Parent-Child Contact for Youth in Foster Care: Research to Inform Practice

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Family Relations
Parent–Child Contact for Youth in Foster Care: Research to Inform Practice

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Abstract

Objective: The purpose of this study was to document how often youth in foster care have contact with their legal parents, test factors associated with the amount of contact, and determine if contact was associated with relationships with caregivers and youth mental health symptoms.

Background: Because parental reunification is the case plan goal for most youth in foster care, it is important to maintain contact with parents. Federal policy emphasizes the importance of parent–child contact for youth in foster care; however, little is known about how often visitation actually occurs.

Method: This study involved a nationally representative study of youth aged 6 to 17 years in the child welfare system (N = 452). Youth reported their amount of contact with parents, and levels of emotional security and involvement with current caregivers. Caregivers completed the Child Behavior Checklist. Multinomial logistic regression and analyses of covariance were conducted to determine linkages associated with parental contact, relationships with caregivers, and youth mental health.

Results: Most youth had at least weekly contact with mothers; however, more than half reported never having contact with fathers. Youths’ age, race, type of maltreatment, and placement
FOSTER CARE VISITATION were associated with how often contact occurred. Findings also revealed statistically lower internalizing, externalizing, and total behavior problems of youth who had daily contact with mothers compared with youth with no contact.

**Conclusion:** When parent–child contact is safely possible, more frequent contact with mothers is associated with beneficial youth outcomes.

**Implications:** Applying a translational family science approach, implications for engaging mothers and fathers in visitation are discussed.

**Key Words:** Child welfare, foster care, mental health, visitation.

There are more than 400,000 children in foster care at any given time (U.S. Department of Health and Human Services, 2015), and reunification with their parents is the primary case plan goal for the majority of these youth (U.S. Department of Health and Human Services, 2014). Once a child is removed from the home, contact with his or her legal (e.g., biological or adoptive) parents is important for maintaining the parent–child relationship (Mallon & Leashore, 2002; McWey & Mullis, 2004). In fact, federal policy (Adoption Assistance and Child Welfare Act of 1980) requires provisions be made to support visitation between parents and children (Haight, Kagle, & Black, 2003). However, there are common concerns about visitation, including beliefs that visits with parents may be emotionally distressing for children (Moyers, Farmer, & Lipscombe, 2006) and cause youth to act out emotionally and behaviorally (Browne & Moloney, 2002; Fanshel, Finch, & Grundy, 1990). Indeed, although federal policy emphasizes the importance of maintaining contact with the legal parent(s) of children in foster care, visitation is often facilitated by caseworkers and foster parents, so contact between youth and parents may not occur frequently.
because of such concerns. Research documenting the frequency of parental visitation is limited; until recently, researchers had to rely on convenience samples to estimate how often contact was actually occurring in the day-to-day lives of youth in foster care. This study was designed to document how often parent–child contact occurs and factors associated with such contact using a nationally representative sample of youth in foster care. Further, we applied a translational family science perspective to better understand parent–child contact for youth in foster care.

**Parental Visitation Policies**

The primary purposes of parent–child contact for youth in foster care are to maintain parent–child attachment, preserve children’s connection to their families and communities, and facilitate successful reunification (Mallon & Leashore, 2002; McWey & Mullis, 2004), but little is known about how often contact occurs. A study of 12- and 13-year-old youth in foster care in one urban area of the United States found that approximately half of the youth visited with their mother at least one time in the previous month and 16% visited their father within the same time frame (Leathers, 2003). Although fewer youth had visited with fathers compared with mothers, of those who had visits with fathers, the visitation frequency was similar to the frequency of contact with mothers. Another study involving a sample of children from birth to 10 years of age found that 84% had at least one visit with mothers and 44% had at least one visit with fathers over a 9-month period (Nesmith, 2015). Age of the child and type of maltreatment experienced were both predictive of the frequency of visitation. Specifically, children who were between the ages of 1 and 5 years were less likely to have regular contact with their parents than were their younger or older counterparts, and children who experienced neglect had less frequent visitation than youth exposed to other forms of maltreatment (Nesmith, 2015). Further, compared with White children, one study found racial minority children, who are overrepresented in the foster care system, had less frequent parental visitation (Davis, Landsverk, Newton, & Ganger,
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1996). However, findings from these and other nonrepresentative samples may not be generalizable to
the U.S. population of youth in foster care.

In support of parent visitation for youth in foster care, federal policy requires parent–child
contact whenever safely possible. However, individual states have flexibility in how they interpret and
implement the requirements. In fact, a comprehensive study of policies for each U.S. state found large
variations in visitation requirements and specificity (Hess, 2003), and fewer than a third of U.S. states
require caseworkers to provide basic documentation about the frequency of visitation (Nesmith, 2013).
As such, without specific state and local visitation guidelines, caseworkers often rely on their own
judgment about the accessibility and consequences of visitation when setting visitation case plan
requirements (Hess, 1988; Nesmith, 2013).

Research suggests that caseworkers often consider parent visitation a low case plan priority
(Nesmith, 2013). To help put this stance in perspective, for visitation policy to be effectively
implemented, it is often the caseworkers who have to arrange the location of visitation, contact
involved parties to confirm the visitation details, address conflicts between foster parents and legal
parents as they arise, and conduct follow-up communications with parties should someone fail to
attend a visit (Nesmith, 2015). In addition, some caseworkers report having a negative view of parent–
child visitation (Browne & Maloney, 2002).

To complicate matters further, although foster parents are expected to help facilitate contact
with legal parents, most state polices lack specificity in detailing caregivers’ responsibilities (Hess,
2003). Like caseworkers, caregivers do not always view visitation positively (Browne & Moloney,
2002; Moyers et al., 2006), and some foster parents perceive that youths’ behavior problems worsen
after visits (Moyers et al., 2006). Further, a recent study of youth in foster care for whom a court-
ordered visitation plan was in place found that a lack of resources, transportation unavailability, and
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inconvenient visitation times and locations were cited by caregivers as barriers to visitation (Nesmith, 2015).

**PARENTAL CONTACT AND YOUTH MENTAL HEALTH SYMPTOMS**

Most youth in foster care have been the victims of abuse or prolonged neglect, which can have a lasting impact on child development and well-being (Silverman, Reinherz, & Glaclonia, 1996). In fact, as many as 85% of youth in foster care are estimated to have mental health concerns (Holtan, Ronning, Handegard, & Sourander, 2005), which is substantially higher than in the general population of youth (Burns et al., 2004; Merikangas et al., 2010). These mental health concerns, plus the billions of dollars paid annually by Medicaid for services to youth in foster care, qualify the mental health of youth in foster care as an important public health concern (Florence, Brown, Fang, & Thompson, 2013).

There is research that supports the theoretical importance of continued parent visitation for children in foster care. Specifically, studies show visitation between children in foster care and at least one parent is positively correlated with children’s current mental health (Cantos, Gries, & Slis, 1997; McWey & Mullis, 2004). For instance, analysis of National Survey of Child and Adolescent Well-Being I data (collected between 1999 and 2000; National Data Archive on Child Abuse and Neglect [NDACAN], 2002) indicated that more frequent contact with mothers was statistically associated with lower youth externalizing behavior symptoms (Cohen’s $f = .11$) (McWey et al., 2010). Furthermore, researchers have suggested that for racial minority youth in foster care, continued parental visitation may provide even more beneficial effects than those experienced by White youth because maintaining contact with parents who share their family history and background may preserve their cultural ties and promote adaptive responses to racial discrimination (Oysterman & Benbenishty, 1992).
However, there is evidence suggesting that contact with legal parents can be counterproductive for youth in foster care. Leathers (2003), for example, found that positive associations between frequency of visitation with parents and higher levels of child emotional and behavioral problems operated indirectly through loyalty conflict experienced by youth. In addition, several studies documented foster parents’ and caseworkers’ reports of higher levels of child behavior problems after visitation and beliefs that visitation impeded children’s coping and adaptation to current foster homes (Haight et al, 2003; Mennen & O’Keefe, 2005). It may be incorrect, however, to assume youth behavior problems demonstrated immediately after parent visitation equate with poor child mental health. A translational family science approach can be useful for determining meaningful evidence-based practice and policy recommendations for caseworkers and families involved in the child welfare system.

**THEORETICAL BACKGROUND**

Relying on Bowlby’s (1977, 1982) work theorizing that children who experience the loss of an attachment figure exhibit distress even if the attachment figure is replaced with a capable caretaker, scholars have widely applied attachment theory to the discussion of parent–child visitation for youth in foster care (e.g., Jones & Kruk, 2005; McWey & Mullis, 2004; Nesmith, 2015). Indeed, for decades some have suggested that, despite good intentions, severing ties between children in foster care and their legal parents will erase neither their past nor their emotional connections, and instead may result in youth feeling as if they are betraying their parents if they make connections with new caregivers (Littner, 1975; Roberts, 2002). In a seminal paper on continued contact between parents and youth in foster care, Littner (1975) said, “For better or worse, they are his roots to the past, his support and foundation. When he is separated from them, he feels that he has lost a part of
himself” (p. 177). In fact, maintaining and repairing parent–child attachment is the theoretical
underpinning of foster care visitation policies (Hess, 2003).

Ambiguous loss (Boss, 1999), grounded in attachment theory, has also been applied to an
understanding of the experiences of youth involved with the child welfare system (e.g., Leathers,
2003; McWey, Bolen, Lehan, & Bojczyk, 2009; Mitchell & Kuczynski, 2010; Samuels, 2009).
According to the framework, ambiguous loss may be associated with boundary ambiguity
involving a lack of clarity about who is in and who is out of the family system (Boss, 2004). For
families involved with the child welfare system, removing a child from the home does not
necessarily represent a permanent exit of the child from the family system, which may lead to a
high degree of boundary ambiguity (Boss, Pearce-McCall, & Greenberg, 1987). Congruent with
the ambiguous loss framework, this boundary ambiguity and loss may result in distress (Boss et
al., 1987).

Attachment theory and the ambiguous loss framework are helpful in informing the practice
and anticipated factors associated with parent–child contact. However, consistent with a
translational family science framework (Grzywacz & Allen, this issue), parent–child visitation may
well exemplify the tension between multiple determinants of a family’s process. Indeed, although
indirect forces (e.g., federal and state policies; see Figure 1 in Grzywacz & Allen, this issue) cite
the importance of parent–child visitation, caseworkers and caregivers (i.e., regular and direct
presences in these children’s lives) may be underappreciated factors in determining whether
visitation actually occurs. There is also a lack of generalizable research to aid caseworkers and
caregivers when making visitation decisions. Because of the potential gap between parental
visitation policy and practice, translational family research is needed to determine the frequency and
context of parental contact for youth in foster care. Specifically, third step (T3) translational research
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that provides implications for practice (Woolf, 2008) can help translate research findings into useful tools for practitioners and families alike.

THE PRESENT STUDY

Federal policy requiring parent visitation may or may not be carried out in the day-to-day lives of youth in foster care. Although policies place an emphasis on parent–child visitation, caseworkers and caregivers may be important factors in determining whether visitation actually occurs. Parallel with these issues, evidence of outcomes associated with contact is somewhat mixed. As such, T3 translational research is needed to inform practice and policy. Therefore, the purposes of this study were to (a) document how often youth in foster care have contact with their legal parents, (b) test whether there are factors associated with the amount of parental contact, and (c) determine the extent to which contact is associated with relationships with caregivers and youth mental health symptoms among a nationally representative sample of youth in foster care.

METHOD

Sample and Procedures

This study involved analyses of the National Survey of Child and Adolescent Well-Being II (NSCAW II; Dowd et al., 2010), a nationally representative study of youth involved with the child welfare system. The target population was U.S. children who were involved in child maltreatment investigations in 2008–2009. The NSCAW II researchers used a two-stage stratified sampling design by dividing the United States into sampling strata. Primary sampling units were formed within each stratum, each representing distinct regions of the United States. Next, a random selection scheme was applied so that the same number of children was selected from each unit (Dowd et al., 2010). The data set includes children who were involved in maltreatment
investigations but remained in the home as well as those who were placed in an out-of-home placement.

For the purposes of this study, the NSCAW II sample was limited to include only youth aged 6 to 17 years who had been removed from the home and who had complete data for frequency of contact for either their mother or father ($n = 452$). The analytic sample comprised 225 boys (49%) and 227 girls (51%), with an overall mean age of 11.7 ($SD = 3.4$) years. Regarding racial and ethnic identity, 41% ($n = 184$) were Caucasian; 40% ($n = 180$) were African American; and 19% ($n = 88$) were American Indian, Alaskan Native, Asian, multiracial, or another ethnicity. Approximately 21% ($n = 91$) were Hispanic. Half of the youth in the sample resided in traditional foster care homes ($n = 223$; 50%), 37% were in kinship care ($n = 165$), and the remainder of the sample was in group homes or residential treatment centers ($n = 64$). The gender and racial/ethnic composition of the NSCAW II sample was comparable to the national population of youth in foster care (U.S. Department of Health and Human Services, 2015).

**Measures**

**Contact with legal parents.** Youth reported the amount of contact they had with their legal mothers and fathers, with response options ranging from *never* to *every day*. For the purposes of this study, responses were collapsed into four categories: *never*, *monthly*, *weekly*, and *daily*. Youth were also asked if they wished for *more*, *less*, or the *same amount* of contact with their mothers and fathers.

**Youth mental health symptoms.** The Child Behavior Checklist (CBCL; Achenbach & Rescorla, 2001), a 113-item assessment of child mental health symptoms, was completed by caregivers. The CBCL generates a total problems score as well as two overarching subscales—externalizing and internalizing symptoms—often used as indicators of child mental health. The
internalizing scale assesses withdrawn, depressed, and somatic complaints, and the externalizing scale contains dimensions of aggressive and delinquent behaviors. Higher scores correspond with higher levels of symptoms. The internal consistency (Cronbach’s $\alpha$) for the NSCAW II sample was .90 for the internalizing and externalizing scales and .92 for the total scale score.

**Relationship with caregiver.** Youth aged 11 years and older completed an abbreviated version of the Rochester Assessment Package for School—Students (RAPS; Connell, 1990, as cited in Dowd et al., 2010), which asked questions about youth’s perceptions of their relationship with their primary caregiver. Questions assessed how much they felt their caregiver cares about them and how close they feel to their caregiver. The measure has four subscales: emotional security, involvement, autonomy, and structure; however, the reliability coefficients for the autonomy and structure subscales were low for the NSCAW II sample. Therefore, for the purposes of this study, only the emotional security ($\alpha = .65$) and involvement ($\alpha = .70$) subscales were used. Higher scores indicate higher levels of emotional security and involvement.

**Youth demographic and other characteristics.** Youth gender, race (White, Black, other), and age (in years) also were assessed. Using a modified version of the Maltreatment Classification Scale (Manly, Cicchetti, & Barnett, 1994), caseworkers reported the type of maltreatment experienced by the child. In instances in which more than one maltreatment type of was reported, caseworkers reported the type they believed was the most serious (Rosenthal & Curiel, 2006). Maltreatment type was then categorized as neglect, physical abuse, sexual abuse, and other maltreatment (e.g., abandonment or educational maltreatment). Finally, although the term *foster care* is generally used to describe the out-of-home living situations of youth in the child welfare system, not every placement is the same. Approximately half of youth in foster care are placed with relatives in kinship care arrangements. In other instances, usually when kinship care is not
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possible, children are placed in traditional foster care settings where they reside with nonrelative
caregivers. Alternatively, youth may be placed in group homes. For the purposes of this study,
caseworkers’ reports of the youths’ type of placement were categorized as foster care, kinship care,
or group home. These variables were each tested as predictors and covariates in the analytic
models.

ANALYTIC STRATEGY

Descriptive statistics were calculated to quantify parental contact. To test factors predictive of parental
contact, youth gender, race, age, type of maltreatment, and type of placement were included in
multinomial logistic regression models. Finally, to test the associations among parental contact,
relationships with caregivers, and youth mental health, analyses of covariance (ANCOVAs) were
conducted controlling for demographic and other characteristics associated with frequency of contact.
Models for mothers and fathers were tested separately.

RESULTS

With a nationally representative sample of youth in foster care, descriptive analyses were conducted to
determine how often youth had contact with parents (see Table 1). Fifty-nine percent of youth reported
having contact with their mothers at least weekly (i.e., 45% weekly, 14% daily); however, only 29% of
the sample visited fathers with the same frequency (i.e., 15% weekly, 14% daily). In fact, 52% of
respondents reported never having contact with their fathers, and the difference in the amount of
contact between mothers and fathers was statistically significant ($\chi^2 (3) = 91.01, p < .001$). The amount
of contact with fathers was positively correlated with frequency of contact with mothers ($r = .14, p = .013$). When asked about the amount of contact youth desired, the majority of youth reported that they
wanted more frequent contact than they currently had (63% reported wanting more contact with
mothers, and 59% reported wanting more contact with fathers).
Next, multinomial logistic regression analyses were conducted to determine whether specific demographic factors were statistically associated with the amount of contact youth had with parents. With daily contact as the reference group, results indicated that race, type of maltreatment experienced, and type of placement were statistically associated with frequency of contact with mothers (see Table 2). Specifically, having monthly and weekly contact relative to daily contact was associated with respective decreases of 1.84 and 1.54 in the relative log odds of being Black than being White. Regarding type of maltreatment, having monthly rather than daily contact was associated with decreases in the relative log odds of 2.66 for being physically abused than neglected and 3.28 for being sexual abused than neglected. Similarly, having weekly contact was associated with a 2.23 decrease in the relative log odds of being sexually abused than neglected. Finally, concerning type of care, having monthly or no contact relative to daily contact was associated with respective increases of 2.45 and 3.54 in the relative log odds of being in foster care than kinship care.

Because few youth had daily contact with fathers, contact was trichotomized into never, monthly, or weekly. Results (see Table 3) of the multinomial logistic regression analysis were conducted with weekly contact as the reference group. Results indicated that monthly contact relative to weekly contact was associated with a 0.14 increase in the relative log odds for each unit (year) increase in age. In addition, no contact relative to weekly contact was associated with a 0.99 increase in the relative log odds of being in foster care versus a kinship placement.

Next, ANCOVAs were conducted to determine the extent to which frequency of parental contact was associated with youth mental health symptoms after controlling for demographic characteristics associated with frequency of contact (i.e., race, type of maltreatment, and type of placement). Differences in internalizing, externalizing, and total problem scores were tested separately. Results of the omnibus tests are shown in Table 4 for mothers and Table 5 for fathers. For contact with
mothers (Table 4), results revealed that levels of internalizing symptoms, externalizing symptoms, and total problem scores differed among the four categories of contact. Further post hoc analyses (not shown) revealed that internalizing problems were statistically higher among youth who had no contact or monthly contact compared with youth who had daily contact. Externalizing problems were statistically higher among youth who had no contact with mothers compared with those who had weekly or daily contact. Finally, total problems were statistically higher among youth who had no contact or monthly contact with mothers compared with those who had daily contact. Internalizing problems, externalizing problems, and total problems did not statistically vary according to frequency of contact with fathers (see Table 5).

Finally, ANCOVAs were conducted to determine whether the amount of contact with mothers or fathers was associated with youths’ relationships with current foster caregivers and none of the tests (also reported in Tables 4 and 5) were statistically significant, suggesting that contact with parents was not associated with the security or involvement in these youths’ relationships with their foster caregivers. Further, to test whether moderating effects found in previous research could be replicated with a nationally representative sample, we tested for interactions between frequency of contact and youths’ perceptions of emotional security and involvement of their caregivers. Again, statistically significant results were not found (results not shown). More frequent contact with mothers or fathers did not statistically interact with relationships with caregivers to predict youth mental health symptoms.

**DISCUSSION**

This study addressed translational family science issues associated with parent–child contact for youth in foster care. Translational family science T3 research in this area is particularly needed because studies of predictors and outcomes associated with parent–child contact, particularly with
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nationally representative samples, is limited. Research that translates empirical findings into tools for practitioners and families involved with the child welfare system is important because there are opposing opinions about parent contact for youth in foster care. Some believe that visitation is associated with better youth mental health outcomes (Mallon & Leashore, 2002; McWey & Mullis, 2004); others suggest that contact is associated with more child behavior problems and inhibits youth from attaching to foster parents (Moyers et al., 2006). Federal policy in the United States requires contact between legal parents and children whenever safely possible (Adoption and Child Welfare Act, 1980); however, without generalizable research, caseworkers may have to rely on opinions about visitation when setting parent visitation requirements (Nesmith, 2013). As such, a gap may inadvertently be widening between indirect and direct forces involved in decisions about parent–child contact. This study represents an appropriate next step in translational family science in child welfare system research because findings can be used to inform meaningful evidence-based practice and local policy recommendations for youth in foster care.

Consistent with past research (e.g., Leathers, 2003; Nesmith, 2015), results from this study indicated that the majority of youth had contact with their mothers. Importantly, however, although past estimates have suggested that when youth had visits with fathers, the visitation frequency was similar to the frequency of contact with mothers (Leathers, 2003), findings from this nationally representative sample of youth revealed that half of the youth never had contact with their fathers and few had daily contact. Additional research is needed to determine why visitation is not occurring with fathers, but a review of extant child welfare policies and practice found that fathers often feel discounted and overlooked by the child welfare system (L. Brown, Callahan, Strega, Walmsley, & Dominelli, 2009). Indeed, a study of a random sample of child protection case files found that nearly 50% of fathers were described as “irrelevant” to the child welfare case (Strega et al., 2008,
p. 710). Although in the present study, we did not find statistical differences in symptoms of youth who visited with fathers compared with those who did not, fathers can have an important influence in their children’s lives. More needs to be done to determine why this is not occurring for the majority of youth in foster care and to examine the implications of this, for better or for worse.

Ideas for improving father engagement include identifying fathers and father figures early in the child removal process and conducting early assessments with fathers to ascertain safety considerations, accountability, barriers to engagement, and sources of disengagement (Strega et al., 2008). Research suggests that a father’s willingness or ability to be involved with his child may be influenced by factors such as self-image, self-expectations, and perceptions of what it means to be a father (Wiemann, Agurcia, Rickert, Beremson, & Volk, 2006). These factors may be particularly salient for fathers involved with the child welfare system, who have reported feeling like failures when their children are in foster care because it signifies that they, as fathers, were unable to serve as the protectors and providers for their families (Montgomery, Chaviano, Rayburn, & McWey, 2017). Helping fathers to see that the potential benefits of their involvement extend well beyond a “good provider” stereotype may be an important key to engaging fathers whose children are in foster care (Montgomery et al., 2017; Strega et al., 2008).

Study findings pertaining to demographic factors were consistent with past research documenting that the type of maltreatment they experienced, youth’s age, race, and placement type were associated with frequency of contact (e.g., Nesmith, 2015). The results extended this body of research by identifying how each factor was differentially linked with levels of contact frequency. Specifically, consistent with Nesmith (2015), youth who experienced neglect were relatively less likely to have frequent contact with their mothers compared with youth who experienced physical or sexual abuse, and younger youth had more frequent contact (weekly vs. monthly) with their fathers than did
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older youth. Additionally, race was associated with amount of contact in that Black youth were relatively more likely to have frequent contact with their mothers (daily vs. monthly or weekly) than were White youth. These findings are important in light of past research indicating that minority youth may experience greater benefits from contact with parents (Oysterman & Benbenishty, 1992). Although racial and ethnic minority youth are overrepresented in the child welfare system (Fluke, Harden, Jenkins, & Ruehrdanz, 2010), cultural influence is often neglected in foster care research and policy. Some suggest, however, that contact with family may be particularly beneficial to African American children for preserving familial and cultural ties, promoting adaptive responses to racial discrimination, and facilitating the development of racial identity (S. Brown, Cohon, & Wheeler, 2002; Roberts, 2001; Rubin et al., 2008). Additional work is needed to better understand how race, cultural influence, and parent–child contact interact to influence outcomes of youth in foster care.

Youth’s type of placement was a factor in the amount of contact they had with both mothers and fathers. Specifically, youth in kinship care were more likely to have daily contact with mothers and fathers compared with youth in foster homes. More frequent contact may occur within kinship contexts because there are fewer barriers to visitation. Specifically, familiarity and direct contact between kinship caregivers and parents may lead to more frequent contact. In fact, past research suggests that kinship placements are more supportive of unsupervised visitation between youth and their legal parents (Dubowitz et al., 1994) and help maintain family connections (Holtan et al., 2005). Conversely, youth in foster care settings were more likely to have no contact with mothers and fathers compared with youth in kinship care. A lack of contact for youth in foster care settings may not be surprising given that foster parents often have concerns about the impact of visitation on youth (Moyers et al., 2006) and the extent to which contact will result in a youth
experiencing loyalty conflicts between their caregivers and parents (Leathers, 2003). However, we did not find an interaction between the amount of contact youth had with parents and the youth’s report of the emotional security and involvement of their caregiver. As such, perhaps these findings can be used to encourage caregivers to facilitate contact. For instance, an intervention study found that an increase in the amount of training and support provided to foster parents resulted in foster parents engaging in more activities to promote parent–child contact (Sanchirico & Jablonka, 2000). Thus, providing additional resources to foster parents may influence the extent to which parent–child visitation occurs.

Finally, findings revealed positive correlates of more frequent parent–child contact. Lower internalizing, externalizing, and total behavior problems were exhibited by youth who had daily contact with their mothers compared with youth who had no contact. These findings are important because a common worry is that visitation will be detrimental to youth (Moyers et al., 2006). Attachment theory can be useful in helping to explain the disconnect between visitation evidence and lore. Indeed, just as the foundational attachment research revealed (Ainsworth, Blehar, Waters, & Wall, 1978), youth may experience distress at the separation that occurs at the end of visits with their parents. They also may feel confusion about why they cannot return home with parents. These may be normal reactions to loss and separation. As study findings suggest, however, more frequent contact was linked with better mental health. It may be useful, therefore, to train caseworkers, caregivers, and parents about what to expect from children regarding visitation and to help distinguish manifestations of separation anxiety from lasting mental health concerns. Doing so may help narrow the divide between policy and practice.

LIMITATIONS AND FUTURE DIRECTIONS

Although this study makes important contributions to the literature on parent–child contact, the
findings should be considered in the context of the study’s limitations. First, this was a cross-sectional study of factors associated with contact with parents. Future research should employ longitudinal designs to test the extent to which the associations demonstrated in this study persist over time. Further, whereas positive associations were found between daily contact with mothers and youth’s internalizing and externalizing symptoms, there were too few youth who had daily contact with fathers to conduct parallel analyses focused on fathers as was done with mothers. Qualitative research geared at gaining a deeper understanding of the lack of contact between youth and their fathers may also make a meaningful contribution to this body of research. Additionally, there are different types of contact, and these should be examined in future work. For instance, kinship placements may be more likely to promote unsupervised contact, but there may be cases in which unsupervised visits are not optimal. Additional research is also needed to determine if type of contact is predictive of outcomes. Permanency plans may also influence the amount of contact youth have with their parents, and future studies should account for reunification plans in statistical models. Further, researchers also could examine whether contact via text or computer-mediated video communication (e.g., FaceTime, Skype, Viber) produces benefits similar to those associated with face-to-face contact. Finally, the reliability coefficients for the measure of emotional security and involvement were lower-than-ideal and there was little variation in the distribution of scores. Thus, these measurement issues might account for the inconclusive findings specific to relationships with caregivers.

Despite these limitations, results of this study suggest that parent–child contact is associated with beneficial youth outcomes. These findings highlight the value of a T3 translational family science approach, in which the science of discovery and the science of practice are reciprocally informed (Grzywacz & Allen, this issue), to aid in our understanding of the family relationships of
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youth in foster care. Importantly, this type of approach may inform policy, intervention, and research aimed at improving the well-being of youth in foster care.

AUTHOR NOTE

This document includes data from the National Survey on Child and Adolescent Well-Being, which was developed under contract with the Administration on Children, Youth, and Families, U.S. Department of Health and Human Services (ACYF/DHHS). The data have been provided by the National Data Archive on Child Abuse and Neglect. The information and opinions expressed herein reflect solely the position of the authors. Nothing herein should be construed to indicate the support or endorsement of its content by ACYF/DHHS.

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Foster Care Visitation


Table 1

*Parent–Child Contact*

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Amount of contact desired

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<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
</tr>
<tr>
<td>Less</td>
<td>35</td>
<td>8</td>
</tr>
<tr>
<td>Same</td>
<td>123</td>
<td>29</td>
</tr>
<tr>
<td>More</td>
<td>265</td>
<td>63</td>
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Table 2

Multinomial Logistic Regression Analyses of Contact With Mothers (Reference = Daily)

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<tr>
<th>Variables</th>
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<th></th>
<th></th>
<th>Monthly</th>
<th></th>
<th></th>
<th></th>
<th>Weekly</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>β</td>
<td>SE</td>
<td>p</td>
<td>OR</td>
<td>β</td>
<td>SE</td>
<td>p</td>
<td>OR</td>
<td>β</td>
<td>SE</td>
<td>p</td>
<td>OR</td>
<td>β</td>
<td>SE</td>
</tr>
<tr>
<td>Youth gender</td>
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<td>1.00</td>
<td>.084</td>
<td>5.64</td>
<td>.83</td>
<td>0.99</td>
<td>.403</td>
<td>2.29</td>
<td>1.29</td>
<td>0.92</td>
<td>.164</td>
<td>3.62</td>
<td>0.59</td>
<td>2.05</td>
</tr>
<tr>
<td>Youth race</td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Black</td>
<td>-0.61</td>
<td>0.74</td>
<td>.410</td>
<td>0.54</td>
<td>-1.84</td>
<td>0.77</td>
<td>.017</td>
<td>1.54</td>
<td>0.68</td>
<td>0.21</td>
<td>.06</td>
<td>0.01</td>
<td>0.06</td>
<td>0.81</td>
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<td>.481</td>
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<td>0.86</td>
<td>0.51</td>
<td>.10</td>
<td>2.76</td>
<td>.10</td>
<td>2.76</td>
</tr>
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<td>0.35</td>
<td>.864</td>
<td>1.06</td>
<td>0.17</td>
<td>0.29</td>
<td>.558</td>
<td>1.19</td>
<td>0.05</td>
<td>0.29</td>
<td>.864</td>
<td>1.05</td>
<td>0.59</td>
<td>1.86</td>
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<td>Type of maltreatment</td>
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<tr>
<td>Physical abuse</td>
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<td>1.21</td>
<td>.414</td>
<td>0.37</td>
<td>-2.66</td>
<td>1.22</td>
<td>.029</td>
<td>1.48</td>
<td>1.12</td>
<td>0.23</td>
<td>.03</td>
<td>2.04</td>
<td>.03</td>
<td>2.04</td>
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<td>Sexual abuse</td>
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<td>1.27</td>
<td>.248</td>
<td>0.23</td>
<td>-3.28</td>
<td>1.28</td>
<td>.011</td>
<td>2.23</td>
<td>1.08</td>
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<td>.01</td>
<td>0.90</td>
<td>.01</td>
<td>0.90</td>
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<td>.160</td>
<td>0.26</td>
<td>0.31</td>
<td>0.93</td>
<td>.741</td>
<td>1.36</td>
<td>0.22</td>
<td>8.44</td>
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<tr>
<td>Type of placement</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Foster care</td>
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<td>1.13</td>
<td>.001</td>
<td>34.48</td>
<td>3.76</td>
<td>315.19</td>
<td>2.45</td>
<td>1.07</td>
<td>2.12</td>
<td>1.09</td>
<td>.055</td>
<td>8.36</td>
<td>.98</td>
<td>70.56</td>
</tr>
<tr>
<td>Group home</td>
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<td>1.45</td>
<td>.231</td>
<td>5.73</td>
<td>0.34</td>
<td>98.69</td>
<td>2.01</td>
<td>1.43</td>
<td>1.42</td>
<td>0.70</td>
<td>.58</td>
<td>0.04</td>
<td>9.33</td>
<td></td>
</tr>
</tbody>
</table>
Note. CI = confidence interval for the odds ratio (OR).

*aReference group is male. †Reference group is White. ‡Reference group is neglect. §Reference group is kinship placement.
### Multinomial Logistic Regression Analyses of Contact With Biological Fathers (Reference = Weekly)

<table>
<thead>
<tr>
<th>Variables</th>
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<tbody>
<tr>
<td></td>
<td>β</td>
<td>SE</td>
</tr>
<tr>
<td>Youth gender</td>
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<td></td>
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<tr>
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<td>0.42</td>
</tr>
<tr>
<td>Youth race</td>
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<td></td>
</tr>
<tr>
<td>Black</td>
<td>1.07</td>
<td>0.68</td>
</tr>
<tr>
<td>Other</td>
<td>0.86</td>
<td>0.65</td>
</tr>
<tr>
<td>Youth age</td>
<td>0.84</td>
<td>0.36</td>
</tr>
<tr>
<td>Type of maltreatment</td>
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<td></td>
</tr>
<tr>
<td>Physical abuse</td>
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<td>0.75</td>
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<tr>
<td>Sexual abuse</td>
<td>0.28</td>
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<tr>
<td>Other</td>
<td>-0.44</td>
<td>0.59</td>
</tr>
<tr>
<td>Type of placement</td>
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<td></td>
</tr>
<tr>
<td>Foster care</td>
<td>0.99</td>
<td>0.43</td>
</tr>
<tr>
<td>Group home</td>
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</tr>
</tbody>
</table>

*Note.* CI = confidence interval for the odds ratio (OR).

*Reference group is male. bReference group is White. cReference group is neglect. dReference group is kinship placement.*
Table 4

Analyses of Covariance (ANCOVA) Testing Youth Outcomes by Frequency of Contact With Mothers Controlling for Demographic Characteristics

<table>
<thead>
<tr>
<th>Variables</th>
<th>Never</th>
<th>Monthly</th>
<th>Weekly</th>
<th>Daily</th>
<th>F(3, 419)</th>
<th>p</th>
<th>η²</th>
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<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td>M</td>
<td>SD</td>
<td></td>
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<tr>
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<td>13.7b</td>
<td>8.4</td>
<td>8.1</td>
<td>5.3</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>6.0ab</td>
<td>6.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>5.40</td>
<td>.038</td>
<td>.11</td>
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<td></td>
<td></td>
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<tr>
<td>Externalizing</td>
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<td>11.4</td>
<td>17.7</td>
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<td>8.1c</td>
<td>7.3</td>
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<tr>
<td></td>
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<td>7.3a</td>
<td>7.7</td>
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<td>.051</td>
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<td>Total problems</td>
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<td>58.4b</td>
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<td>28.5</td>
<td>19.5</td>
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<td>19.5</td>
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<td>Caregiver relationship security</td>
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<td>3.5</td>
<td>0.9</td>
<td>3.6</td>
<td>0.5</td>
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<tr>
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<td>2.9</td>
<td>0.9</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>1.55</td>
<td>.058</td>
<td>.02</td>
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<tr>
<td>Caregiver relationship involvement</td>
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<td>0.5</td>
<td>3.4</td>
<td>0.7</td>
<td>3.4</td>
<td>0.6</td>
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<td>3.1</td>
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<td></td>
<td>0.39</td>
<td>.651</td>
<td>.02</td>
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</tr>
</tbody>
</table>

*Note.* Each ANCOVA tested differences in outcomes controlling for statistically significant covariates for mothers (i.e., race, type of maltreatment, and type of placement). Post hoc comparisons were conducted after ANCOVA tests.

* Differences between no contact and daily contact are statistically different.  
  Differences between monthly and daily contact are statistically different.  
  Differences between no contact and weekly contact are statistically different.
FOSTER CARE VISITATION

Table 5

*Analyses of Covariance Testing Youth Outcomes by Frequency of Contact With Fathers Controlling for Demographic Characteristics*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Never M</th>
<th>Never SD</th>
<th>Monthly M</th>
<th>Monthly SD</th>
<th>Weekly M</th>
<th>Weekly SD</th>
<th>F(2, 343)</th>
<th>p</th>
<th>η²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internalizing</td>
<td>8.8</td>
<td>7.8</td>
<td>12.0</td>
<td>9.7</td>
<td>10.2</td>
<td>7.7</td>
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<td>.03</td>
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<td>Externalizing</td>
<td>10.9</td>
<td>10.4</td>
<td>14.2</td>
<td>11.6</td>
<td>12.8</td>
<td>11.1</td>
<td>1.30</td>
<td>.607</td>
<td>.02</td>
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<tr>
<td>Total problems</td>
<td>35.3</td>
<td>27.3</td>
<td>46.5</td>
<td>31.7</td>
<td>39.7</td>
<td>28.8</td>
<td>2.07</td>
<td>.537</td>
<td>.02</td>
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<td>Caregiver relationship security</td>
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<td>0.8</td>
<td>3.5</td>
<td>0.7</td>
<td>3.4</td>
<td>0.8</td>
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<td>0.6</td>
<td>3.3</td>
<td>0.6</td>
<td>0.67</td>
<td>.554</td>
<td>.01</td>
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</tbody>
</table>

*Note.* Each analysis of covariance tested differences in outcomes controlling for statistically significant covariates for fathers (i.e., age and type of placement).