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REUNITING FAMILIES SAFELY: INNOVATIVE APPROACHES TO VISITATION FOR SUBSTANCE-INVOLVED PARENTS

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Abstract: Parental visitation is a critical component of child welfare systems, with significant implications for various child welfare outcomes. This research explores the multifaceted relationship between parental visitation and its influence on child well-being. Several studies have demonstrated the positive impact of parental visitation on family reunification, highlighting its role in enhancing the likelihood of reunifying children with their families. Notably, Leathers (2002) conducted a study involving 230 children in foster care in Illinois, revealing a substantial improvement in family reunification expectations when visitation frequency increased. Additionally, Mech (1985) found that more frequent parental visits were linked to shorter periods of foster care placement, underscoring the importance of consistent visitation.

Moreover, the type of visitors, whether parental or non-parental, has been shown to have a significant effect on permanency outcomes such as reunification, adoption, or legal guardianship. Lee (2011) discovered that parental visits were associated with a significantly higher likelihood of achieving permanency compared to visits from extended family or non-family members. However, it is essential to note that Gillespie, Bryne, and Workman (1995) reported conflicting results, finding no significant relationship between visitation frequency and family reunification. Their study focused on the effectiveness of intensive family preservation services and had a highly homogeneous participant group.

Beyond family reunification, parental visitation also plays a crucial role in children's mental health. McWey, Acock, and Porter (2009) examined the impact of parental contact on children with mental health issues within the child welfare system. Using data from the National Survey of Child and Adolescent Well-Being, they found that frequent contact with mothers was marginally associated with reduced levels of depression and significantly associated with fewer externalizing problem behaviors in children.

In conclusion, parental visitation emerges as a pivotal factor in shaping various child welfare outcomes. It significantly contributes to family reunification efforts, with consistent visitation fostering a higher probability of reunifying children with their families. Furthermore, the type of visitors can influence permanency outcomes, with parental visits being particularly beneficial. Additionally, parental visitation plays a crucial role in mitigating mental health issues among children in the child welfare system. Understanding the multifaceted impact of parental visitation is essential for policymakers, practitioners, and researchers working toward the well-being of children involved in child welfare systems.

Keywords: Parental Visitation, Family Reunification, Child Welfare, Permanency, Children's Mental Health

1.1. Parental visitation and child welfare outcomes

Research indicated that parental visitation is a significant factor in many positive child welfare outcomes (Davis, Landsverk, Newton, & Ganger, 1996; Leathers, 2002)). Prior Studies reported the positive relationship between parental visitation and family reunification (Davis et al., 1996; Leathers, 2002). Results of these studies indicated that parental visitation significantly improved the likelihood of family reunification. For example, a study by Leathers (2002) reported that the frequency of visitation was significantly improved family reunification expectations measured by caseworkers using a sample of 230 children placed in foster care in IL. Mech (1985) found that frequency of parental visiting was associated with fewer months in foster care placement. In addition, a study by Lee (2011) reported the importance of different type of visitors (parental vs. non-parental) on permanency outcomes (reunification, adoption or legal guardianship). Lee (2011) found that parental visit had significantly higher chance of achieving permanency compared to children who had visits from extended family and/or non-family only. One study found no relationship between a frequency of parental visiting and family reunification (Gillespie, Bryne, & Workman, 1995). They investigated the effectiveness of an intensive family preservation services model on family reunification by service components. They found that a frequency of parental visiting was not significantly related to family reunification outcome. Unlike other studies, participants of this study were highly homogeneous in terms of service receipts. For example, 91% of children visited families weekly or more, with 85% having at least weekly over-night visits.

Further, research indicated that parental visitation had a positive impact on children mental health status. McWey, Acock and Porter (2009) studied the impact of contact with parents among children with mental health problems in child welfare. Using a subsample of the National Survey of Child and Adolescent Well-Being data, authors found that the frequent contacts by mothers was marginally associated with the lower levels of depression and significantly associated with lower externalizing problem behaviors.

1.2. Factors related to parental visitation

Prior research identified several factors related to parental visitation in child welfare including settings, parents' involvement, parents-inclusive practice principals (Leathers, 2002; Lee, 2011). Compared to other practices, inclusive practice principles improved the parental visitations. A study by Leathers (2002) found that parents who visit their children in foster homes or their own homes are likely to visit more frequently than parents who visit in agency offices, fast-food restaurant, and other settings. Parents who participated in case reviews or involved in their children's life visited significantly more times than parents who did not.

A child placement type was also related to the visitation (Lee, 2011). Compared to children in kinship care, children in group home/residential treatment or foster home had fewer visits. In addition, children in group home/residential treatment experienced significantly higher cancelations of family visit. A study by Lee also reported the low visitation rates among children placed in residential treatment (2011). Among 81 children in residential treatment, only one third of the children had parents who visited regularly and an average parent visited less than weekly.

1.3. Parental visitation and child welfare outcomes among families in substance abuse problems.

Research has yet to inform the visitation experience among families with substance abuse problems in child welfare or investigate the relationship between visitations and child welfare outcomes. One study by Leathers (2002) investigated whether the maternal mental health problem and severity of maternal substance abuse was a factor in deciding a frequency of visitation and family reunification. Leathers (2002) found that the maternal

mental health problems and severity of substance abuse were not significantly related to the frequency of visitations. Prior studies on parental visitation in child welfare have made valuable contributions to the field of child welfare. Yet there is limited knowledge on visitation experiences among families with substance abuse problems in child welfare. This current study will investigate (1) the relationship between parental visitation and family reunification and (2) factors related to parental visitations for families with substance abuse problems in child welfare.

2. Methods

This study utilized a subset of data from the Illinois Title IV-E Alcohol and Other Drug Abuse (AODA) waiver demonstration (see Marsh et al., 2006 and Ryan, Marsh, Testa, & Louderman, 2006) for a detailed description of the AODA study design and methods). The major evaluation on the AODA project indicates that the recovery coach model improved reunification rates and increased access to substance abuse treatment (Ryan et al., 2006). To date, no published studies or reports from this larger AODA demonstration project focus on the relationship between Recovery Coaches and parental visitation. This current study investigates (1) the relationship between Recovery Coaches and parental visitation and (2) factors related to parental visitations for families with substance abuse problems in child welfare.

This study utilizes the subsample of AODA program including 845 parents in child welfare. Parental visitation is coming from the caseworker's TRACCS's form. The total number of supervised visit and unsupervised visit were calculated at the child level. Then the total number of visit represents the sum of supervised and unsupervised visit.Descriptive data analyses were conducted and bivariate analysis was used to examine the relationship between child and mothers' demographic information, parental visitation, and Recovery Coaches. We then developed the logistic regression.

3. Results

Of 845 caregivers in this study, 28.9% were male and 71.1% were female. The sample was 81.5% of African American, 11.4% of Caucasian, and 6.9% of Latino. Parents in this study reported to have limited resources. The majority of the sample was never married (76.4%), and was unemployed (73%).

Approximately 52% of sample had less than high school education and 30 % were TANF recipients. The majority of parents in this had a previous substance abuse treatment history (60.7%) and 17.5% had a previous mental health treatment experience.

The cocaine (36.5%) was the most frequently used primary drug of choice, followed by Opioids (25.6%), Alcohol (21.3%), and marijuana (15%). 60.7% have substance abuse treatment history. Of 854 parents, 40% had low dependency on drug while about 39% had mild dependency on drug and 22% had high dependency on drug.

Table 1. Caregiver Characteristics

	Control Group N (% within group)	Demonstration Group N (% within group)
Overall	245 (100)	600 (100)
Gender		
Male	74 (30.2)	171 (28.5)
Female	171 (69.8)	429 (71.5)
Race		

African American	204 (83.3)	485 (80.8)
Caucasian	29 (11.8)	68 (11.3)
Hispanic	12 (4.9)	47 (7.8)
Marital Status		
Married	19 (7.8)	57 (9.5)
Never Married	182 (74.3)	464 (77.3)
Others	44 (15.4)	79 (18.3)
Employment		
Unemployed	178 (72.7)	439 (73.2)
Education		
< High School	121 (49.4)	317 (52.8)
High School /GED	77 (31.4)	197 (32.8)
> High School	19 (7.8)	35 (5.8)
Previous Treatment History		
Substance Abuse	146 (59.6)	367 (61.2)
Mental Health	39 (15.9)	109 (18.2)
Living Situation		
Alone	46 (18.8)	102 (17.0)
Family	134 (54.7)	316 (52.7)
Friend	43 (17.6)	122 (20.3)
Homeless	12 (4.9)	28 (4.7)
Institute/Shelter	6 (2.4)	20 (3.3)
TANF	65 (26.3)	192 (32.0)
No Income	115 (46.9)	263 (43.8)
Medical Problem	80 (32.7)	175 (29.2)
Legal Problem	28 (11.4)	81 (13.5)
Type of Substance Abuse		
Alcohol	57 (23.3)	123 (20.5)
Cocaine	87 (35.5)	222 (37.0)
Marijuana	34 (13.9)	93 (15.5)
Opioids	63 (25.7)	154 (25.7)
Level of Dependency on Drug		

Low	99 (40.4)	239 (39.8)
Mild	88 (35.9)	238 (39.7)
High	58 (23.7)	123 (20.5)

As shown in Table 2, 24% had at least one unsupervised visitation while 76% had no unsupervised visitation. For the unsupervised visitation, a total of 157 (26.2%) caregivers in the demonstration group experience at least one unsupervised visit of a child as compared to 46 (18.8 %) caregivers in the control group. This difference is statistically significant (X^2 = 5.207, df = 1, p= .026). Table 3 shows the frequency of supervised visitation. Approximately 28% of parents did not have supervised visitation a given month.

Table 2. Unsupervised Visitation

	Control Group	Demonstration Group	Totals
Yes	46 (18.8)	157 (26.2)	203 (24.0)
No	199 (81.2)	443 (73.8)	642 (76.0)
Total	245 (100)	600 (100)	845 (100)

The final model of the logistic regression (see Table 4) indicates that caregivers in the demonstration group are 1.6 times more likely to have at least one unsupervised visitation than those who are in the control group. In addition, the model suggests that caregivers with mental health problem are less likely to have at least one unsupervised visitation than those who without any mental health problems.

Table 4. Logistic Regression

Variables	Model 1			Model 2			Model 3		
	Coefficient	SE	Exp (B)	Coefficient	SE	Exp (B)	Coefficient	SE	Exp (B)
Female	0.317	0.196	1.373	0.266	0.200	1.314	0.263	0.263	1.301
No Income	-0.214	0.178	0.807	-0.228	0.178	0.796	-0.214	-0.214	0.808
African American	0.117	0.263	1.125	0.099	0.264	1.104	0.098	0.098	1.103
Hispanic	0.405	0.382	1.500	0.423	0.383	1.527	0.386	0.386	1.472
Unemployed	-0.166	0.209	0.847	-0.195	0.210	0.823	-0.201	-0.201	0.818
Less than High School Education	-0.141	0.168	0.868	-0.143	0.168	0.867	-0.154	-0.154	0.857
Married	0.050	0.283	1.051	0.060	0.284	1.062	0.044	0.044	1.045
Mental Health Problem	-1.103**	0.483	0.332	-1.084**	0.484	0.338	-1.145**	-1.145	0.318
Medical Problem	0.003	0.179	1.003	0.008	0.179	1.008	0.025	0.025	1.026

Low Dependency on Primary Drug				-0.333	0.259	0.717	-0.203	0.228	0.816
Mild Dependency on Primary Drug				0.058	0.225	1.059	0.050	0.216	1.052
Case Management							0.446	0.190	1.561
Constant	-1.18	0,303	0.307	-1.057	0.361	0.347	-1.365	0.389	0.255
Model Chi-Square, df	13.072, 9			20,807, 12			20,807, 12 **		
Block Chi-Squre, df	13.072, 9			5.718, 1			5.718, 1 ***		

* $\rho < 0.1$ ** $\rho < 0.05$ *** $\rho < 0.01$

4. Discussion

Visitation is commonly a requirement for parents seeking to reacquire the custody of children in care of the child welfare system and thus visitation may represent aimportant step toward reunification.

In addition, the prior study indicated that child-parents visitation is one of key factors in child welfare outcomes (Davis et al., 1996; McWey, Acock, & Porter, 2009). Despite its significance, this study found that only few caregivers had visitations with their children. Approximately 28% of parents did not have supervised visitation a given month while only 29% of parents experienced one supervised visitation. Few parents (6.9%) had more than 5 visits a month. Prior studies identified several barriers to visitations.

According to McWeky, Acock, and Porter (2010), the visitation practices vary by settings in child welfare. Often, many states are not specific in regards to planning, implementing, and regulating visitation and therefore may cause sporadic and sometimes unstable visitation environments (Hess, 2003).Furthermore, parents who struggled with substance abuse and mental health difficulties were also less likely to visit their children in foster care (Leathers, 2002). Visitation may also be inconsistent due to unstable living environments, transportation restrictions, or because social workers are overwhelmed with caseloads (Gillespie, Byrne, and Workman, 1995).Some parents, such as some with children in the residential treatment facility, do not want to get involved in the out-of-home care process. Some of those parents also struggled with personal and systematic conflicts such as a lack of responsibility, legal issues, strained relationships, transportation conflicts, and the influence of authority figures (Lee, 2011). If child welfare policy continuously values a child connection with biological parents, it is vital for policy makers actively engage in developing the visitation policy and providing necessary infrastructure for the visitation.

The results of this study indicate that use of Recovery Coaches are associated with (1) higher rates of unsupervised visits and (2) increased likelihood of such visits. Yet this study was not able to determine what aspects of recovery coaches accounted for success in improving visitation. As in other types of case management strategies, recovery coaches performed multiple tasks. Future studies should explicitly examine which aspects of case management may related to visitations. Because the visitation status has been found to be a important factor of positive permanency outcomes, the needs of systematic identification of factors related to successful visitation and special

interventions to promote both supervised and unsupervised visitations for substance abusing families are important.

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