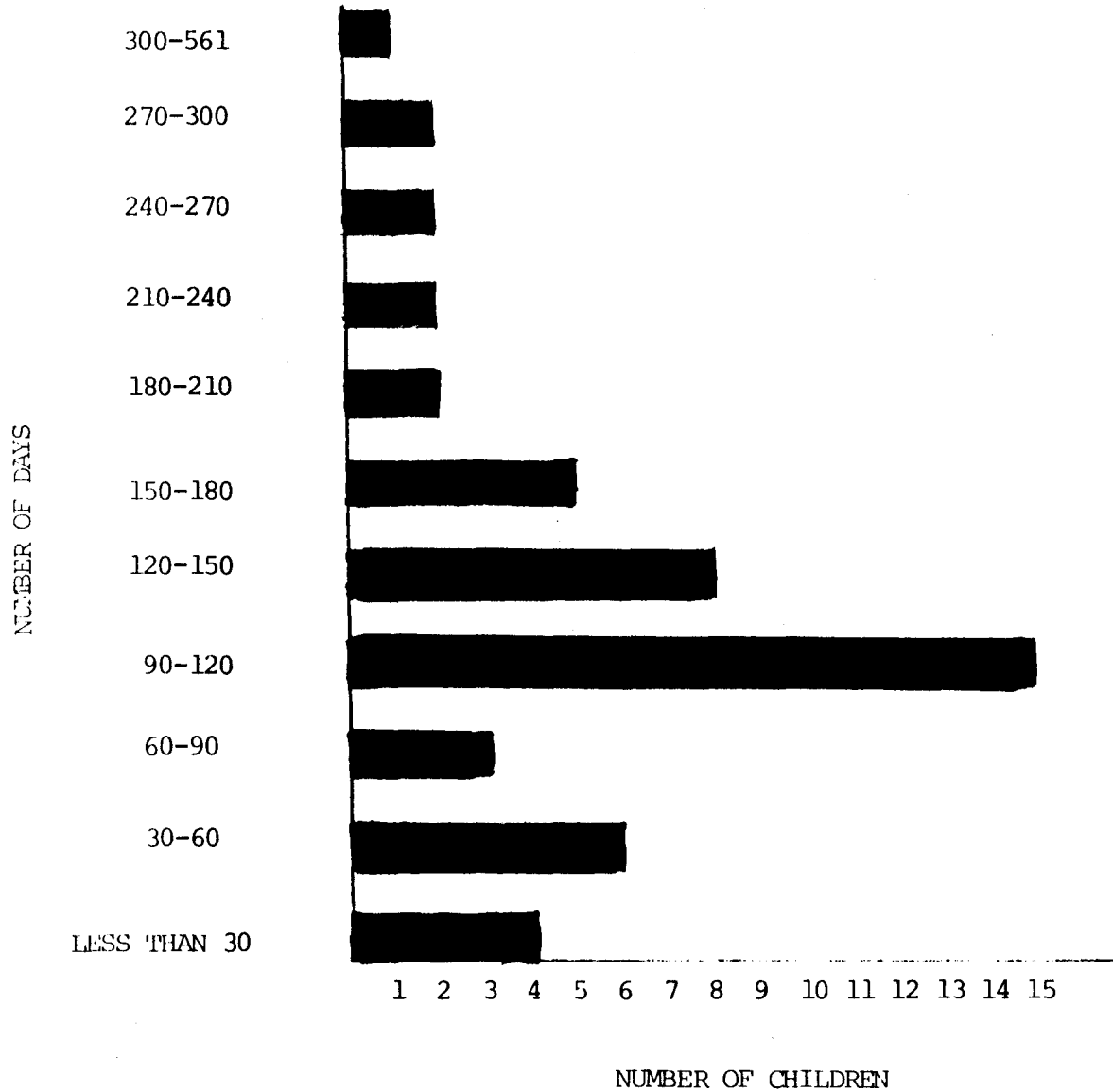
GRAPH C



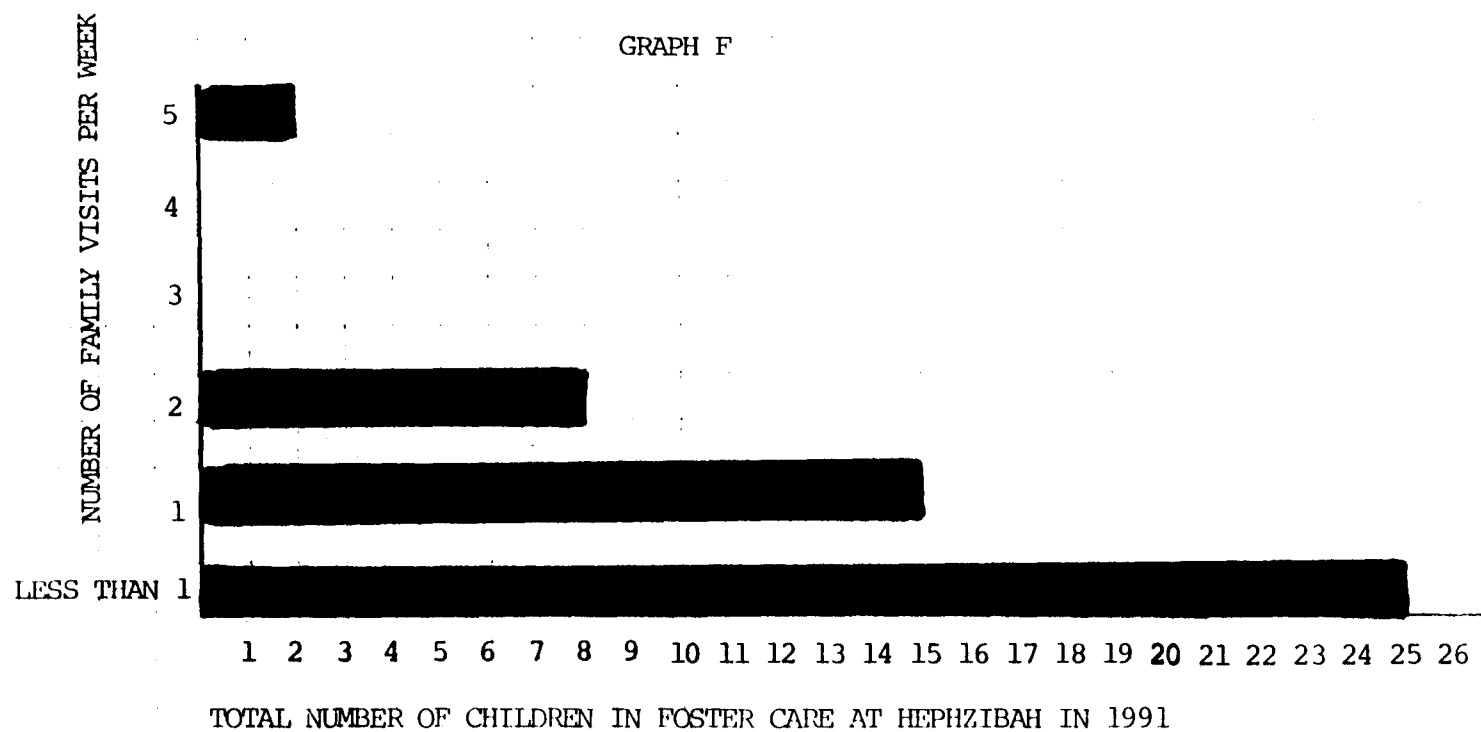


NUMBER OF DAYS CHILDREN SPENT IN FOSTER CARE AT HEPHZIBAH IN 1991

GRAPH E

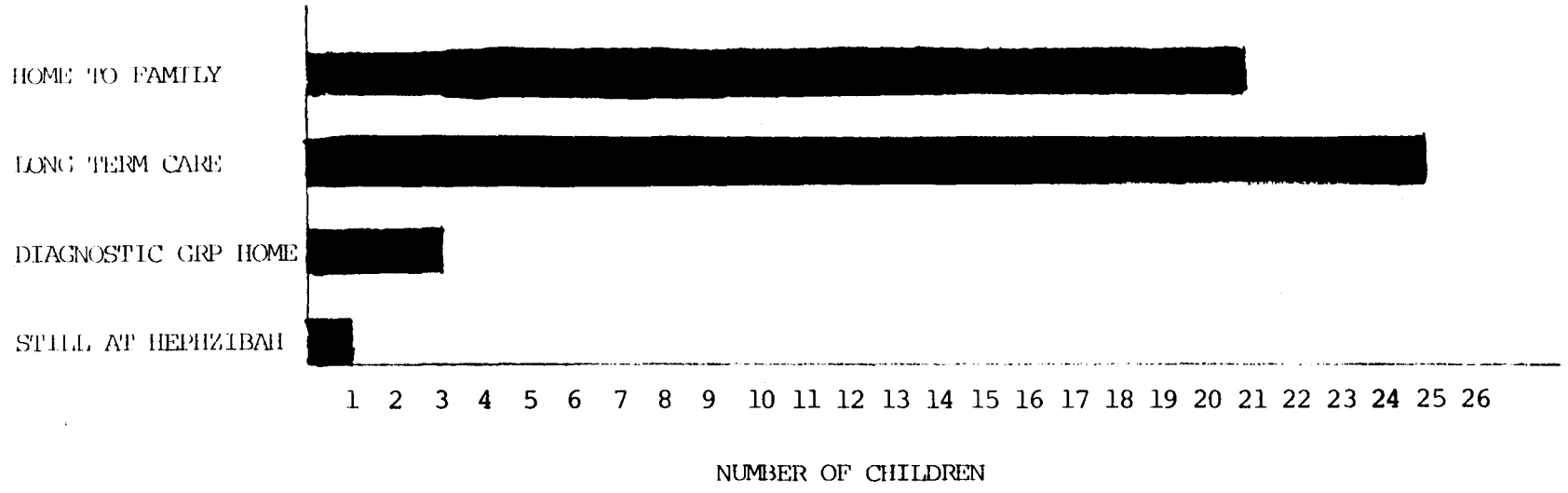


GRAPH F



DISPOSITION OF CHILDREN LEAVING HEPHZIBAH FOSTER CARE

GRAPH G

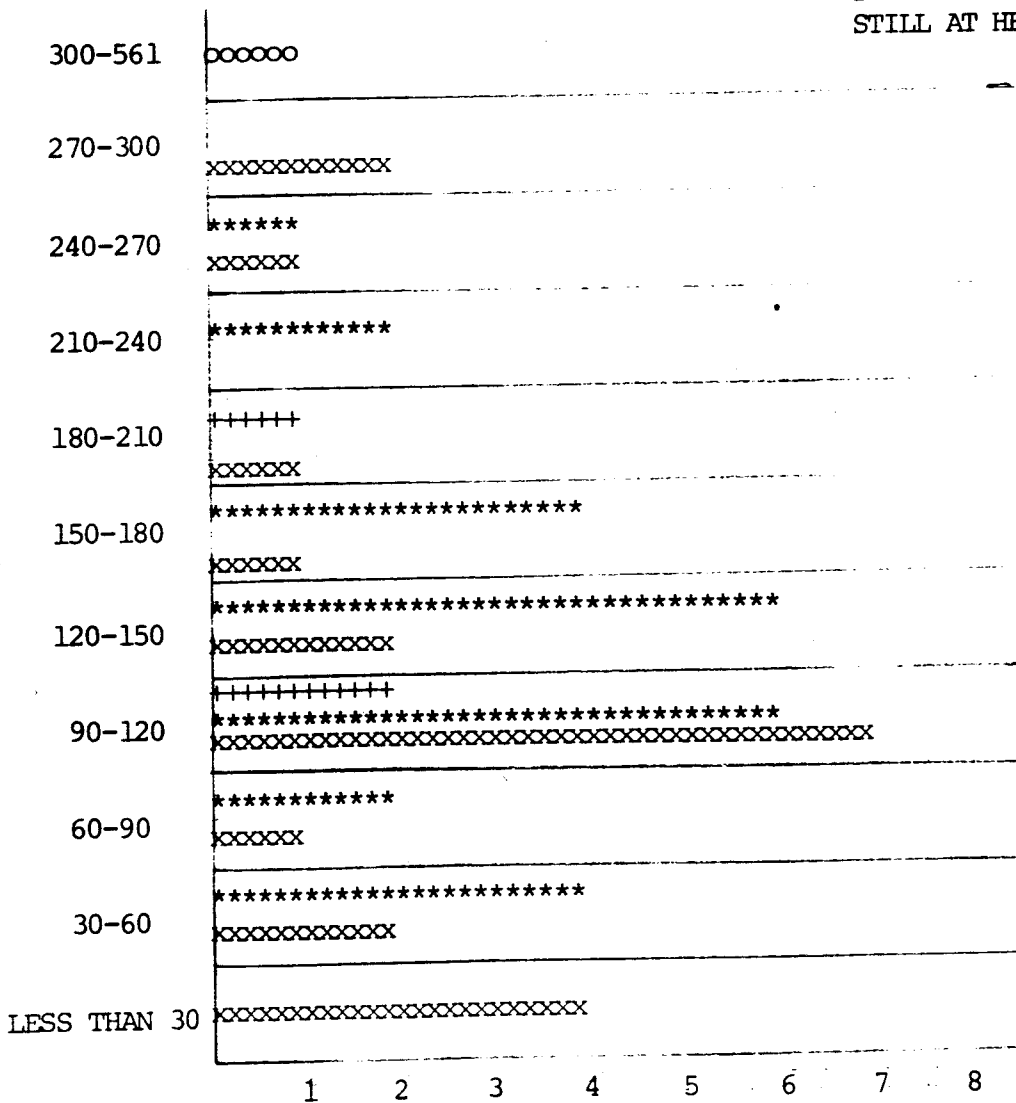


DISPOSITION OF CHILDREN AT HEPHZIBAH
BY THE LENGTH OF TIME IN FOSTER CARE

GRAPH H

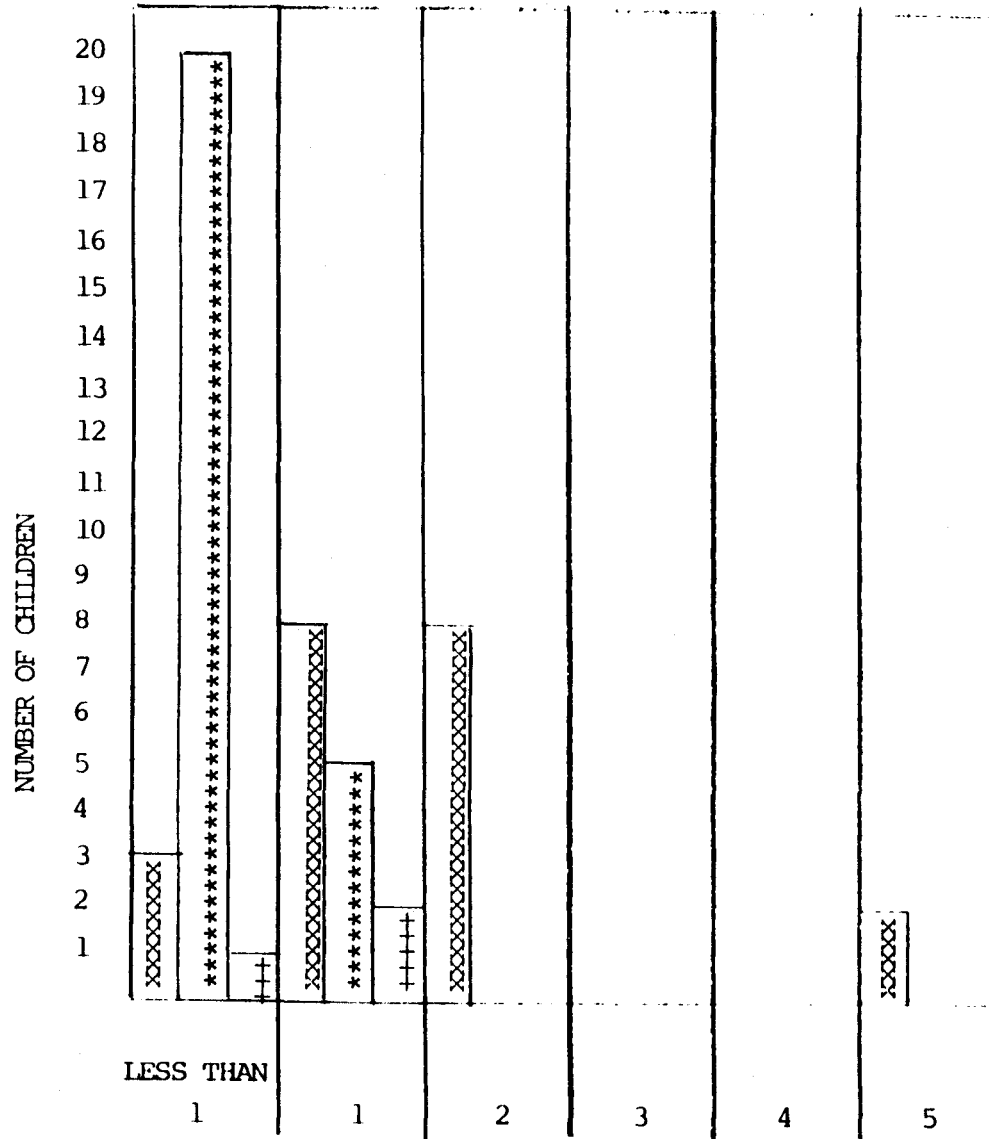
NUMBER OF DAYS IN HEPHZIBAH FOSTER CARE

HOME xxxxxxxxxxxxxx
LONG TERM CARE *****
DIAGNOSTIC GRP HOME +++
STILL AT HEPHZIBAH ooooo



NUMBER OF CHILDREN

DISPOSITION OF CHILDREN IN HEPHZIBAH CARE BY THE
NUMBER OF FAMILY VISITS PER WEEK



GRAPH I

RETURNED HOME XXXXXXXXXXXXXXXX
 LONG TERM CARE *****
 DIAGNOSTIC GRP HOME ++++++

NOTE; 1 CHILD-PARENTAL RIGHTS
 TERMINATED.

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The Master's Thesis submitted by Sheila B. Yeager has been read and approved by the following committee:

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The final copies have been examined by the director of the Thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the Thesis is now given final approval by the Committee with reference to content and form.

The Thesis is, therefore, accepted in partial fulfillment of the requirements for the degree of Master of Arts Graduate Liberal Studies.

4/19/93

Carol M. Amadio

Date

Director's Signature