

# **Making Visits Better: The Perspectives of Parents, Foster Parents, and Child Welfare Workers**

Wendy Haight

*School of Social Work  
University of Illinois at Urbana-Champaign  
1207 West Oregon Street  
Urbana, Illinois 61801*

Sara Mangelsdorf

*Department of Psychology  
University of Illinois at Urbana-Champaign  
603 East Daniel  
Champaign, Illinois 61820*

Lakshmi Tata

*School of Social Work  
University of Illinois at Urbana-Champaign  
1207 West Oregon Street  
Urbana, Illinois 61801*

Margaret Szewczyk

*School of Social Work  
University of Illinois at Urbana-Champaign  
1207 West Oregon Street  
Urbana, Illinois 61801*

James Black

*Department of Psychology  
University of Illinois at Urbana-Champaign  
603 East Daniel  
Champaign, Illinois 61820*

Grace Giorgio

*School of Social Work  
University of Illinois at Urbana-Champaign  
1207 West Oregon Street  
Urbana, Illinois 61801*

Sarah J. Schoppe

*School of Social Work  
University of Illinois at Urbana-Champaign  
1207 West Oregon Street  
Urbana, Illinois 61801*

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Correspondence concerning this article should be addressed to: Wendy L. Haight, School of Social Work, University of Illinois, 1207 W. Oregon, Urbana, IL 61801.

Phone: 217-244-5212. E mail: [wlhaight@uiuc.edu](mailto:wlhaight@uiuc.edu)

## **ABSTRACT**

Mothers of children recently placed in foster care, foster mothers and child welfare workers participated in semi-structured, clinical interviews focusing on the challenges of parent visitation with young children. Many mothers described their feelings of grief, trauma and rage about the forced separation from their children; and prioritized emotional expression and communication during visits. Many child welfare workers described the complexities of supporting emotionally close parent-child interactions while monitoring and assessing parental behavior during visits. Many foster mothers described the importance of preparing children for visits, and the difficulties of supporting them afterwards. Implications of understanding mothers', foster mothers' and child welfare workers' perspectives for enhancing the quality of visits with young children are discussed.



## **MAKING VISITS BETTER: THE PERSPECTIVES OF PARENTS, FOSTER PARENTS, AND CHILD WELFARE WORKERS**

Parent visitation, the scheduled, face-to-face contact between parents and their children in foster care, is considered the primary child welfare intervention for maintaining parent-child relationships necessary for successful family reunification (e.g., Downs, Costin, and McFadden, 1996; Hess and Proch, 1993), a permanency goal for the majority of children in foster care. It also is viewed as providing an opportunity for professionals to better understand the parent-child relationship (Kessler and Green, 1999). Organized visits are considered so critical to the effort to reunite families that PL 96-272 (The Adoption Assistance and Child Welfare Act of 1980) explicitly requires their inclusion in family preservation efforts. Visits take on even greater significance given state statutes enacted in 1998 requiring that permanency plans be in place for children aged 8 and under within six months after the child's placement in care.

Yet, existing research and clinical reports (e.g., Haight, Kagle & Black, in press) suggest that, too often, visits fall short of meeting their goals. Indeed, social workers' reports (Fanshel, 1982), and direct observations (Haight, Black, Workman, and Tata, in press), indicate considerable variation in the extent to which mothers and young children sustain mutually engaging and developmentally appropriate interactions during visits. Furthermore, adult participants can vary widely in their understanding of appropriate and supportive social work practice during visits. In the following interview excerpts, a child welfare worker and her client independently discuss how to make visits better:

(Child welfare worker). I think praising the parents when they have done a good visit, recognizing...that was good.... If someone is sitting there staring at you the whole time.... Well, it is not something you hear enough. I mean we all like praise. It was something from my boss – and, basically, we're their (parents') bosses at this point in time...

(Mother). I'm serious! They sit there and look at you like you are stupid! Or (they're) patronizing, "You did really good!" What do you mean, "Really good?" I have daycare in my home for eight years! I raised my children! I've got an 11-year-old. I raised him for 10 and a half years before you took him. I don't need you to tell me I did "really good."

These excerpts also illustrate the emotional and interpersonal complexities of visits. Although the clinical literature increasingly recognizes the impact of children's grief and emotional pain on visits (Department of Children and Family Services (DCFS) clinical materials; Beyer, 1999; Haight, Kagle, and Black, in press), remarkably few recent systematic efforts have been made to understand the subjective experiences of parents, foster parents and child welfare workers surrounding visits. In general, parents involved with public child welfare systems have reported emotional suffering (Jenkins and Norman, 1975), anger, fear, powerlessness (Diorio, 1992), and dissatisfaction with services (Poertner, Harris, and Joe, 1997). Low income, minority parents with children in Head Start agreed that most parents need help, but child protective services were viewed with distrust, anger, and fear (Keller and McDade, 2000). Clinical discussions suggest that foster parents (Edelstein, Burge, and Waterman, 2001) and child welfare workers also may experience grief, anger and powerlessness (DCFS clinical materials), as well as burnout and secondary trauma (Dane, 2000). Some child welfare workers even express condemnation for parents (Ong, 1985; Smith and Smith, 1990).

In this paper, we examine the perspectives of mothers, foster mothers and child welfare workers for clues as to how parent visits with very young children may be improved. There are several, related reasons why understanding the subjective experiences and perceptions of parents, foster parents and case workers can be critical to making visits better. First, the voices of individuals actually involved in visits may illuminate neglected psychological and interpersonal issues that may affect visits. For example, participants' subjective experiences of grief, rage and powerlessness can affect their energy level, emotional availability to the child, and ability to collaborate with other adults during visits (see Edelstein, Burge, and Waterman, 2001, for a discussion of

“disenfranchised grief”). Once these issues have been identified, interventions to better support parents, foster parents and child welfare workers may be developed.

Second, mothers, foster mothers and child welfare workers have a wealth of experience with visits gained from very different vantage points. For example, mothers can describe what visits mean to them, personally, and suggest how their children, and their relationships with their children, may be affected over time. Child welfare workers schedule, organize, supervise, and evaluate the responses of many children and parents during visits. Foster mothers observe, prepare and support children prior to, and subsequent to, the visits. Sometimes they are even called upon to supervise visits. By including the perspectives of all three groups of adults a more complete picture of the issues involved in visiting may be obtained. Attempts to enhance practice can then be informed by a systematic exploration of the diverse “practice wisdom” of those individuals directly involved in all phases of the routine conduct of visits.

Third, given the differing roles they play during visits, the perspectives of mothers, foster mothers and child welfare workers sometimes may diverge. For example, mothers may prioritize intimacy with their children during visits, while child welfare workers may prioritize supervision and assessment. These differing perspectives may result in mismatched agendas and conflict disruptive to the visits. Attempts to improve the quality of parent visitation can anticipate any divergent perspectives of key adults which may affect their participation in visits.

## **Method**

### **Participants**

Participants were 28 mothers, 13 foster mothers and 24 child welfare workers associated with a public child welfare office (DCFS training materials) in a medium-sized, Midwestern city. Mothers were participants in an observational study of parent-

child interaction during visits (Haight, Black, Workman, and Tata, in press; Mangelsdorf, Haight, Black, Schoppe, Szewczyk, and Tata, in preparation).

### **Mothers**

In this study, we focus on mothers because mothers comprise the majority of visitors in the state in which this study was conducted. We examine mothers of preschool and toddler-aged children because very young children are entering the foster care system at increasing rates, and are staying for longer periods of time (Berrick, Needell, Barth, and Jonson-Reid, 1998; Downs, Costin, and McFadden, 1996). Furthermore, because early parent-child relationships undergo considerable development during the first few years of life (e.g., Thompson, 1998), they are uniquely vulnerable to disruption through foster care placement. We focus on mothers with children in care for 12 months or less because child welfare workers increasingly recognize the significance to reunification of the establishment of regular visits early in placement. We consider mothers who have had children in care for a minimum of one month so that initial visiting patterns will be established.

In summary, mothers of all children between 24 and 48 months of age who had been in foster care from 1 to 12 months were identified through DCFS records. Children's caseworkers were contacted and asked to screen out any children who were not receiving visits, or for whom a permanency plan was not to "return home." Caseworkers then contacted mothers and obtained permission for us to contact them regarding participation in the study. We explained to each mother that we were researchers at the university interested in learning more about visits in order to develop better social work practices. Although DCFS had granted permission for our study and even designated us as "visit supervisors" for the purposes of this study, we were not employed by DCFS and would not report to DCFS employees regarding any individual mother's or child's participation (or lack thereof) in the study. Approximately 38% of eligible mothers referred to us by caseworkers agreed to participate. Mothers were paid



\$30.00 for their time. They also were given an additional visit with their children which we supervised.

Fifteen mothers were Caucasian, 12 mothers were African American, and 1 mother was Hispanic. The mean age of mothers was 27 years, ranging from 16–42 years. Fifteen mothers had less than a high school education, 9 had completed high school, 3 had earned GEDs, and one had an associate's degree from a community college. Ten mothers were employed at service or factory jobs, and the others did not have steady employment. Nine mothers had a history of or ongoing problems with substance abuse, nine were struggling with significant mental health issues (clinical diagnoses of depression (N=6), manic depression (N=1), anxiety disorder (N=1) and PTSD/anxiety disorder (N=1)), and one was a brittle diabetic. Although we did not probe systematically, issues of domestic violence occurring around the time of their children's placement in foster care were mentioned spontaneously by one-quarter of the mothers. Mothers had a mean of 2.4 children (ranging from 1-5) of a mean age of 6 years (ranging from under one year to 22 years). Twenty-seven mothers became involved with the child welfare system involuntarily. One mother, overwhelmed by substance abuse and domestic violence, voluntarily placed her children in care. Target children were in care primarily because of neglect (N=19). Six children were in care because of physical abuse, one because of sexual abuse, and two because of domestic violence. Twenty-five mothers reported participating in at least one visit per week, and 18 reported that their visits currently were supervised.

### **Foster Mothers and Child Welfare Workers**

We focus on foster mothers because they were the primary caregivers of the children involved with DCFS. Foster mothers were randomly selected from all foster mothers involved with DCFS. All child welfare workers working at the local DCFS office were invited to participate. The study was announced to foster mothers and child welfare workers via a letter of introduction from DCFS. The letter stated that DCFS was

participating with researchers from the University of Illinois in a project to improve the quality of visiting, and that unless they contacted DCFS to express their disinterest in participating, they should expect a call from us.

Of the foster mothers we contacted, approximately 35% agreed to participate. They received \$20.00 for their participation. Seven foster mothers were African American and six were Caucasian. Two foster mothers had completed junior high school, six had completed high school or earned a GED, and five were college graduates. The mean number of years these mothers had provided foster care through DCFS was 7, ranging from 2.5–14 years.

Approximately 50% of child welfare workers we contacted agreed to participate. Eighteen child welfare workers were female. Six workers were African American and 18 were Caucasian. Twenty-three child welfare workers were college graduates, and nine had graduate degrees. With two exceptions, child welfare workers with graduate degrees had a Master's of Social Work degree. The mean number of years participants had worked in child welfare was 8 years, ranging from 3 months–17 years. All had experience with parent visits. Four participants currently were employed as supervisors. The other 20 were involved in direct services, typically described as “child welfare specialists” or “case workers.”

## **Procedure**

Each participant responded to one individual, semi-structured, in-depth, tape-recorded interview lasting approximately 1 to 2 hours. Interviews were conducted at a location of the participant's choosing, typically a private office at the university (mothers), the local DCFS office (child welfare workers), or at home (foster mothers). Each interview was conducted by a graduate research assistant or psychiatrist from the local community mental health center. Participants were aware that the interviewer was not affiliated with DCFS, and that their conversations would remain confidential.

Participants were invited to narrate their experiences with visits, to articulate their own beliefs regarding the role of visits in child welfare services, to describe factors which facilitate or impede visits, and to provide advice to DCFS professionals (protocol available upon request). Child welfare and foster mothers were asked to focus on visits with young children, aged 2–5. Mothers were asked to focus on their experiences with their own 2–5 year old child. Audiotapes were transcribed, verbatim, in their entirety.

## **Analysis**

A subset of 12 randomly chosen interviews, four each for mothers, foster mothers and child welfare workers, was read by two individuals who independently, and then through discussion, generated a list of factors identified by participants as affecting the quality of visits. Two other independent raters then used this list to code the interviews. They overlapped on approximately 10% of the interviews for mothers (N=3), foster mothers (N=2) and child welfare workers (N=2). The mean percent agreement was 86%, ranging from 83–100%. Disagreements were resolved through discussion. (Details are available upon request). The factors coded will be described in the relevant portions of the “Results and Discussion” section. This report will be restricted to those factors described by at least 50% of mothers, foster mothers or case workers as affecting visits.

## **Results and Discussion**

### **Historical/Contextual Factors.**

As shown in Table 1, participants agreed that the history and context of the case, that is, conditions occurring outside of a specific visit in time and space, can affect the quality of that visit. In particular, participants discussed the quality of services provided to the family, as well as parents' and children's feelings about their separation.

### **Services to Families**

All participants discussed the quality of services provided to families by DCFS or agencies contracted by DCFS. Participants emphasized that the frequency and consistency of visits can impact upon the quality of future visits. For example, some participants felt that frequent and consistent visits help young children to anticipate and eventually adjust to visiting their parents. The majority of participants also agreed that visits may be affected by the adequacy of other services, for example, parenting classes, and mental health and substance abuse treatment; to meet the real needs of families. Most participants also viewed parents' compliance with mandated services as affecting visits. Some child welfare workers used mothers' compliance with services as an index of their motivation to reunite with their children. Unfortunately, some mothers characterized their participation in mandated services as "jumping through the hoops," necessary to maintaining adequate relations with DCFS workers, but not effective in addressing the real needs of their families.

Participants also identified quality foster care and support provided by foster mothers as key facilitators of visits. Some participants argued that when children are emotionally supported and well-cared-for in their foster homes, parents and children are better able to relate during visits. Conversely, some mothers described their distress

**Table 1 Percentage of Mothers (N=28), Foster Mothers (N=13) and Child Welfare Workers (N=24) Identifying Historical/Contextual Factors as Affecting the Quality of Visits**

<b>Factors Identified by at least 50% of Mothers, Foster Mothers or Case Workers</b>	<b>Mothers</b>	<b>Foster Mothers</b>	<b>Child Welfare Professionals</b>
Historical/Contextual Factors	100	100	100
Services	100	100	100
Frequency and consistency of visit schedule	93	62	71
Quality of services	82	85	83
Parents' compliance with mandated services	79	77	67
Quality of child's foster care	86	69	63
Feelings about the separation	100	31	58
Parents' feelings about the separation	100	8	33
Child's feelings about the separation	75	23	50

when young children arrived at visits appearing uncared for or unhappy. In the following excerpt, a young mother contrasts the impact of two foster mothers on the quality of her visits with her two young children.

(The current foster mom is) pointing out a lot, telling (them) to call me “Mom.” ... They used to be with a different foster mom and when they came ... to visit me they were – I don’t know how to put it – they were very shy. They didn’t want to show their enjoyment or whatever. ... They were, I mean, you had to go to them. They wouldn’t come to me. ... it would be like they were little statues and they were ordered to do whatever ... Now they’re with (the current foster mother) and it’s totally different. They’re like what they were with me. Like they have their own personalities back again. I like that.

### **Feelings about the Separation**

The discussions of mothers, foster mothers and child welfare workers diverged primarily around the issue of parents’ and children’s feelings about the separation, for example, the extent to which any trauma associated with the involuntary placement had been resolved. All of the parents spoke of their feelings about the separation, and most spoke of their children’s feelings. More specifically, nearly all mothers expressed, both verbally and nonverbally, feelings of grief, depression, and trauma over the loss of their children. Many mothers also spoke of hopelessness and a lasting rage towards the child welfare system. As one young mother described:

I just feel like I’ve lost everything... (*crying*). I’m scared if I don’t get my kids back.... And I – I fight ‘em (DCFS) as much as I can, but what else do they want me to do? I hate DCFS and I – I’ve never told ‘em that, but I want to. ...you can’t tell them that ‘cause then they write a bad report about you.

Other mothers spoke quite specifically about how their and their children’s feelings about the separation affected visits per se. For example, one mother in treatment for substance abuse described her visits with her three young children:

...Every time I see him, it's like, "You better yet? You better yet?" I'm like, "Not yet. Almost." She's like, "...I want to come home!" It's hard too because the little one is so attached to her foster parents. She's so young (*voice breaking*) and it's hard. Very hard (*sobbing*).... They (foster parents) are alright, and we're working on getting them back, so you've gotta, you know, take time. It's hard when they're so young. The two year old doesn't like, play much (*during visits*). It's very hard on her. She hugs and kisses me, you know.... The most important thing in my life is Thursdays. Being with my kids (*crying*) makes me feel better. Very much better (*laughs sadly*).

Another mother of a 4-year-old girl described her own complex feelings during visits:

...I felt guilt,...cause I made the mistake, and she shouldn't have to be going through all this.... She is so little and she shouldn't have to be- you know, (be) taken out of her home, and, I just felt bad, and, you know, angry at myself for doin' what I did. I mean, it was stupid of me.... Oh, I was excited to go see her (*for visits*). You know, and then like, would see her and then act like, nothin' really changed when we're together. But, I knew the time had to come when I had to leave, and I was trying to make up, you know, ways to try to tell her what was gonna happen, why I had to leave...

Another mother, who visited at her children's foster home, described the grief she felt when watching another care for her baby:

I give my kid a lot of love, you know. I rock him and all that, and (*the foster parents*) don't have time to do that, you know? ...And you know, he was crying and then they said, "Just let him cry, he'll fall asleep." And, I don't like to let my kids cry, that's just the way I am. So, uh, I told my mom to just take me home because I started crying, you know. It is hard for me.... I know they do well taking care of him.... It's hard for me to see him and to know that we're not together and to see him crying. Because I should be the one to be there with him. You know?

In the following example, a mother relates a discussion with her 4-year-old daughter occurring during a visit about the child's placement in foster care after her mother left her alone in their apartment.

She did ask me the other day, she said..., “Why didn’t you come back?” She’s like,... “They knew you was off and you didn’t come back.” And she’s like, “And, you didn’t bring me no gummy bears.” ...You know, I really didn’t think she remembered that. And she’s like, “Why didn’t you come back?” I said, “I came back, but when I came back, they were already gone.” And she’s like, “The cops took me!” You know,...that made me feel real bad.

Foster mothers and child welfare workers typically did not identify spontaneously mothers’ feelings about the separation as affecting the quality of visits, and only one-half of child welfare workers and approximately one-quarter of foster mothers spoke of children’s feelings about the separation. Even when child welfare workers did discuss parents’ feelings about the separation, there was little recognition of or concern for parents’ complex grief reactions. Rather, the focus was on difficulties caused by parents’ anger. For example, one worker noted,

I think that if parents are still really angry and blameful, that can be really tense during a visit. What they tend to do, their body language demonstrates that, and I get concerned because I think the kids pick up on that.

### **Implications for Practice**

Participants’ responses suggest the importance of considering how the history and context of each case may impact upon mothers’ and children’s abilities to maintain and strengthen their relationships through visiting. Consistent with the clinical literature (e.g., DCFS training materials), participants’ responses underscore the importance of providing frequent, regular visits, and high quality foster care and services to families. Most striking, however, was mothers’ articulation of their own feelings of grief, trauma, hopelessness and rage about the forced separation from their children. These intense responses raise several issues. First, how might a mother’s unresolved feelings related to the child welfare intervention impact on her short and long-term ability to parent? For example, unresolved grief and trauma surrounding a mother’s forced separation from her



child may leave her with little energy to actively engage in services that could strengthen her abilities to parent now and in the future. Such responses also could affect a mother's abilities to focus on and interact with her young child during visits. Clearly, for reunification to succeed, child welfare interventions must go beyond what many mothers described as punishment or even trauma to themselves and their families, to actually strengthen women to become more effective people – that is, women who are less likely to succumb to depression and substance abuse, less likely to become involved with violent men, and more likely to protect their children from abusive family members – when their children do return home.

Second, how might a mother's unresolved feelings impact on child welfare workers and foster parents? For example, a mother's unresolved grief and trauma may manifest itself as intense anger and hostility towards the child welfare system making it very difficult, uncomfortable and ineffective for workers to provide essential reunification services to families. Given the low percentage of child welfare workers and foster mothers identifying mothers' feelings about the separation as affecting the quality of visits, education regarding mothers' mourning may be warranted so that their grief and despair are not misattributed by child welfare workers and foster mothers as a lack of concern for their children, motivation or fundamental ability to benefit from necessary services.

Finally, how might professionals support mothers in resolving complex issues of grief surrounding the forced separation from their children? The majority of the mothers in our study experienced their grief in isolation. Most lived complex and difficult lives; few had relationships with reliable, nurturing adults who could provide support to them in times of crisis; and many also described feelings of stigmatization because of their involvement in the child welfare system. Remarkably, many mothers expressed gratitude to us simply for listening to their stories and hearing their sadness. Minimally, child welfare agencies could create contexts for allowing mothers, particularly those new to the system, to share their feelings of grief and to gain perspective with a supportive, empathic

person, knowledgeable about the child welfare system, for example, a mental health professional, parent advocate or member of the clergy. Such contexts could be in place from the very initiation of services and, for some mothers, remain in place throughout their contact with the child welfare system.

### **Visit Preparation**

As shown in Table 2, the importance of preparing for the visit emerged as a theme for all foster mothers and most child welfare workers, but fewer than half of the mothers. For the child welfare workers, visit preparation may include coordinating the schedules of foster parents, parents and children; planning and preparing a location; insuring supervision and transportation; and supporting all participants in anticipation of a possibly stressful event. Visit preparation for a foster mother may include adjusting her family's schedule to accommodate the visit, informing the child of the visit, making any special preparations with the child for the visit, and helping the child make the transition to and from the visit.

Approximately half of the child welfare workers discussed the importance of preparing the parent for the visit. These discussions focused almost solely on issues of planning activities and rules.

If they can do some planning before they have the visits and say, "What would the child really like to do? Would the child like to go to the park? Would the child like to go out and get ice cream?" ...Something that would be positive, and channel that so they are not coming to the DCFS office, land in a chair, watching their child sit there as they put blocks together. Not that there's anything wrong with that...but I think that a little interaction that is positive – more than just getting together.

Another child welfare worker elaborated,

I think that in improving visits we really need to be working hard to talk to...parents ahead of time about the purpose of visits. Things like how the visit should go and what kind of things would cause the visit to end

**Table 2 Percentage of Mothers (N=28), Foster Mothers (N=13) and Child Welfare Workers (N=24) Identifying Visit Preparation as Affecting the Quality of Visits**

<b>Factors Identified by at least 50% of Mothers, Foster Mothers or Case Workers</b>	<b>Mothers</b>	<b>Foster Mothers</b>	<b>Child Welfare Professionals</b>
Visit Preparation	32	100	96
Quality of preparation for the parent	7	0	54
Quality of preparation of child	4	77	13
Quality of support for child in the transition to and from visits	36	100	58

prematurely, or what kinds of things do we need to see you doing so we can look at extending visits.

Foster mothers emphasized the importance of preparing the child for the visit. For example, they discussed comforting rituals such as fixing the child's hair, or dressing the child in good clothes to make the visit feel special to the child. Child welfare workers and foster parents also emphasized the importance of providing emotional support to the child during the often stressful transition to and from the visits. As one foster mother elaborated:

You know, you get a different transporter constantly. And these kids have problems enough, and they bond with a person on transport, and then pulled. And, and the bonds that they have are so important. And when it's somebody who just takes them to a visit to see a parent, they bond with that person. And then when that person is constantly changing, it's very frustrating. Especially if that child is kind of shy in the first place. And when you're dealing with little, little kids, it's hard to hand your little child over to someone new.... It's like, all of a sudden someone new is at your door...I've talked to them on the phone because I've made the arrangements for transporting, but the kid doesn't know this person, and all of a sudden it's someone new to take them. And you can set them up and say, 'Listen, someone else is gonna come and so-and-so is not going to be here anymore,' but that's someone new that they are getting in the car with and driving away.

In contrast, a child welfare worker describes the emotional support that she is able to give a 4-year-old girl whom she has consistently escorted to and from visits.

She has made up a game called , "caseworker." So, she plays the caseworker, and I'm her. Her name is Lynn, and I'm Kerry. She'll ask me questions about my visit with my parents, and I'll talk to her and I'll say, "When am I going to see my mom and dad again?" And she says, "Next week." Then I say, "How many more days is that?" because that is what she does, and she says, "You go to bed at night, and you go to sleep, and it's going to be five more nights." ...Oh, we go back and forth, and she loves the game. She loves it.

### **Implications for Practice**

Consistent with the clinical literature (e.g., DCFS training materials), participants' responses highlight the importance and complexity of preparing for the visit including communicating with mothers and children about the visit, and insuring that children receive adequate support in the sometimes difficult transition to and from foster mothers and mothers. Most striking, however, was mothers' apparently minimal involvement in visit preparation. Less than half of the mothers even discussed preparing for the visit. Furthermore, almost no mothers or foster mothers and only approximately half of child welfare workers, discussed preparing *the mother* for the visit. Furthermore these discussions focused on planning activities and rules, not on the complex psychological and interpersonal issues confronting mothers during visits. Child welfare workers could create a context, for example, a 10 or 15 minute period prior to the visit, in which mothers have an opportunity to meet with a supportive, empathic person to discuss and plan for these complex issues in relation to the upcoming visit.

### **Visit**

As shown in Table 3, all participants discussed characteristics of the actual visit focusing on the physical and social context, and the parent-child relationship and interaction.

### **Context**

Nearly all participants agreed that contextual factors affect visits. Mothers, foster mothers and child welfare workers alike emphasized the importance of an adequate physical context. In particular, many participants described the need for a comfortable, child-proofed environment with adequate privacy and opportunities to engage children in age-appropriate activities, for example, a home-like room with comfortable furniture and clean, unbroken and interesting toys. Mothers and child welfare workers also elaborated upon the importance of scheduling visits for an adequate duration. Many mothers, in

**Table 3 Percentage of Mothers (N=28), Foster Mothers (N=13) and Child Welfare Workers (N=24) Describing Characteristics of the Visit**

<b>Factors Identified by at least 50% of Mothers, Foster Mothers or Case Workers</b>	<b>Mothers</b>	<b>Foster Mothers</b>	<b>Child Welfare Professionals</b>
Visit	100	100	100
Context	100	100	100
Physical context	100	92	92
Quality of parent-supervisor relationship/interaction	93	69	92
Duration	93	38	71
Parent-Child Relationship/Interaction	100	100	92
Emotion expression/communication	89	8	58
Play	64	23	29
Caretaking	61	0	25
Practice/assess competence	0	0	46
Monitor for inappropriate behavior	7	85	83

particular, felt that one hour-long visits simply did not allow them enough time to comfort, reassure and discipline their children; engage in familiar, routine activities; and learn about their child's activities during the week.

Participants also agreed that the quality of the parent-supervisor relationship is essential. When mothers feel that their interactions with their children are being scrutinized and judged, spontaneous, self-assured interaction becomes difficult. As one mother described:

The worst one (visit) was when he came home and had to be supervised. That was the worst visit because I felt like I was under a microscope where I had to be on my best behavior, you know, I couldn't really be "Mama." ...I was just there with him, because he didn't really get a chance to know that I was Mom because there was someone else there. He was just as used to her as he was to me. That was the worst visit.

Another mother described a conflict between her need to be physically close to her toddler, and the visit supervisor's perceptions of age-appropriate behavior.

When I – when my daughter want me to hold her, and the (supervisor) said she needs to walk. And you want – you only have an hour with your child and she loves to be held by her mommy, and you're gonna have someone tell you "no." So you do "no" because that's what they told you – and you (need) to make *them* happy.

In contrast, some mothers described feelings of support and even friendship from their visit supervisors. These mothers described visits not only as comfortable, but as allowing the exchange of meaningful information, for example, strategies for disciplining and comforting the child. In addition, one foster mother who hostesses visits in her own home viewed her support of parents during visits as helpful to children's adjustment to foster care:

Let them (parents) think they have the freedom of home, and that way the foster child sees that you and they parents are friends. And then that makes them feel safer with you because they figure – they see that you like their mom or dad and that makes them more comfortable.

### **Parent-Child Relationship/Interaction**

Mothers, foster mothers and child welfare workers alike emphasized the importance of the parent-child relationship/interaction during visits. There was, however, divergence on the aspects of parent-child interaction/relationship emphasized. Mothers emphasized visits as an opportunity to care for their children, for example, to feed them, do their hair, and simply to “be Mama.” Parents also emphasized emotional expression and communication, especially simple physical contact and affection, “spoiling,” laughing and playing with their children.

Mothers also described the emotional challenge of managing their own and their children’s grief and anger, especially during leave taking. In the words of one mother:

Oh, God. It’s like tearing my heart out. It’s the most hurtful thing to be on a schedule to see your own child. It’s just something that is inconceivable. The pain is just so deep. To tell your own child, “good-bye.” As bad as you want to be with him. That’s one of the hardest things I’ve ever had to experience next to giving him up.... And it’s terrible for him too. Because I know he loves me...

Child welfare workers’ discussions of parent-child interaction/relationship during visits reflected the multiple roles that they are expected to fulfill during visits: supporting parent-child closeness to facilitate reunification, protecting children from parents’ possibly inappropriate behavior, and assessing parents’ progress and the parent-child relationship. Like mothers, child welfare workers elaborated upon the importance of emotion expression/communication during visits for supporting parent-child closeness. The monitoring function of visit supervision was reflected in a large percentage of child welfare workers and foster mothers who elaborated upon inappropriate behavior they had observed during visits. They described in detail the insensitive, cruel and abusive behavior that they had witnessed during parent-child visits. Their narratives included accounts of a sexually abusive father who discretely fondled his toddler during visits, a mother who pressured her young son to recant his account of physical abuse by her



boyfriend, and a mother who continued to scapegoat her young son and pointedly left him out as she provided gifts for his sisters and asked them about their week.

Child welfare workers also emphasized visits as one of the very few (if not only) contexts in which parents can practice skills learned through other services, and the worker can assess their progress. In the words of one worker:

The visits are essential. That's the only way. We can have parents go through service, and they can go through them with flying colors and complete them and do all that stuff, but if they cannot interact with the kid appropriately, if they cannot demonstrate what they've learned, then we can't send the kids back home. And the place to see that is the visits.

More specifically, many child welfare workers indicated the importance of using visits to assess mothers' abilities to appropriately discipline their children. Many mothers, however, described a reluctance to discipline during visits. For example,

Times when they get a little edgy because I'm not ... around them all of the time. When you don't see them that much it's hard. They say something about me not chastising the kids enough sometimes, but I don't think I'm with them enough to chastise them. I mean, once a week for two hours! That's not enough time to be putting no pressure on a child, you know, I don't see that much.

Some child welfare workers articulated the complexities of negotiating the various roles required of the visit supervisor. One experienced caseworker described how she took the perspective of a mother in order to respond to the challenges inherent in monitoring and supporting:

I think it's...important for the caseworker to kind of step back and let the parent be the parent. (But), we have to be there, and we have to make sure we're in the room, or in earshot of what's going on, and see what's happening.... Mom was very nervous at first, and I didn't focus on that because I didn't think that was going to help her. You know, she knew why she was there, and she knew I was watching her and monitoring it, but I didn't sit there and say, "Ohhh, now you don't have to be nervous." Of course she's going to be nervous. I would be nervous. You got

somebody watching you and your kid , yeah, I'd be nervous! So, don't disregard those feelings and those emotions parents are having.

This worker and a number of others went on to describe specific strategies for balancing the roles of supporting, monitoring and supervising mothers, for example, sharing their notes with mothers and allowing them to write in any comments, and explaining the child welfare system to mothers including who they can appeal to if visits are not satisfactory. Some less experienced workers described strategies punitive to parents when dealing with the complexities of visits, for example, simply assuming that all parents had made “bad choices” and therefore warrant close scrutiny.

### **Implications for Practice**

Consistent with the practice literature (e.g., DCFS training materials), participants stressed the need for an adequate physical context for the visit. Most striking, however, were participants' discussions of complex psychological and interpersonal issues. For example, mothers discussed their difficulties in saying “good-bye” to their children at the end of visits. All participants also discussed the complexities of the parent-supervisor relationship and how that relationship may affect the quality of visits. Supervisors have multiple, sometimes conflicting roles: supporting children's closeness to their parents to facilitate reunification, protecting children from possible harm from their parents, and assessing parents' progress and the parent-child relationship.

This discussion raises two issues. First, are parents being provided with adequate support and coaching for dealing with the psychological and interpersonal complexities of visits? Again, we recommend that parents be provided with support and coaching prior to the visit. Second, is it realistic to expect visit supervisors to adequately support parents, monitor their behavior, and assess their progress? Child welfare workers may need to prioritize and simplify goals for visits. The primary goal for visits is to support the parent-child relationship. Goals related to assessment can undermine this primary function by making parents uncomfortable and/or reluctant to act, for example, to set

limits or discipline their children. Workers do need time to observe and assess parenting, but opportunities should be made for them to do so separately from the weekly visit. For example, parenting classes could include practicing and assessing parenting skills during actual parent-child interaction. In addition, monitoring children's safety is necessary during visits, but if done insensitively also can undermine the primary goal of visits. Several experienced child welfare workers shared excellent strategies that they use to help put parents at ease about necessary monitoring, and these strategies could be shared with less experienced workers.

## **Post Visit**

As shown in Table 4, relatively fewer participants discussed the significance of the post-visit, but it is through these comments that the voices of foster mothers are most distinct.

Foster mothers emphasized the significance of the child's reactions to visiting and the importance of providing appropriate and sensitive support.

When the kids come back then I have to deal with whether it was a good visit or not. If it wasn't, then I have got to spend maybe three hours nurturing and showing all of the affections and, you know, promising that hopefully this won't happen again.... So, you're the one – the foster parent is the one there to nurture and give the affection and stuff if it is a bad visit

Children's negative reactions after visits, however, were not restricted to visits that went poorly.

Sometimes they come back and they are kind of sad. I think it is because they want to be with their parents... You get a lot of different reactions from children when they go on visits. Some kids ... will have nightmares the night before, or have trouble sleeping. Some of them come home and have nightmares that night after they get back home. Wake up in the middle of the night crying. ...

**Table 4 Percentage of Mothers (N=28), Foster Mothers (N=13) and Child Welfare Workers (N=24) Describing Characteristics of the Post-Visit**

<b>Factors Identified by at least 50% of Mothers, Foster Mothers or Case Workers</b>	<b>Mothers</b>	<b>Foster Mothers</b>	<b>Child Welfare Professionals</b>
Post-Visit	46	100	71
Quality of child's reactions to visits	11	100	8
Quality of support for child	0	77	17
Match between child's expectations and visits	0	69	8
Cancellations of visits	39	69	17

Another woman described the reaction of her young foster son:

He would cry. He would actually cry. I mean literally cry, cry.... And I would go in and try to comfort him...Sometimes he would come in (from the visit) and not say anything. He'd just rush by you stomping like he couldn't get away from people fast enough....

The voices of foster mothers also were strong in emphasizing the emotional harm to young children when visits are canceled, or parents fail to appear for a scheduled visit. For example, one foster mother explained:

...when the parents don't show up they come in stompin.' And then I don't have to ask them, but I ask them, "What's wrong." "Oh, she didn't show up." Makes me sick! I said, "Wait a minute, if she didn't show up there's got to be a good reason." ...And then I stop making excuses, because when they see their parents, the parents show up and say, "I just didn't want to, you know." Here I am trying to make excuses and the parents will tell the children they don't want to (visit). I said, "I'll be shuttin' my mouth."

Mothers also described the emotional harm to themselves and their children when visits are canceled, for example, by child welfare workers.

Foster parents also emphasized the importance of meeting the child's expectations for the visits, that is, keeping promises to the child regarding who will be at the visit and any favorite activities or toys.

### **Implications for Practice**

Foster parents elaborated upon the intensity and complexity of children's responses to visits, cancellations of visits, and unfulfilled expectations for visits. Many also expressed uncertainty about how to respond to children's sad and angry responses. These discussions raise the issue of whether or not foster parents and children are given adequate support subsequent to the visit. Also, absent from discussions of the post-visit is any mention of support for parents.

## Conclusion

Our goal has been to examine the perspectives of mothers, foster mothers and child welfare workers for clues as to how visits with very young children may be improved. These adults actually involved in visits shared a wealth of “practice wisdom” converging, for example, on the importance of continuing to attend to the historical/contextual factors of each case, and to the physical and social contexts of visits. The voices of these adults also drew our attention to complex, but neglected, psychological and interpersonal issues that may impact on visits. These issues include mothers’ feelings of grief, trauma and rage; the complexities of leave taking; mothers’ uncertainty and discomfort within limit setting and discipline during visits; child welfare workers’ dilemmas surrounding their multiple, and sometimes conflicting, roles of supporting, monitoring and assessing parents; and foster mothers’ difficulties in responding to some children’s intense and problematic responses to visits.

Attending to the perspectives of mothers, foster mothers and child welfare workers also revealed some divergence in perspectives. In some instances, these differences simply seemed to reflect the various roles played by the participants, for example, many foster mothers emphasized the importance of preparing children before visits, and supporting them afterwards, while many mothers focused on historical/contextual factors and the actual visit. In other instances, differences in perspective, particularly when unarticulated, may be problematic to the visit. For example, many mothers prioritized emotional expression and communication with their children, while many child welfare workers prioritized supervision and assessment of parenting skills. It is easy to imagine how such mismatched agendas, particularly if unarticulated, could result in confusion, frustration and dissatisfaction with visits.

Listening to the voices of mothers, foster mothers and child welfare workers raises many issues for practice and policy. First, many mothers may require support in resolving feelings of trauma, grief and anger over their children’s placement before they

may benefit fully from necessary services. In addition, they may need coaching and support in dealing with the psychological and interpersonal complexities of visiting such as saying good-bye and setting limits. Second, many foster mothers may require education and training to adequately support children whose responses to visits are intense and problematic. Third, 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. Next, contexts may need to be created for all adults involved in visiting to share their convergent and divergent perspectives to better collaborate in parent-child visits. Finally, goals for visits need to be reevaluated and simplified. If the primary goal of visits is to strengthen the development of the parent-child relationship, then other contexts may be required to achieve secondary goals that might otherwise undermine natural and spontaneous parent-child interaction during visits, for example, parenting skills might be assessed in special sessions of parenting classes that include children.

In interpreting our discussions with mothers, foster mothers and child welfare workers, it is important to remember that our focus was on visits with mothers and young children who were relatively new to foster care. Other issues may come to the fore in discussions centered on visits involving infants, older children and adolescents, as well as other family members (fathers and grandparents) and children in care for longer periods of time. It also is important to keep in mind that the mothers who participated in our study may be high functioning and motivated relative to other mothers involved with DCFS. Although these mothers clearly led difficult and complex lives, they were organized enough to participate in the study, and they were in contact with DCFS and their children. A sizable number of mothers whose children are in foster care are not visiting their children, and are not even in contact with DCFS. It also is important to remember that our discussions were relatively open-ended. Our intent was to encourage the participants to define the issues most relevant to them, not to conduct a systematic

assessment of all factors with each participant. For example, while mothers' feelings about the separation from their children emerged as very salient to mothers, the fact that this issue was mentioned by relatively few foster parents and child welfare workers does not mean that these individuals necessarily are insensitive to parents' feelings.

In conclusion, the results of this study highlight the need to more fully examine the complex psychological and interpersonal processes involved in parent visitation of young children in foster care. Although visitation is mandated by law, and is essential for reunification, little previous research has examined the perspectives of individuals actually involved in visits. The present study revealed how psychologically and interpersonally difficult visits can be for mothers, foster mothers and child welfare workers. Future researchers and policy makers must focus on ways to make visits better for all involved, so that we can best serve the needs of vulnerable children.



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