

2020

## Perceptions of foster care workers on birth parenting times

Pallas Schuster

Follow this and additional works at: <https://commons.emich.edu/honors>

 Part of the [Social Work Commons](#)

---

---

## Perceptions of foster care workers on birth parenting times

### Abstract

Birth parenting time between children in foster care and their biological parents are often thought of as a standard path toward achieving reunification (Browne & Moloney, 2002; Haight et al., 2003). The overall goal of parenting time is to create space for both the parent and child to have positive parent-child interactions and either work towards or maintain a healthy parent-child relationship. However, birth parenting times can be stressful for the parent, child, foster parent, and the foster care caseworker. To facilitate optimal parenting times, evidenced-based practices recommended foster care workers utilize a relationship-based approach when supervising parenting time. However, there is limited research on what relationship-based strategies are used or effective during the birth parenting times. Therefore, this mixed-method study aims to explore the perceptions of foster care caseworkers on birth parents with children in foster care, the relationships between birth parents and caseworkers, and the supports that caseworkers have when working with birth parents. A total of five foster care caseworkers at a Midwest foster care agency participated in this study and completed both an interview and a survey. Results from interviews highlighted the acknowledgement of the barriers birth parents face along with their strengths. Results emphasized the importance of caseworkers developing relationships with birth parents and tailoring services to meet their needs. Additionally, caseworkers reported being open and honest when communicating, which helps the birth parents feel supported and more comfortable. A majority of caseworkers reported finding their caseload somewhat manageable, and all caseworkers reported feeling confident in facilitating birth parenting times. Finally, a variety of inner agency supports were identified by caseworkers that helped support their work with birth parents. Further research along with practice implications will also be discussed.

### Degree Type

Open Access Senior Honors Thesis

### Department

Social Work

### First Advisor

Jennifer Farley, PhD, LMSW, RPT-S, ECMH-R

### Second Advisor

Jillian Graves, PhD, LMSW

### Third Advisor

Jennifer Kellman-Fritz, PhD, LMSW

### Subject Categories

Social Work

---

PERCEPTIONS OF FOSTER CARE WORKERS ON BIRTH PARENTING TIMES

By

Pallas Schuster

A Senior Thesis Submitted to the

Eastern Michigan University

Honors College in Partial Fulfillment of the Requirements for Graduation

with Honors in Social Work

Approved at Ypsilanti, Michigan on this date, May 12, 2020

Jennifer Farley, PhD, LMSW, RPT-S, ECMH-®  
Supervising Instructor

\_\_\_\_\_  
Jillian Graves, PhD, LMSW  
Honors Advisor

\_\_\_\_\_  
Jennifer Kellman-Fritz, PhD, LMSW  
Department Head

\_\_\_\_\_  
Ann Eisenberg, PhD  
Dean, The Honors College

## Abstract

Birth parenting time between children in foster care and their biological parents are often thought of as a standard path toward achieving reunification (Browne & Moloney, 2002; Haight et al., 2003). The overall goal of parenting time is to create space for both the parent and child to have positive parent-child interactions and either work towards or maintain a healthy parent-child relationship. However, birth parenting times can be stressful for the parent, child, foster parent, and the foster care caseworker. To facilitate optimal parenting times, evidenced-based practices recommended foster care workers utilize a relationship-based approach when supervising parenting time. However, there is limited research on what relationship-based strategies are used or effective during the birth parenting times. Therefore, this mixed-method study aims to explore the perceptions of foster care caseworkers on birth parents with children in foster care, the relationships between birth parents and caseworkers, and the supports that caseworkers have when working with birth parents. A total of five foster care caseworkers at a Midwest foster care agency participated in this study and completed both an interview and a survey. Results from interviews highlighted the acknowledgement of the barriers birth parents face along with their strengths. Results emphasized the importance of caseworkers developing relationships with birth parents and tailoring services to meet their needs. Additionally, caseworkers reported being open and honest when communicating, which helps the birth parents feel supported and more comfortable. A majority of caseworkers reported finding their caseload somewhat manageable, and all caseworkers reported feeling confident in facilitating birth parenting times. Finally, a variety of inner agency supports were identified by caseworkers that helped support their work with birth parents. Further research along with practice implications will also be discussed.

## **Literature Review**

Birth parenting times between birth parents and their children in foster care are regularly provided to cases working towards reunification (Browne & Moloney, 2002; Haight et al., 2003). Birth parenting time aims to provide a space to promote positive parent-child interactions and allow families to work toward or maintain a healthy parent-child relationship. However, birth parenting times can be stressful for the parent, child, foster parent, and the foster care caseworker. The following literature review begins to explore the variables associated with these stressors. It will first examine attachment theory and resiliency theory as lenses for birth parenting times, and then explore the multiple perspectives and barriers on parenting time from birth parents, caseworkers, and foster parents.

### **An Attachment Lens**

The majority of children entering foster care are young children under the age of five (Annie Casey Foundation, 2019). However, the relationship needs continue throughout the lifetime. Therefore, using an attachment lens to assess interactions and relationships in early childhood throughout adolescence is imperative to meeting reunification goals (Grigsby, 1994; Nesmith, 2014). Attachment research tells us that attachment is created over time and the primary purpose is to ensure that a child feels safe, secure, and protected (Benoit, 2004). In a secure attachment relationship, a parent provides good enough parenting in which they are consistent, supportive, and sensitive to their child's needs most of the time (Zeanah et al., 2011). A secure attachment provides a child with a secure base and a safe haven, and this allows a child to explore and seek support and reassurance from the caregiver when they are in distress or feeling scared, tired, or sick (Bowlby, 1969/1982, as cited in Zeanah, 2011, p. 819). Children

with secure parent-child attachments are more likely to experience optimal social, emotional, and cognitive developmental milestones (Zeanah et al., 2011).

An insecure attachment can be categorized as avoidant, where a child does not show distress or does not seek comfort from the primary caregiver. This may include the child dismissing attempts for soothing because previously their needs may have been ignored or rejected (Benoit, 2004; Zeanah et al., 2011). Ambivalent is another type of insecure attachment, and this is when a parent consistently becomes distressed and subsequently, a child becomes overly distressed and has a difficult time calming down. Finally, there is disorganized attachment, which occurs when the child has experienced child abuse, neglect, or violence in the home and children may freeze or try to move away from the parent (Solomon & George, 2011). When children who have insecure attachments experience supportive relationships, they can move from insecure to secure over time through these interactions. Earned secure attachment can occur at any point across the developmental lifespan, and for adults this can sometimes be a romantic partner, friend, or supportive professional including a caseworker.

### **Attachment and Birth Parenting Times**

Research shows that frequent, consistent, and high-quality birth parenting times are positively related to attachment security (McWey & Mullis, 2004). More consistent birth parenting times are associated with shorter periods of time in foster care, and children who experience consistent and frequent contact with birth parents have more secure attachment and are better adjusted (Garcia-Martin et al., 2019; McWey, 2000; McWey & Mullis, 2004). Further, the maintaining of relationships between birth parents and children is associated with children having a better ability to adapt to their new situation (McWey & Mullis, 2004). For children separated from their birth families, contact with birth parents helps to develop secure attachment

within their new families and can assist in lessening the fear, anxiety, and guilt that comes with belonging to two families (Boyle, 2015). The continuation of parent-child attachment through birth parenting times provides the child with a sense of security while inconsistent birth parenting times can make it difficult for children to form other attachments (McWey, 2000). Secure attachment is not achieved solely through a high number of birth parenting times, but instead through high-quality birth parenting times (Fossum et al., 2018; Garcia-Martin et al., 2019).

### **A Resiliency Lens**

Resiliency theory examines the ability of a person or family to recover or ‘bounce back’ after stressful and/or adverse experiences. When stressors add up and/or when there are limited coping skills to deal with stress, individuals and families can become overwhelmed. This process can increase their vulnerability to additional challenges. Furthermore, stressors can also reactivate painful issues families or family members experienced in the past (Walsh, 2011). Families often use different strategies to meet challenges, and extrafamilial resources can assist families in buffering stress and lowering risk of dysfunction. These resources include mutual belief systems, organizational and structural patterns, and effective communication and problem solving (Walsh, 2011). In addition, relationships with mentors, siblings, or extended family members can help individuals within the family system facing stressors.

Resiliency scholars indicate that successfully supporting individuals or families through stress and/or adversity can help enhance resiliency (Vah Hook, 2017; Walsh, 2011) and increase self-efficacy (Rutter, 2012) for future stressful events. Resiliency theory can be a lens in which foster care workers assess a parent’s strengths and protective factors along with risk factors and the parent’s current resources to adapt and cope with stressors. As part of this, assessing the

multigenerational life cycle may also help caseworkers identify extended family members as a resource and part of the healing team. By recognizing family members as part of the healing team, caseworkers can ensure that family members do not feel judged and can view their shortcomings by acknowledging that they are facing overwhelming adversity (Walsh, 2011).

### **Perspectives About Birth Parenting Times**

*Foster Parents* Foster parents can play an important role in the success of birth parenting time between the child and their biological parent. Children are more likely to benefit from their time with their parents when their foster parents are high in acceptance, open about contact, and collaborate with birth parents (Boyle, 2015; Fuentes et al., 2018; Morrison et al., 2011; Salas Martinez et al., 2016). The endorsement of birth parenting times from foster parents can be beneficial for the child's relationship with both the foster parents and the birth parents (Boyle, 2015). In a study by Salas Martinez et al. (2016), 61 foster parents rated birth parenting times on a Likert scale of agreeance (1 being 'totally disagree' and 5 being 'totally agree'). The mean was 4.20 on items regarding giving children positive messages about their birth parents, but the mean for the items related to the belief that birth parenting times are positive for children was lower, at 2.33 (Salas Martinez et al., 2016). Fuentes et al. (2018) found in focus groups with nine participants that foster families fear that birth parenting times will make children view their placement negatively and lead to a conflict of loyalty. Although smaller sample sizes, these studies suggest that foster families recognize the importance of birth parenting times but may still experience uneasiness regarding the birth parenting times. Relationships may serve to ease these concerns and benefit in other capacities, and the development of collaborative relationships between foster parents and birth parents has been shown to be beneficial for all involved



(Ankersmit, 2016; Fuentes et al., 2018). It is suggested that foster parents could benefit from additional training and guidance in how to build relationships birth parents (Nesmith, 2014).

***Birth Parents*** Birth parents experience a multitude of emotions and have many opinions regarding birth parenting times with their children. They are hopeful that birth parenting times will maintain and strengthen bonds and help them to improve their parenting skills (Gerring et al., 2008). There are many things that they desire to improve birth parenting times. A study with 23 birth families showed that during birth parenting times, birth parents desire age-appropriate toys and play areas for them to interact with their children (Garcia-Martin et al., 2019). Many birth parents in the same study also expressed discomfort with the rigidity of birth parenting times and reported that being watched feels unnatural and stressful (Garcia-Martin et al., 2019). An understanding and empathetic supervisor may help to ease this discomfort. Gerring et al. (2008) found that 34 birth parents that were interviewed following the implementation of an attachment and relationship-based form of birth parenting time supervision appreciated the supportive, respectful, and inclusive relationships with the caseworker and the child's foster parents. Additionally, research indicates that birth parents report a desire to be more included in their children's lives outside of birth parenting times, learning about their experiences and providing advice (Balsells et al., 2015; Garcia-Martin et al., 2019; Palmer et al., 2014). Additionally, a positive relationship with the birth parenting time supervisor can be beneficial in ensuring that the birth parents feel valued, recognized, and supported which can make it easier for them to take risks to make change and ask for help to receive assistance (Gockel et al., 2015). One study interviewed 35 birth parents and found that parents preferred when workers used relational interventions such as extending warmth, focusing on strengths, and being transparent (Gockel et al., 2015). Similarly, birth parents in a study by Gerring et al. (2008) reported that a

relationship with their caseworker was instrumental in reunification. Additionally, birth parents interviewed in the Gerring et al. (2008) study reported preferring direct advice on what needs to be done for them to achieve reunification. Interviews with birth parents in both studies found a theme of desire for an empathetic supervisor who provides validation on parenting skills and gentle modeling strategies on what they can improve (Gerring et al., 2008; Gockel et al., 2015).

***Caseworkers*** Caseworker views impact the way birth parenting times are planned, facilitated, and assessed. A focus group of eight social workers showed that birth parenting times are important to maintain attachment, reduce children's stress, and keep children from idealizing their birth family (Fuentes et al., 2018). However, within this study, five out of the nine caseworkers fear that birth parenting times allow birth parents to give children inappropriate messages regarding their chances of returning home (Fuentes et al., 2018). Nesmith (2014) reviewed 75 administrative case records at a private child welfare agency in the southeastern U.S. and found that within these cases, worker communication with birth parents was mostly about scheduling and changing birth parenting times, with less than half of the communication being words of support or encouragement for birth parents. The same study found that when efforts are made to engage parents as whole individuals, through both planning of birth parenting times and emotional support, parents were four times more likely to have regular birth parenting times (Nesmith, 2014). These results could be related to the struggle workers face to balance their efforts to do what is in the best interest of the child while also building an empathetic relationship with birth parents. Some workers feel there is a gap in coordination between all parties involved in the system (Fuentes et al., 2018). At times, services such as birth parenting times are contracted with outside agencies, which leads to less interaction between the caseworker and the birth parents (Gerring et al., 2008). Caseworkers' perspective on how well

the birth parenting time went can influence court decisions and the implementation of policies, yet few studies look at caseworker characteristics, such as knowledge and skills, or opinions of the foster care system (Zell, 2006). There is little research regarding caseworkers' views and how it impacts communication and rapport-building with birth parents.

### **Evaluating Birth Parenting Time**

Unique to the foster care worker or staff's role during parenting time is the evaluation of each birth parenting times. The foster care worker or staff supervising the parenting time plays an important role. It is recommended that supervisors need to evaluate the birth parenting times, parenting skills, and relationship through a lens of attachment, separation, and loss (Haight et al., 2003). By doing this, they are empathetic with the complexity of emotions and understand the importance of preparing and supporting birth parents and children before, during, and after the birth parenting time. Research indicates that supervisors who focus on the relationship between the birth parents and children rather than the specific behavior (Cohen, 2016) are more likely to have higher quality birth parenting times, and in the process, can model positive relationship skills. Additionally, supervisors use a strength-based approach and recognize the things that birth parents are doing correctly (Ankersmit, 2016; Cohen, 2016; Fuentes et al., 2018; Gockel et al., 2015; Smith et al., 2014). These supervisors identify protective factors and acknowledge these with birth parents to build resilience during birth parenting times (Smith et al., 2014). Not only is this beneficial for birth parenting times, but it also helps to build a positive parent-worker relationship.

A high-quality supervisor is key in developing the relationship during the birth parenting time as well as assessing the birth parenting time itself. The quality of birth parenting times is based on the professional judgement of those who supervise them (Boyle, 2015). It is important

to acknowledge that it is not always workers who supervise birth parenting times but can be someone who does not have a relationship with the family and is unfamiliar with the case (Morrison et al., 2011). Although it is shown that having workers who know the families' situation and history present during the birth parenting times is beneficial (Schoppe-Sullivan et al., 2007), this does not always happen in the field. Regardless of who supervises the birth parenting time, it needs to be adequately documented so caseworkers and courts can make sound decisions regarding the parental rights (Budd, 2005). Further, adequate documentation is necessary for caseworkers to understand the progress parents are making and how they may need additional support. Birth parenting times can be stressful and overwhelming for birth parents, so having a working relationship with their caseworker can help them to feel comfortable during Birth parenting times and can ease the stress of being supervised while spending time with their children.

## **Barriers**

***Birth Parents*** Birth parents often have challenging life experiences that may include a history of childhood stressors or trauma coupled with current difficult life situations they are facing (Schofield et al., 2010). When considering that parenting is often based on the attachments they had as a child and what has been modeled to them, previous challenges such as attachment losses including the recent loss of their child can impact parenting behavior during birth parenting times (Schoppe-Sullivan et al., 2007). Birth parents feel anxiety and pressure during birth parenting times while coping with the sadness of knowing the brevity of their time with their child and the challenges of separation after the birth parenting time (Haight et al., 2001). Birth parents report doubting their parenting skills during birth parenting times (Ankersmit, 2016) and desired therapeutic support (Balsells et al., 2015). A study including interviews with 68 birth parents

found that birth parents feel more understood by caseworkers when they were cognizant of the complex feelings and experiences they were facing (Schofield et al., 2010). In addition, birth parents may also experience logistical barriers. For example, the closer the proximity of foster homes and birth parenting time locations to the birth parent home, the higher the likelihood that birth parenting times will occur (Fossum et al., 2018). In addition, the foster care system itself can be stigmatizing and confusing, creating challenges for birth parents. Per Schofield et al. (2010), the system uses language with negative connotations surrounding birth parents and their situations. Because the system can be confusing for birth parents, Gerring et al. (2008) states that the system is challenging for birth parents to navigate. Due to an unfamiliar and confusing system, birth parents report finding it challenging to trust the process toward reunification, deepening the doubt they feel in their own parenting skills during birth parenting times (Ankersmit, 2016).

***Caseworkers*** Foster care caseworkers also report stress related to the foster care system, including a lacking uniformity in assisting parents in attending birth parenting times (Nesmith, 2014), creating relationships between the foster families and birth parents (Ankersmit, 2016), or assessing parenting skills during birth parenting times (Schofield et al., 2010). Additionally, foster care caseworkers experience high levels of stress and burnout, which creates problems both while they have the case and during turnover, as there can be a loss of information as cases are passed from one worker to the next (Zell, 2006). Zell (2006) found that 44% of the 279 workers they interviewed from Chicago and New York City reported burn out from feeling stressed and discouraged, being viewed as incompetent, and/or inadequate compensation. Additionally, Zell (2006) found that while 38% of workers felt overwhelmed by the requirements and sizes of their caseload. Workers report a lack of resources not only for birth parents, but also

for themselves, and they state that they experience a lack of supervision, poor working facilities, and excessive paperwork (Zell, 2006). All these things can make it challenging for workers to adequately form connections with the families they are working with. Nesmith (2014) found that frequent contact was correlated with more consistent birth parenting times, but communication is challenging due to heavy caseloads and staff turnover (Browne & Moloney, 2002; Nesmith, 2014). Additionally, new strategies to train, educate, and support case workers are needed (Zell, 2006). New approaches for supervision, such as reflective supervision with bimonthly group and one-on-one meetings, have been promising in keeping other social workers from feeling overwhelmed, but these forms of supervision are not widespread within the foster care system (Cohen, 2016).

Overall, using an attachment lens shows the importance of birth parenting times, and the relationship between foster care caseworkers, birth parents, and foster families can be beneficial in the implementation of birth parenting times. Both birth parents and workers face barriers when working towards positive birth parenting times. Because there are a few studies on foster care caseworkers' views, this study will add to the knowledge of how caseworkers perceive and work with birth parents working towards reunification. This study aims to analyze workers' perceptions of parents with children in foster care by looking at their views of birth parents' strengths and barriers, specifically through the birth parenting time process.

## **Methods**

### **Research Design**

This study is exploratory in nature and used a mixed-method design to examine the perceptions of foster care caseworkers on parenting time between children in foster care and their birth parents. There are three main research questions: What are the perceptions of foster care

caseworkers on birth parents with children in foster care? How do foster care caseworkers build relationships with birth parents? What education, training, and supports do foster care caseworkers have in the child welfare field when working with birth parents? It was hypothesized that, while society has an overall negative view of birth parents with children in foster care (Schofield et al., 2010), workers would recognize the barriers parents face and acknowledge the importance of them maintaining an attachment with their children (Fuentes et al., 2018). It was also hypothesized that this would vary among workers and the families in their caseload. It was hypothesized that workers would report forming relationships with birth parents mainly through communication during and outside of birth parenting times (Gerring et al., 2008), but that it may be challenging for workers due to heavy caseloads (Browne & Moloney, 2002; Nesmith, 2014) and insufficient interaction (Gerring et al., 2008).

This study stems from a phenomenological approach, in hopes of finding a common meaning of lived experiences (Creswell, 2013). This study aimed to place emphasis on the development of worker-parent relationships, using a transcendental approach to find significant statements and themes of participants' experiences (Creswell, 2013; Saldaña, 2013). Using a mixed-method design also allowed for caseworkers to fully express their experiences with birth parents and forming their working relationship (Hanson et al., 2005). The qualitative interviews and quantitative surveys were conducted concurrently, with the participants filling out the survey then completing the interview (Hanson et al., 2005). By using both qualitative and quantitative data in a single study, the researchers were able to gain a better understanding of the perception's caseworkers hold of parents with children in foster care and the relationships they build with them (Hanson et al., 2005). Rather than providing conclusive solutions, this study aims to look deeply at caseworkers' perceptions of and relationships with birth parents.

## **Agency Population & Sample**

The qualitative and quantitative methods in this study utilized a cross-sectional research design and a non-probability purposive sample. The quantitative and qualitative methods were conducted with foster care caseworkers at a foster care agency in the Midwest. The agency provides foster care, adoption, and family preservation services. An email was sent regarding the need for participants in this study to all Foster Care Workers by the Vice President of Placement Services. Choosing foster care workers ensured that the participants would have experience working with birth parents. Following the first email, one participant and the supervisor reminded other staff to participate at a staff meeting, which elicited more participants. Interested individuals reached out to the researcher via email to schedule a time to complete the interview and survey. This method yielded 5 completed interviews and supplementary surveys with foster care caseworkers.

## **Measurement**

### **Qualitative Interviews**

The interviews with caseworkers were semi-structured. Each participant was asked a basic set of open-ended questions. The interview consisted of 14 questions, some of which contained sub questions (See Appendix A). To explore the first research question of perceptions, caseworkers were asked about why they chose to work in child welfare (interview question 1). They were then asked to expand on the strengths and barriers they see in birth parents (interview questions 2 and 3), to begin seeing what they view as birth parents' biggest challenges and supports. They were then asked how birth parenting times are incorporated into treatment plans and their view on the goal of birth parenting times (interview questions 6 and 9) to learn more about what makes a birth parenting time important and the purpose they serve. From there,



workers were asked about the roles, responsibilities, and expectations of all involved in birth parenting times (interview question 10), and the challenges birth parents face specifically during birth parenting times (interview question 11). The other questions aimed to explore the second research question about the relationship between workers and birth parents. Because relationships are tied to the perception's workers have, these questions were intertwined with the questions about perceptions. To explore relationships, the participants were asked about how they work with birth parents to overcome barriers (interview question 4), and how involved birth parents are in their assessment and treatment plan as well as the planning of birth parenting times (interview questions 5 and 7). The questions then shifted to communication, as that plays a key role in the development and quality of a relationship (Gerring et al., 2008). Caseworkers were asked how often they contact birth parents and the method used (interview question 8). They were then asked if they talk with the birth parent before or after birth parenting times or if foster parents do (interview question 12), as a positive relationship with both the worker and the foster family is shown to be desired by the birth parent (Gerring et al., 2008). Finally, participants were asked how often they are the one to supervise their cases' birth parenting times, who does supervise if they do not, and how information from the birth parenting time is communicated from the worker who supervised to the worker who oversees the case (interview questions 13 and 14).

A key part of qualitative research is establishing trustworthiness. Among many recommended strategies for trustworthiness from Creswell and Miller (2000), this study used field observation, triangulation, peer reviews, and negative case analysis. It also included noting and recording and transcribing interviews as forms of reliability activities which enhances dependability (Creswell & Miller, 2000). Multiple methods (interviews and surveys) and

multiple investigators (this researcher and a faculty advisor) were used to triangulate the data. The student researcher transcribed the interview data, which was reviewed by the faculty advisor who also participated in the data analysis for the interviews. Further, the student researcher and faculty advisor debriefed about the identification of significant statements and codes, code meanings, and code assignments. For reliability, notes were taken during interviews, and interviews were audio recorded. Audiotapes were transcribed by the student researcher, and then re-checked by the faculty advisor. Specific qualitative software was not used, as editing tools within Microsoft Word and Excel allowed the researcher to compile significant statements, codes, code meanings, and assignments.

### **Quantitative Surveys**

To triangulate the data, gather demographic information, and explore the training and support caseworkers receive to work with birth parents, a quantitative survey was developed. The survey included 12 items that assessed demographic information, occupation information, and asked participants about their training, and supports (see Appendix B). The survey focuses on research question three regarding the education and training of and supports for child welfare workers. The survey collects information regarding age, gender, and race/ethnicity (items 1, 2, and 3). It also asks the level of schooling completed by the participant (item 4). It then moves into agency information (items 5, 6, and 7). It then assesses if the participant received training regarding birth parenting times (item 8), and if so, how confident they feel facilitating birth parenting times (item 9). The survey then moves into the average caseload of the participant and how manageable they find this caseload (items 10 and 11). The final item is an open-ended response about the supports in place to assist the participant when working with birth parents (item 12). Participants completed the survey just before participating in the interview, so a total

of 5 surveys were completed to supplement the 5 interviews conducted. As the survey was developed for the purpose of this study, the reliability and validity of the measure is unknown.

## **Data Analysis**

### **Qualitative Analysis**

To gain an in-depth understanding of foster care workers' perceptions of and relationships with birth parents, caseworkers were interviewed. Using a qualitative phenomenological approach (Creswell, 2013), the qualitative data focused on lived experiences and the researcher attempted to set aside their experiences. After the qualitative interviews were transcribed, the researcher identified significant statements that addressed the participants' perceptions of and relationship with the birth parents they work with. The significant statements were then coded using a two-cycle coding process. Saldaña (2013) recommends an initial cycle of coding followed by a second cycle using more in-depth analytic skills. The first cycle served to identify themes throughout the interviews. These themes were then broken down and defined, leading to a second round of coding to ensure all significant statements were attached to one of the overarching themes. Data were then analyzed to explore explanations, causes, consequences, and/or conclusions (Rubin & Rubin, 2012 as cited in Saldaña, 2013). Descriptions of each theme were then completed, giving a voice to the participants and representing the different aspects of the phenomenon (Creswell, 2013).

### **Quantitative Analysis**

Excel and Statistical Package for Social Sciences (SPSS), Version 26, was employed for the quantitative analysis. The items regarding age (item 1), race/ethnicity (item 3), length of time at agency (item 7), training (item 8), confidence in facilitating birth parenting times (item 9), caseload (item 10), and manageability of caseload (item 11), were all included in the quantitative

analysis. The items for gender (item 2), level of schooling (item 4), agency name (item 5), and position at agency (item 6) were excluded from analysis as all participants had the same answer for these items. Descriptive statistics were calculated including the mean, mode, standard deviations, and frequencies of each of the selected categories.

## **Results**

### **Introduction**

To explore the perceptions and the relationships formed between caseworkers and birth parents, a mixed-method study examined the experiences of foster care caseworkers. This section outlines the results of the qualitative interviews and quantitative survey methods. The qualitative interview explored research question one of caseworker perceptions and research question two regarding caseworker and birth parent relationships. The quantitative survey collected demographic information and explored research question three regarding caseworker education, training, and supports.

### **Participant Demographics**

To examine caseworkers' perceptions, a total of 5 interviews were conducted and audio-recorded with foster care workers. The interviews were conducted in the foster care workers' office at their agency. One participant (20%) was age 18-24, three participants (60%) were age 25-34, and one participant (20%) was age 35-44. All five participants (100%) identified as female and all held bachelor's degrees. Two participants (40%) identified as African American or Black, two (40%) identified as White, and one (20%) identified as Hispanic or Latino(a)(x). Three participants (60%) have worked in child welfare for 1-2 years, while one (20%) has worked in child welfare for 3 years and the other (20%) for less than a year. All (100%) have received training focused on birth parenting times, and all (100%) reported feeling confident in

facilitating birth parenting times. Four of the participants (80%) have an average caseload of 10-15 cases, and one participant (20%) has an average caseload of 5-10 cases. Using a Likert scale (1 being 'not manageable' and 5 being 'manageable'), three participants (60%) find their caseload somewhat manageable, one (20%) finds it manageable, and one (20%) was neutral about the manageability of their caseload (see Table 1).

**Table 1**  
*Caseworker Participants Demographics (N=5)*

|                           | <i>n</i> | %  |
|---------------------------|----------|----|
| Age                       |          |    |
| 18-24                     | 1        | 20 |
| 25-34                     | 3        | 60 |
| 35-44                     | 1        | 20 |
| Race                      |          |    |
| African American or Black | 2        | 40 |
| Hispanic or Latino(a)(x)  | 1        | 20 |
| White                     | 2        | 40 |
| Length of time at agency  |          |    |
| Less than one year        | 1        | 20 |
| 1-2 years                 | 4        | 80 |
| Child Welfare Experience  |          |    |
| Less than one year        | 1        | 20 |
| 1-2 years                 | 3        | 60 |
| 3-4 years                 | 1        | 20 |
| Average Caseload          |          |    |
| 5-10 cases                | 1        | 20 |
| 10-15 cases               | 4        | 80 |
| Manageability of Caseload |          |    |
| Neutral                   | 1        | 20 |
| Somewhat manageable       | 3        | 60 |
| Manageable                | 1        | 20 |

### Quantitative Findings

To examine if variables were associated, chi-squares were performed. Results indicate a significant relationship between experience in child welfare and a caseworker's perception on

caseload manageability,  $\chi^2(1, N=5) = 10.01, p = .04$ . To examine the strength of this relationship, correlations were performed, and results indicated a significant result between how long a caseworker had worked in child welfare and their perception on caseload manageability,  $r = 1.01, p \leq .01$ . Chi-squares and correlations were also performed on caseworker experience and level of confidence, but no significance was found. In the open-ended items on the survey, participants noted agency support such as supervisors and case aides covering birth parenting times when the caseworker is unavailable, available mentors and collegial support, and agency security if needed. They also reported on the need for agencies to provide toys, transportation, and a neutral visiting space. Outside of the agency, the caseworkers reported supports within the Department of Health and Human Services (DHHS), Courts, and Parent Partner Programs.

## **Qualitative Findings**

### **Theme Identification**

Data from interviews revealed a total of five themes with subsequent subthemes (see Table 2). The first theme relates to the barriers that hinder birth parents from adequately completing services to achieve reunification. This included limited parenting skills and resources associated with mental health issues, substance use, and lack of transportation. Additional barriers included discomfort during birth parenting times or fear of judgment and finally, an unfamiliarity with the process.

The second theme relates to the strengths that assist birth parents in achieving the goal of reunification. These strengths included dedication and hope for reunification and familial support. The third theme was supportive services. For birth parents, this included services provided through referrals and the agency that are meant to assist them in achieving reunification, such as assessment and service planning, parenting classes, transportation

assistance, substance use treatment, and birth parenting times. For workers, supportive services included agency support.

The fourth theme related to both the benefits of and challenges associated with relationships between any parties involved in the case. Specifically, this theme looked at the relationship between the caseworker and the birth parents, the foster family and the birth parents, and the children and their birth parents. The final theme was the quality communication, meaning how different parties involved in the case communicate with one another. This communication included worker communication within the agency, communication between the worker and the birth parents, and communication between the foster family and the birth parents.

**Table 2**

*Main themes and subthemes of caseworker interviews on birth parents and parenting time*

| Theme   | Subtheme  |
|---|---|
| Birth Parent Barriers                         | Limited Parenting Skills or Resources<br>Discomfort and Fear of Judgment<br>Unfamiliarity with the Process      |
| Birth Parent Strengths                        | Birth Parent Dedication and Hope for Reunification<br>Birth Parent Familial Support                             |
| Supportive Services Provided                  | Assessment and Service Planning<br>Range of Services including Parenting Time<br>Agency Support for Caseworkers |
| Benefits of and Challenges with Relationships | Worker and Birth Parents<br>Foster Family and Birth Parents<br>Children and Birth Parents                       |
| Quality of Communication                      | Workers within the Agency<br>Worker and Birth Parents<br>Foster Family and Birth Parents                        |

**Barriers** During the interview, all caseworkers (100%) identified multiple barriers that birth parents face that make it challenging for them to attend birth parenting times or achieve reunification. Two of the five participants (40%) discussed limited parenting skills. The

following remarks are from the two participants regarding how minimal experience and limited skills can create challenges for birth parents. One caseworker remarked,

[Birth parents] are either super young parents or they were in foster care themselves, so they do not have a strong foundation of how to parent.

Another caseworker remarked,

It is really easy to judge what brought the kids into care until you start to learn more about [the birth parents'] social history, so some of them honestly did not have a model to go off of in order to parent their own children.

Additionally, caseworkers identified limited resources as a barrier for birth parents.

Within this category, poverty was identified by two caseworkers (40%), one caseworker (20%) identified mental health issues, and three caseworkers (60%) identified substance use as an area of concern. A total of three (60%) caseworkers identified a lack of transportation for birth parents. One caseworker remarked, "I do have trouble with parents who do not have their own vehicles, they have trouble getting to visits."

All caseworkers (100%) discussed birth parents' discomfort and fear of judgment during birth parenting times. The participants acknowledged the invasive nature of birth parenting times and services a total of 10 times throughout the five interviews. The following remarks are from two participants discussing how uncomfortable birth parenting times can be for birth parents.

One caseworker remarked,

If roles were reversed, I would feel very uncomfortable being watched with my children, like I have raised them to this point and, you know, they're still here so I am doing something right, and just to be watched, I feel like would be like uncomfortable.

A different caseworker remarked,



It is a very awkward situation to be in, there is nothing organic about sitting there while someone is taking notes about everything you are doing and interjecting when you are just trying to hang out with your kids.

A final barrier the caseworkers discussed was birth parents' unfamiliarity with the process, which leads to confusion. Three of the five (60%) participants acknowledged this once during their interview. One caseworker remarked, "It is a lot of discourse and jargon . . . and [the birth parents] do not usually catch on to what those [jargon] actually mean."

***Birth Parent Strengths*** The participants identified a variety of strengths for birth parents. These strengths are helpful in achieving the common case goal of reunification for the birth parents and their children. A strength observed by four participants (80%) was birth parents' dedication to their service plan and to their children, as well as their hope for reunification. One caseworker remarked,

When a parent is incredibly dedicated to getting their kids back, they will exhibit that.

They will show that they are making efforts, and the strongest thing that motivates them is their love for their children.

Another caseworker remarked,

I think that they have a lot of hope. They have had the worst day of their life when their kids were removed from them and we put them through a lot. We ask a lot of them, and we get very involved in their lives. The ones that just keep showing up, I think they must have a lot of hope that things are going to work out and they are going to get [their children] back.

An additional birth parent strength identified by two participants (40%) was familial support. These caseworkers acknowledged that they felt familial support was an important

strength, and one caseworker remarked, “the birth parents that I see being the most successful have a good support system at home. They have family members that are willing to help and step in.”

***Services Provided*** All caseworkers (100%) discussed a multitude of services that birth parents participate in either within the agency or through referrals to help them overcome the previously identified barriers and obstacles to prepare for successful reunification with their children. Four of the participants (80%) discussed the initial assessment and service planning, and the following statement shows the purpose of providing these services to birth parents. One caseworker remarked,

So, we have what’s called an ISP, which is like an Initial Service Plan. So, we go over what the petition says [and] what the allegations are and then for each allegation, we have to have some sort of service to rectify the allegations.

Three of the participants (60%) discussed offering traditional parenting classes in a classroom setting and offering support during birth parenting times depending on the birth parents’ needs. Three of the caseworkers (60%) acknowledged that many birth parents will also get transportation assistance such as gas cards or bus passes. One participant (20%) stated that if substance use is identified during the assessment, the birth parent will be referred to substance use therapy and/or drug screenings. Finally, all caseworkers (n=5) reported that birth parents working toward reunification are regularly provided time to birth parenting times with their children, and one foster care worker reported that “if the child is under five, they are able to visit up to two-hour visits twice a week, so they get four-hour visits, and if they are over the age of five it goes to one hour once a week.”

All five participants (100%) also identified agency support as a service that assisted them in best working with the families in their caseloads, specifically with covering birth parenting time. For example, a caseworker discusses the support she experiences from the agency. One caseworker remarked,

Well here we have a lot of amazing people who will volunteer to watch [a birth parenting time] for you. We also have case aids so if there is not someone available, we could have them supervise for a short period. Our supervisors also step up when it is needed.

***Relationships*** The connection between any parties in the case was a frequent topic during interviews. First, the relationship between the worker and the birth parent was discussed by all five participants (100%). The following statements from two participants acknowledge both the challenges birth parents and workers experience when working together as well as the benefits that good relationships can have on the case. One caseworker remarked on the challenges when there is not a positive working relationship,

Some parents really do not get along with their caseworkers and that impacts their parenting time because they come in and they are agitated because the worker, somebody they cannot stand, is sitting there watching them. That has impacted a lot of parenting times for me and there's not really a lot you can do for that.

Another caseworker remarked on the benefits of a positive working relationship,

We have a friendly open relationship and they understand that I have a job to do, so they are understanding and they are fine, I try not to intervene with anything when they are dealing with certain issues [during birth parenting times].

Three of the participants (60%) also discussed their experience with the interactions of foster families and birth parents. The following statement shows the complexities of the

relationships between foster families and birth parents, and the benefits that a good working relationship can have. One caseworker remarked,

Brand new foster parents? No, they are terrified, and they are just like ‘no I’m going to drop my kid off an hour early so I do not have to see [the birth parents],’ which is fine. And if that’s their preference then that’s totally fine. I think more experienced foster parents are more willing to interact with the birth parents which I think helps the birth parents because then they know who is taking care of their kid and they feel more comfortable about it.

Finally, all participants (100%) discussed the relationship between the birth parents and their children, with this subtheme appearing 10 times throughout the five interviews. The participants recognized that birth parenting time is an opportunity for birth parents and children to maintain their connection. The following statements show caseworkers’ view of the importance of maintaining this connection. One caseworker remarked,

So, when the kids are removed from the birth parents, that bond, you know, they are not with the parents all day every day like they were. So, it is to keep the bond strong, to allow the children to still see their birth parents and birth parents with their children.

Another caseworker remarked,

It is a big deal if [the birth parents] are not making any efforts to visit with [their children] because the bond is just going to start to not be there.

**Communication** Inherent within relationships is communication, and this theme included the frequency, method, and quality of the communication between different parties involved in the case. All participants (100%) acknowledged that written and verbal communication between workers withing the agency is an essential aspect of practice with birth parents. The participants

reported that they have a specific form if someone other than the caseworker is supervising a birth parenting time. This form allows them written communication focused on what happened. Caseworkers also reported communicating via phone calls, texts, or verbal communication. One caseworker remarked, “I think the workers here, we all communicate really well with each other.”

Additionally, all the participants (100%) acknowledged the communication between the caseworker and the birth parents. This subtheme appeared 17 times over the course of the five interviews. The participants discussed general communication face-to-face and over the phone, as well as communication specific to birth parenting times. The following statements show the dynamic nature of this communication, the importance of it, and how it varies from case to case. One caseworker remarked on the need for communication before and after birth parenting times,

I have one case that’s really good. I don’t ever contact them; they are always here on time for their visits or whatever is going on. But then I have other birth parents who will have to confirm an hour before their visit, or it’s cancelled. I also have one parent that has to be here before I tell the foster parent to bring [the children] because [the birth parent] has cancelled so many times that the kids get here knowing that they’re visiting and then Mom doesn’t show up.

A different caseworker remarked on her direct and verbal communications with parents,

We try and communicate with [the birth parents] as effectively as possible. A lot of times they do not really understand some of the things and if they do not, we encourage them to ask us questions, call us, and we try to explain them in ways that they can understand . . . we will give them the normal term and then we will explain kind of like in a different way what it is for them so they understand.

Another caseworker remarked on her transparent communication with parents,

I just try to be extremely straightforward with [birth parents]. I do not sugarcoat things, if it is not good, then I am going to tell them it is not good. If they are doing good then I am going to congratulate them for that.

Finally, four of the five participants (80%) discussed the communication between the foster family and the birth parents. The following quote shows the variety of communication that the caseworkers observe between the foster family and the birth parents. One caseworker remarked,

We also find sometimes that foster parents are uncomfortable with the idea of interacting with the birth parents. If a parent is open to it and a foster parent is, we will allow them to communicate and maybe the foster parent can give them tips on how to structure the visit if they're trying to build the bond with their children that they do not have.

In summary, the results of the interviews highlighted five main themes, which were focused on foster care caseworkers' experiences with birth and foster parents. The themes were birth parent barriers, birth parent strengths, supportive services provided, benefits of and challenges with relationships, and quality of communication. Caseworkers also reported on the supports available to them through their agency. Survey results indicated a significant relationship between length of time working in foster care and caseload manageability, with caseworkers reporting high levels of caseworker confidence regarding birth parenting time. Finally, the open-ended items on the survey identified numerous supports within the agency.

### **Discussion**

This study included five foster care caseworker participants. The majority (n=3) of participants were early in their child welfare careers. All of the participants (n=5) reported

specific training and in feeling confident in facilitating birth parenting times. The majority of workers (n=4) reported caseloads of 10-15. While previous literature found that heavy caseloads can make worker-birth parent communication more challenging (Browne & Moloney, 2002; Nesmith, 2014), the caseworkers in this study had lower caseloads and reported finding their caseloads manageable, which may assist in their confidence levels. Additional analysis indicated that caseworkers with longer time working in child welfare reported higher manageability of their caseload. In addition, caseworkers reported high level of agency supports including supervisors or case aides who are available to cover birth parenting times, agency security if needed, and available mentor and collegial support. Outside of their agency, caseworkers reported that they have support within DHHS, Courts, and Parent Partner Programs. When exploring these supports, one caseworker emphasized that they trust their colleagues to supervise and document birth parenting times, while another acknowledged that when they have challenging cases, they can rely on supervisors to mediate. Aligning with attachment research, having supportive working relationships can help workers feel less overwhelmed (Cohen, 2016) and may relate to the workers in this study reporting high confidence in building relationships with birth parents and caseload manageability.

The five themes of the caseworker interviews highlighted the complexities of birth parents' general experiences as well as relationships with caseworkers and foster families. Caseworkers were aware of the variety of challenges birth parents face when attempting to complete their treatment plans and achieve reunification with their children. Depending on their own childhood experiences, caseworkers acknowledged that birth parents may not have experienced a strong foundation early in life. Caseworkers reported that many of the birth parents they work with are young and have been in foster care themselves. Given that parenting

is often based on childhood attachments (Schoppe-Sullivan et al., 2007), these previous challenges can impact overall parenting approaches and specific behaviors during birth parenting time (Schoppe-Sullivan et al., 2007). Additionally, current stressors can reactivate painful experiences birth parents had in childhood (Walsh, 2011). The caseworkers in this study recognized these challenges with their cases and were empathetic towards birth parents, and empathy towards another is a cornerstone of a healthy and supportive relationship.

The caseworkers also discussed birth parent challenges with mental health and substance use. While the participants did not expand on how these barriers create concrete challenges, it has the potential to make it more difficult for parents to attend birth parenting times as well as complete their treatment goals. Foster et al. (2015) found that 41.1% of the 1,068 foster care alum that participated had a current mental health diagnosis, with PTSD being the most prevalent. Similarly, Salazar et al. (2012) found that 18.8% of youth who experienced any one traumatic event and were in foster care met diagnostic criteria for PTSD, 10% higher than trauma experienced youth that were not in foster care. The caseworkers in this study referenced the difficult experiences that many of the birth parents on their cases faced as children, and this may relate to the mental health issues the birth parents may be experiencing currently. Caseworkers additionally identified lack of transportation as a barrier for birth parents. A lack of transportation can make it difficult for parents to attend their birth parenting times, where they can maintain their relationship with their children (McWey, 2000). Caseworkers in this study recognized birth parent needs and reported tailoring services accordingly. This attunement is key in the relationships that caseworkers form with birth parents.

One of the main barriers that caseworkers expressed specific to birth parenting times was the discomfort of being supervised and fear of being judged. Within this, caseworkers discussed



that birth parents feel uncomfortable being watched, knowing that their actions are being noted. One caseworker discussed how she thought this caused parents on her caseload to fear disciplining their children during birth parenting times, but she highlighted that as the supervisor of the birth parenting time, she does want to see the birth parents discipline the children appropriately. This can be challenging for birth parents, as they may fear judgment, but also hope to exemplify their parenting skills.

Additionally, the caseworkers acknowledged that being at an agency can make the parent-child time feel unnatural and awkward. This discomfort, awkwardness, and pressure that the caseworkers report birth parents feeling is consistent with previous research (Garcia-Martin et al., 2019, Haight et al., 2001). The caseworkers also discussed that, outside of birth parenting times, a lot is expected of birth parents and many services can feel invasive. Birth parents are working to change their parenting approaches, display positive changes during birth parenting times, manage their stress, and meet additional service goals to achieve reunification. Managing all of these expectations could potentially overwhelm birth parents even during their birth parenting times. Many of the caseworkers in this study discussed trying to make birth parenting times as natural and minimally invasive as they can. Attuned to the experiences of birth parents and fostering positive birth parenting times, the caseworkers highlighted the need for agencies to provide toys and a neutral visiting space within their surveys. Actions like this are imperative to the birth parents' comfortability during birth parenting times as well as when reaching out to the caseworker for assistance and support.

Despite the multitudes of barriers that birth parents face, the caseworkers also identified strengths that assist them in meeting their treatment goals and achieving reunification with their children. The main strength discussed by the caseworkers was birth parents' dedication to their

service plan, love for their children, and hope for reunification. The caseworkers discussed that, despite all the challenges that the birth parents have and continue to experience, they are hopeful and resilient. An additional strength of birth parents as reported by caseworkers was familial support. They reported that they associate supportive and involved family with successful birth parents. Resiliency theory emphasizes this importance of extended family in an individual's ability to overcome adversity (Walsh, 2011). These significant relationships are not limited to family, and a supportive caseworker can influence one's resiliency (Walsh, 2011). Findings highlight how the caseworkers in this study focused on strengths as a part of their work with birth parents and reinforces the importance of caseworkers acknowledging birth parents' successes and supporting them in involving extended family and finding supportive communities.

In terms of services, the caseworkers discussed multiple services that assist birth parents in achieving reunification. The caseworkers in this study were able to highlight many barriers for birth parents, and they then reported tailoring the services provided to birth parents based on their needs. This represents the caseworkers' attunement to the barriers and needs of birth parents, and their assistance in facing these challenges is related to the relationship they are able to form with birth parents. Many of the caseworkers discussed the Initial Service Plan completed for all cases. This allows the team working on the case to assess what brought the children into care and do a social history to set up services that will resolve these issues so children can return to the care of their parents. Birth parents are encouraged to participate in the meeting that sets these service plans, but the caseworkers reported that much of these decisions are ultimately up to the court. The birth parents are required to sign off, but as highlighted by one caseworker, many birth parents sign because they know it is what's required rather than because they agree

with the services they are being referred to. The goal of these services is to empower birth parents to be self-sustaining and address any issues that may have led to the removal of their children, so that children are safe to return home and parents are prepared for that reunification. Some of the services that are included in the service plan that the caseworkers identified in interviews included parenting classes, transportation assistance, and substance use therapy. The caseworkers report that parenting class teach about appropriate development and discipline and this is a staple in the service plan for nearly all birth parents. They also discussed that agencies often provide bus passes, some provide gas cards, and, on rare occasions, some offer rides. These are meant to be used for transportation to and from birth parenting times, work, or other services within the service plan. Caseworkers noted this need for transportation assistance within their surveys as well. Substance use therapy is included in the services when substance use is identified as a cause for removal or a barrier to the parenting that birth parents can provide.

As mandated by the State, caseworkers identified that nearly all cases have birth parenting times, unless they are suspended for reasons such as parental incarceration or severe abuse. Utilizing an attachment lens, the caseworkers acknowledged that birth parenting times are a big part of the service plan and view these visits as a space to allow birth parents and children to maintain their attachment while also allowing the caseworker to observe the parenting skills. This is consistent with the literature, as McWey (2000) reported that the continuity and stability of birth parent-child relationships through birth parenting times was associated with the child's sense of security. This also aligns with research that more consistent and frequent contact between birth parents and children is associated with more secure attachment and better adjustment (McWey & Mullis, 2004). However, it was noted that one caseworker felt that a lack of interaction between birth parents and children after removal causes their 'bond' to disappear,

which may represent a need for some additional training to further understand the differences between bond and attachment.

Both the benefits of and challenges with relationships were referenced throughout the interviews, which highlighted the complexities of their relationships with birth parents. When caseworkers reported problems within the worker-birth parent relationship, they noted that this impacted birth parenting times. For example, the caseworkers reported that birth parenting times can feel combative rather than collaborative, and these tensions can lead to arguments. This can be problematic if this occurs in front of the child and can add to the stress for birth parents during birth parenting times. It may also be more difficult for caseworkers to have empathy towards birth parents when they perceive the birth parents' behaviors as challenging.

Despite challenges, the literature suggest that most birth parents desire a supportive relationship with their caseworker (Gerring et al., 2008). Supportive relationships were highlighted by caseworkers during interviews in this study as well. Caseworkers reported that having a friendly and open relationship can allow them to better understand one another. This was created by using a strength-based approach (Ankersmit, 2016; Cohen, 2016; Fuentes et al., 2018; Gockel et al., 2015; Smith et al., 2014), which the caseworkers of this study discussed when talking about their communication with birth parents during birth parenting times, such as explaining their role at the first birth parenting time, being upfront and clear about their expectations during birth parenting times, and trying to avoid being invasive during parent-child interactions. By recognizing family members' strengths, caseworkers aim to minimize feelings of judgment and recognize the adversity birth parents are facing (Van Hook, 2017; Walsh, 2011).

The caseworkers also discussed the relationships between foster families and birth parents and acknowledged that this varies greatly from case to case. Although collaborative

relationships between birth parents and foster families are beneficial for all involved (Ankersmit, 2016; Fuentes et al., 2018) and are desired by birth parents (Gerring et al., 2008), a working relationship between the birth parents and foster families is not always common. The caseworkers acknowledged that a relationship between the birth parents and foster families help the birth parent to feel more comfortable knowing who is caring for their child, allows the two parties to give one another tips and ideas, and provides the birth parents on updates in the child's lives. Yet, they discussed that the relationship often depends on the foster families, with less experienced foster families being more hesitant to connect with birth parents. Similarly, some foster families may feel uncomfortable forming connections based on what caused the children to come into care. This emphasis on encouraging and creating working relationships between all involved in the case may be a specific need for this population and highlight a need for relationship-based trainings.

Communication is an important part of developing and maintaining relationships, so this was another common thread throughout the interviews with the caseworkers. Specifically, the caseworkers discussed the quality of communication between the parties involved in the case. They highlighted that they communicate with coworkers who supervise birth parenting times to ensure they understand all that happened during the birth parenting time. They use specific sheets that provide information on interactions, activities, and any other notable event. This effective communication is necessary for the caseworker to understand where birth parents are at in their treatment. The caseworkers also discussed their own communication with birth parents. Nesmith (2014) found that of the 75 administrative case records they reviewed, communication between the worker and the birth parent was often to schedule or change birth parenting times, and this was a main point of communication for the caseworkers in this study as well. However,

Nesmith (2014) also found that less than half of all communication was for encouragement whereas the caseworkers in this study emphasized the importance of open and supportive communication. Much of the communication caseworkers reported having with birth parents was relationship-based.

Similar to developing treatment plans, the caseworkers discussed tailoring engagement and communication strategies. For example, the caseworkers took time to explain the process and confusing jargon as well as what is expected of the birth parents during birth parenting times and through their services. They emphasized working to be straightforward and transparent with birth parents, acknowledging their successes and clearly communicating areas of improvement. Communicating protective factors can build resilience in birth parents (Smith et al., 2014), so the straightforward communication highlighted by the caseworkers is important for birth parents working toward reunification. Similarly, birth parents in a study by Gerring et al. (2008) reported preferring direct advice on what they need to do to achieve reunification, as being reunited with their children is their goal. This is consistent with the type of communication that caseworkers highlighted in this study. Finally, while the caseworkers did state that they do not prefer for the treatment plan to be discussed during birth parenting times, they did emphasize that they are flexible in making time to talk with birth parents about this before or after birth parenting times.

The caseworkers also reported the communication between foster parents and birth parents varied on a case-by-case basis. If foster families were open to communication, they could provide birth parents' tips and maintain contact with them or communicate before or after birth parenting times. This can be beneficial, as birth parents desire to know what is happening in their children's lives outside of birth parenting times and wish to give advice on how they would like their child to be cared for (Balsells et al., 2015; Garcia-Martin et al., 2019; Palmer et al., 2014).

However, the caseworkers reported that other foster families put all communication with birth parents through the caseworker, so the caseworker serves as a mediator between the two. This can be challenging on the relationship between the birth parent and the worker and can cause birth parents to feel less involved in their children's lives. Because of this, it is important that caseworkers develop not only a relationship and open line of communication between themselves and birth parents, but they also encourage this between foster families and birth parents.

### **Limitations**

This study involved a small, non-probability sample of foster care caseworkers at an agency in the Midwest. Although the demographic characteristics were diverse, the population was homogeneous in gender. Interview questions were exploratory and developed to explore the perceptions caseworkers hold of birth parents through the relationships they form, specifically looking at birth parenting times. Data collected in interviews were based on self-report and may have been influenced by the expectation's caseworkers had of the interview, as they knew they were being interviewed by a student. An additional limit to this study is having a student as the main researcher. This had the potential to impact how the caseworkers presented information during interviews and limited the time the researcher had to collect and analyze the data.

While a phenomenological approach allowed this study to use multiple forms of data and an efficient process for collecting data (Creswell, 2013), the interviews are not generalizable to a larger population. To increase the trustworthiness, data were triangulated using multiple methods (interviews and surveys) and multiple investigators (the student researcher and the faculty advisor); debriefings took place between the student and advisor several times throughout the study, and a codebook was developed with significant statements independently reviewed. The

survey was developed for this study, so the validity and reliability are unknown which impacts the generalizability of the findings. Additionally, this study does not address the perspective of birth parents as it relates to their relationship with caseworkers. Instead, it offers an understanding of caseworkers' experiences with birth parents, specifically as they relate to birth parenting times.

### **Implications**

The results of this study highlight the importance of relationship-based foster care services and its potential impact on birth parenting time. Per caseworker acknowledgement, it is important to have comfortable and neutral spaces for birth parenting times. Consistent with this study findings and others (Garcia-Martin et al., 2019), agencies need to continue to provide spaces that are home-like, with toys for the birth parent and child to use and areas for them to interact as they would at home. The caseworkers in this study reported having received training and feeling confident in their ability to facilitate birth parenting times, which reinforces a need to continue to offer agency trainings on birth parenting times. They also reported on the benefits of straightforward communication to develop positive working relationships with birth parents. This highlights a need to ensure caseworkers are adequately trained and receive regular supervision to ensure open and honest communication within birth parent relationships. Finally, results of this study show that foster family and birth parent relationships varied. Thus, additional, trainings are needed to assist birth parents in encouraging this relationship and teaching foster families the importance of this relationship and how to cultivate it. Trainings rooted in attachment and resiliency theories would be beneficial to ensure caseworkers receive evidenced and relationship-based interventions.



In terms of caseworker experiences, 80% of caseworkers in this study reported two years or less of child welfare experience, and a significant relationship between how long a caseworker had worked in child welfare and their perception of the manageability of their caseload was found. This may suggest that caseworkers early in their career or with less experience may feel more overwhelmed by their caseload and need additional support. Caseworkers highlighted agency support such as supervisors or case aides who are available to cover birth parenting times, agency security if needed, and available mentor and collegial support. These findings show the importance for a supportive work environment, and a need for agencies to provide consistent supervision and/or the possibility of assigning agency mentors during a new workers' transition into the agency. Despite the variation in the perceived manageability of caseloads, all participants reported feeling confident in facilitating birth parenting times. This suggests that when agency support is adequate, caseworkers can feel confident in completing their tasks.

Finally, additional research on caseworker perception is needed with a larger sample size to continue understanding caseworkers' perceptions of birth parents and how these perceptions impact the relationships they form with birth parents. In addition, studies should also explore birth parents and foster parent's perspective on their interactions and relationships with caseworkers.

### **Conclusion**

This study explored of the perceptions that caseworkers hold regarding birth parents by looking at their views of their work with birth parents, specifically relating to birth parenting times. Results highlighted the perception of caseworkers, including their understanding of the barriers birth parents face along with the strengths that they have. Caseworkers recognized that while birth parents are dedicated to their children and hopeful for reunification, they face many

barriers relating to a limited parenting skills and resources as well as discomfort during birth parenting times. Results also emphasized the importance of forming relationships with birth parents and communicating with them openly and honestly. Caseworkers reported using communication styles that are consistent with relationship-based ideals, which is continuously needed to ensure birth parents feel supported by caseworkers. Additional and/or continued training and supervision on how to facilitate the development of these relationships is needed to help caseworkers manage the complexities of relationships along with multiple agency supports. In addition, trainings offered to birth parents and foster parents may also help to facilitate these relationships. Finally, this study was exploratory in nature, and additional research is needed with a larger sample size to continue learning about caseworkers' perception of and work with birth parents. Further research is also needed to explore birth parents and foster parent's perspectives of their relationships with caseworkers.

## References

- Ankersmit, L. (2016). The reunification partnership: Engaging birth parents and foster careers as collaborators in restoration casework. *Australian Social Work, 69*(3), 273-282. <https://doi.org/10.1080/0312407X.2015.1032988>
- Atwool, N. (2013) Birth family contact for children in care: How much? How often? With who? *Child Care in Practice, 19*(2), 181-198. <https://doi.org/10.1080/13575279.2012.758086>
- Balsells M. A., Pastor, C., Mateos, A., Vaquero, E., Urrea, A. (2015). Exploring the needs of parents for achieving reunification: The views of foster children, birth family, and social workers in Spain. *Children and Youth Services Review, 48*, 159-166. <https://doi.org/10.1016/j.childyouth.2014.12.016>
- Benoit, D. (2004). Infant-parent attachment: Definition, types, antecedents, measurement and outcome. *Pediatric Child Health, 9*(8), 541-545.
- Boyle, C. (2015). ‘What is the impact of birth family contact on children in adoption and long-term foster care?’ A systematic review. *Child and Family Social Work; Oxford, 22*(S1), 22-33. <https://doi.org/10.1111/cfs.12236>
- Browne, D., & Moloney, A. (2002). Contact irregular: A qualitative analysis of the impact of visiting patterns of natural parents on foster placement. *Child and Family Social Work, 7*(1), 35-45. <https://doi.org/10.1046/j.1365-2206.2002.00217.x>
- Budd, K. S. (2005). Assessing parenting capacity in a child welfare context. *Children and Youth Services Review, 27*(4), 429-444. <https://doi.org/10.1016/j.childyouth.2004.11.008>
- Cohen, P. (2016). Dyadic treatment, reflective functioning, and video feedback: Fostering attachment with families in the foster care system. *Journal of Infant, Child, & Adolescent Psychotherapy, 15*(2), 104-119. <https://doi.org/10.1080/15289168.2016.1167412>
- Creswell, J.W. (2013). *Qualitative inquiry and research design*. Sage Publications.
- Creswell, J.W. & Miller, D.L. (2000). Determining validity in qualitative inquire. *Theory into Practice, 39*, 124-130.
- Fossum, S., Vis, S. A., & Holtan, A. (2018). Do frequency visits with birth parents impact children’s mental health and parental stress in stable foster care settings. *Cogent Psychology, 5*(1). <https://doi.org/10.1080/23311908.2018.1429350>
- Foster, L. J. J., Phillips, C. M., Yabes, J., Breslau, J., O’Brien, K., Miller, E. (2015). Childhood behavioral disorders and trauma: Predictors of comorbid mental disorders among adult foster care alumni. *Traumatology, 21*(3), 119-127. <http://dx.doi.org/10.1037.trm0000036>

- Fuentes, M. J., Bernedo, I. M., Salas, M. D., & García-Martín, M. A. (2018). What do foster families and social workers think about children's contact with birth parents? A focus group analysis. *International Social Work*, 62(5), 1416-1430. <https://doi.org/10.1177/0020872818775475>
- Garcia-Martin, M. A., Fuentes, M. J., Bernedo, I. M., & Salas, M. D. (2019). The views of birth families regarding access visits in foster care. *Journal of Social Work; London*, 19(2), 173-191. <https://doi.org/10.1177/1468017318757399>
- Gerring, C. E., Kemp, S. P., & Marcenko, M. O. (2008). The connections project: A relational approach to engaging birth parents in visitation. *Child Welfare, Arlington*, 87(6), 5-30. <https://search.proquest.com/docview/213809009/fulltextPDF/D3630263D17D4414PQ/4?accountid=10650>
- Gockel, A., Russell, M., & Harris, B. (2015). Recreating families: Parents identify worker-client relationships as paramount in family preservation programs. *Child Welfare League of America*, 87(6), 91-113.
- Grigsby, R. K. (1994). Maintaining attachment relationships among children in foster care. *Families in Society*, 75(5), 269-276. <https://doi.org/10.1177/104438949407500502>
- Haight, W. L., Black, J. E., Workman, C. L., Tata, L. (2001). Parent-child interaction during foster care visits. *Social Work*, 46(4), 325-338. <https://doi.org/10.1093/sw/46.4.325>
- Haight, W. J., Kagle, J. D., & Black, J. E. (2003). Understanding and supporting parent-child relationships during foster care visits: Attachment theory and research. *Social Work; Oxford*, 48(2), 195-207. <https://search.proquest.com/docview/215271056/fulltextPDF/56161EEB9B454498PQ/1?accountid=10650>
- Hanson, W. E., Creswell, J. W., Plano Clark, V. L., Petska, K. S., & Creswell, J. D. (2005). Mixed methods research designs in counseling psychology. *Journal of Counseling Psychology* 52(2), 224-235. <http://dx.doi.org/10.1037/0022-0167.52.2.224>
- Maaskant, A. M., van Rooij, F. B., Bos, H. M. W., & Hermanns, J. M. A. (2016). The wellbeing of foster children and their relationship with foster parents and biological parents: A child's perspective. *Journal of Social Work Practice; Abingdon*, 30(4), 379-395. <https://doi.org/10.1080/02650533.2015.1092952>
- McWey, L. (2000). I promise to act better if you let me see my family: Attachment theory and foster care visitation. *Journal of Family Social Work*, 5(1), 91-105. <http://web.a.ebscohost.com/ehost/pdfviewer/pdfviewer?vid=1&sid=facc94e7-62d1-4f86-ade6-ca3af612194f%40sessionmgr4007>
- McWey, L. M., & Mullis, A. K. (2004). Improving the lives of children in foster care: The impact of supervised visitation. *Family Relations: An Interdisciplinary Journal of*

- Applied Family Studies*, 53(3), 293-300.  
<http://ezproxy.emich.edu/login?url=https://search.proquest.com/docview/213934247?accountid=10650>
- Morrison, J., Mishna, F., Cook, C., & Aitken, G. (2011). Access visits: Perceptions of child protection workers, foster parents and children who are Crown wards. *Children and Youth Services Review*, 33(9), 1476-1482.  
<https://doi.org/10.1016/j.childyouth.2011.03.011>
- Nesmith, A. (2014). Factors influencing the regularity of parental visits with children in foster care. *Child and Adolescent Social Work Journal*, 32(3), 219-228.  
<https://doi.org/10.1007/s10560-014-0360-6>
- Palmer, S., Durham, D., & Osmond, M. (2014). Therapeutic visiting in treatment foster care. *Child Welfare, Arlington*, 93(4), 25-52.  
<https://search.proquest.com/docview/1804471041?accountid=10650>
- Rutman, D., Strega, S., Callahan, M., & Dominelli, L. (2002). 'Undeserving' mothers? Practitioners' experiences working with young mothers in/from care. *Child and Family Social Work*, 7(3), 149-159. <https://doi.org/10.1046/j.1365-2206.2002.00244.x>
- Salas Martinez, M. D., Fuentes, M. J., Bernedo, I. M., & Garcia-Martin, M. A. (2016). Contact visits between foster children and their birth families: The views of foster children, foster parents, and social workers. *Child and Family Social Work*, 21(4), 473-483.  
<https://doi.org/10.1111/cfs.12163>
- Salazar, A. M., Keller, T. E., Gowen, L. K., Courtney, M. E. (2013). Trauma exposure and PTSD among older adolescents in foster care. *Soc Psychiatry Epidemiol*, 48, 545-551.  
<https://doi.org/10.1007/s00127-012-0563-0>
- Saldaña, J. (2013). *The coding manual for qualitative researchers*. Sage Publishing.
- Schofield, G., Moldestad, B., Höjer, I., Ward, E., Skilbred, D, Young, J., & Havik, T. (2010). Managing loss and a threatened identity: Experiences of parents of children growing up in foster care, the perspectives of their social workers and implications for practice. *The British Journal of Social Work*, 41(1), 74-92. <https://doi.org/10.1093/bjsw/bcq073>
- Schoppe-Sullivan, S. J., Mangelsdorf, S. C., Haight, W. L., Black, J. E., Szewczyk Sokolowski, M., Giorgio, G., & Tata, L. (2007). Maternal discourse, attachment-related risk, and current risk factors: Associations with maternal parenting behavior during foster care visits. *Journal of Applied Developmental Psychology*, 28(2), 149-165.  
<https://doi.org/10.1016/j.appdev.2006.12.005>
- Smith, G. T., Shapiro, V. B., Sperry, R. W., & LeBuffe, P. A. (2014). A strengths-based approach to supervised visitation in child welfare. *Taylor & Francis (Online)*, 20(1), 98-119. <https://doi.org/10.1080/13575279.2013.847056>

- Solomon, J & George, C. (2011). *Disorganized attachment and caregiving*. Guildford Press.
- The Annie E. Casey Foundation. (2019, October). *Kids count data center*. Children entering foster care by age group in the United States.  
<https://datacenter.kidscount.org/data/tables/6270-children-entering-foster-care-by-age-group?loc=1&loct=1#detailed/1/any/false/871,870,573,869,36,868,867,133,38,35/1889,2616,2617,2618,2619,122/13037,13038>
- Van Hook, M. P. (2017). *Social Work Practice with Families: A resiliency-based approach*. Oxford University Press.
- Walsh, F. (2011). *Resiliency in families, communities, and societies*. Cambridge University Press.
- Zell, M. C. (2006). Child welfare workers: Who they are and how they view the child welfare system. *Child Welfare, Arlington*, 85(1), 83-103.  
<https://search.proquest.com/docview/213808700/fulltextPDF/E991E4D0CD094E58PQ/1?accountid=10650>
- Zeanah C. H., Berlin, L. J., & Boris, N. W. (2011). Practitioner review: Clinical applications of attachment theory and research for infants and young children. *Journal of Child Psychology and Psychiatry*, 52(8), 819-833. <https://doi.org/10.1111/j.1469-7610.2011.02399.x>

**Appendix A**

## Interview Questions:

1. How long have you worked in child welfare?
  - a. What are some of the reasons you chose to work in child welfare?
2. When working with birth parents, what are some of the strengths you see?
3. What barriers or challenges do birth parents experience?
4. How do you approach working with birth parents to overcome these challenges?
5. How are birth parents involved in services?
  - a. In the assessment process?
  - b. In the treatment planning?
6. Are visitations part of the assessment or treatment plan process?
7. Are birth parents involved in planning visits?
  - a. Are foster parents involved?
8. How often do you contact birth parents about visits?
  - a. Is this communication typically face-to-face, call, and/or text?
9. From your perspective, what is the primary goal of the visits?
10. What is the primary role of the birth parent during visits?
  - a. Role of the worker?
  - b. Role of the foster parent?
11. What challenges do parents experience during visitation?
  - a. How are these challenges handled?
12. Do you or the worker have opportunities to talk with the birth parent before or after the visit?
  - a. Do foster parents talk with birth parents before or after the visit?
13. How often are you able to supervise or observe visits?
14. If you are not able to supervise the visit, who does?
  - a. How do they communicate with you about the visit?
  - b. Is there anything you would like to know that is not disclosed to you?

## Appendix B

| <b>Please take time to answer the survey questions. You may skip any questions and stop at any time. Thank you in advance for your participation.</b> |   |
|---|---|
| <i>Background &amp; Demographic Items</i>   |   |
| What is your age?   | <input type="checkbox"/> 18-24 years old<br><input type="checkbox"/> 25-34 years old<br><input type="checkbox"/> 35-44 years old<br><input type="checkbox"/> 45-54 years old<br><input type="checkbox"/> 55-64 years old<br><input type="checkbox"/> 65-74 years old<br><input type="checkbox"/> 75+ years old  |
| With which gender do you identify?  | <input type="checkbox"/> Man<br><input type="checkbox"/> Woman<br><input type="checkbox"/> Transgender<br><input type="checkbox"/> Non-binary<br><input type="checkbox"/> Genderqueer or gender nonconforming<br><input type="checkbox"/> Prefer to not reply<br><input type="checkbox"/> An identity not listed: _____   |
| With which race/ethnicity do you identify?  | <input type="checkbox"/> African American or Black<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian American or Asian<br><input type="checkbox"/> Hispanic or Latino(a)(x)<br><input type="checkbox"/> Middle Eastern<br><input type="checkbox"/> Multiracial<br><input type="checkbox"/> Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> An identity not listed: _____  |
| What level of schooling did you complete?   | <input type="checkbox"/> Some high school, no diploma<br><input type="checkbox"/> High school graduate, diploma, or the equivalent<br><input type="checkbox"/> Some college credit, no degree<br><input type="checkbox"/> Trade/technical/vocational training<br><input type="checkbox"/> Associate degree<br><input type="checkbox"/> Bachelor's degree<br><input type="checkbox"/> Master's degree<br><input type="checkbox"/> Professional degree<br><input type="checkbox"/> Doctorate degree |
| <i>Occupation Information</i>   |   |



|  |  |
|--|--|
| What is your agency?   | _____  |
| What is your position/title?   | _____  |
| How long have you worked at your current agency?                                       | <input type="checkbox"/> Less than a year<br><input type="checkbox"/> 1-2 years<br><input type="checkbox"/> 2-3 years<br><input type="checkbox"/> 3-4 years<br><input type="checkbox"/> 5+ years                     |
| In the past, have you received training focused on visitations with birth parents?     | <input type="checkbox"/> Yes<br><input type="checkbox"/> No  |
| If you answered yes to the question above, how confident are you to facilitate visits? | <input type="checkbox"/> Not confident<br><input type="checkbox"/> Somewhat unconfident<br><input type="checkbox"/> Neutral<br><input type="checkbox"/> Somewhat confident<br><input type="checkbox"/> Confident     |
| What is your average caseload?   | <input type="checkbox"/> 1-5 cases<br><input type="checkbox"/> 5-10 cases<br><input type="checkbox"/> 10-15 cases<br><input type="checkbox"/> 15-20 cases<br><input type="checkbox"/> 20+ cases                      |
| How manageable do you find your caseload?  | <input type="checkbox"/> Not manageable<br><input type="checkbox"/> Somewhat unmanageable<br><input type="checkbox"/> Neutral<br><input type="checkbox"/> Somewhat manageable<br><input type="checkbox"/> Manageable |
| What supports are in place to assist you in working with birth parents?                | _____<br>_____<br>_____  |