

# CHAPTER 5:

## SUPERVISED VISITATION

This chapter presents initial evaluation findings for supervised visitation, a core ProtectOhio intervention strategy currently being used by eight<sup>1</sup> of the demonstration counties. We begin with a brief overview of visitation as a child welfare practice, and describe the ProtectOhio model. The second section outlines the evaluation approach. We then present descriptive findings about counties' implementation activities, drawing on both case-level and county-level information. The fourth section offers a view of fidelity, indicating the extent to which the eight visitation counties conform to the ProtectOhio model; this analysis relies on both case-level and county-level data. Initial outcomes are displayed in the fifth section, for a smaller group of children. Finally, we explore the overall implications of the findings and outline critical next steps in the evaluation.

### 5.1 SUPERVISED VISITATION PRACTICE

The majority of children in out-of-home care have a case plan goal of reunification, usually with one or both parents. For these children, child welfare agencies are required to provide opportunities for regularly scheduled visits with their families. This contact is considered essential to maintaining and enhancing parent-child relationships (Haight, Kagle, & Black, 2003), as well as to promoting attachment and adjustment (McWay & Mullis, 2004). In addition to affecting relationships and child behavior, frequent contact with parents while in out-of-home care has been found to be related to the length of time children spend in care, as well as to the number of placements they experience (Cantos, Gries, & Slis, 1997; Perkins & Ansey, 1998).

When children are placed outside of the home, a visitation plan is developed detailing how often visits are to occur, with whom, and whether visits are to be supervised by a child welfare agency staff member. If there are safety concerns with a visiting parent, visits should be supervised. In addition to ensuring safety, supervised visits provide an opportunity for child welfare professionals to observe and document parent-child interaction.

While frequency, supervision, and documentation are important aspects of visiting, they do not ensure a productive visit. Families may need assistance interacting with their children in a positive way. The effectiveness and enjoyment of visits can be increased by assessing the developmental needs of children and parents, resulting in visits which are thoughtfully planned and structured (Mapp, 2002; Loar, 1998). With the appropriate support, visits can be therapeutic.

Unfortunately, not all eligible children in foster care are receiving the required regularly scheduled visits, let alone visits which are opportunities for learning and growth. Resource constraints such as staff availability, space availability, and transportation needs prevent consistent visiting.

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<sup>1</sup> In addition, two of the new demonstration counties are in the process of implementing this strategy.

### 5.1.1 Choice of Supervised Visitation as a Strategy

Eight ProtectOhio counties chose to use flexible funding to make changes to their visitation service delivery model with the intention of improving the quality of visits, enhancing the parent-child bond, and providing better outcomes for children. Counties electing to participate in the supervised visitation strategy include: Clark, Crawford, Fairfield, Medina, Muskingum, Portage, Richland, and Stark. From this point forward, these counties will be referred to as “visitation counties”.

Participating counties worked with the ProtectOhio Consortium and the data committee to flesh out and finalize the components of the model, the eligibility requirements, and the data elements to be collected. Representatives from visitation counties continue to meet quarterly to discuss practice issues and go over implementation data provided by the evaluation team.

### 5.1.2 Description of the Model

The model for the supervised visitation intervention consists of five critical components (see box). The first two components address the frequency of the intervention: components #1 & #2 aim for consistent and frequent visiting, reflecting the theory that children receiving a higher “dosage” of the intervention will have better outcomes. For some visitation counties, this amount of visiting represents an increase in what was typically occurring before strategy implementation.

The other three components relate to what occurs at the visit. All visits should be supervised by agency staff, thus enabling staff to be involved in planning and completing structured

#### **Supervised Visitation Components**

1. Visits should occur weekly
2. Visits should last at least one hour
3. Visits are supervised
4. Activities are planned and completed
5. At least one parent attends the visit

activities during the visit. The activities component (#4) specifically addresses the nature of the visit activities; it aims to ensure that age-appropriate activities are planned for the visit and are completed by the child and his or her caregiver. The last component ensures not only that the child is spending time with a parent, but that the parent is available to participate in the planned activity.

The findings sections below systematically discuss each of these critical aspects of supervised visitation practice.

For evaluation purposes, the counties agreed to use this model with a limited population. There are five eligibility requirements for the supervised visitation strategy (see box). First, counties agreed to target children under 12, theorizing that children over 12 are more likely to be placed in settings outside of regular foster care. Counties also report that older children are less likely to have visits, and less likely to participate in planned activities. Second, in order to facilitate supervision activities, and data collection, counties also agreed to target children placed in agency homes. A few counties subsequently agreed to include children in network homes if the PCSA is providing the visitation services. Third, children must also have a reason for being placed which is abuse and neglect. Children with other placement reasons such as dependency or delinquency may receive visitation, but are not eligible for the strategy. Typically, these children are over 12. Fourth, eligible children must also have a case plan goal of reunification, as the strategy aims to improve the relationship between a parent and a child placed out-of-home. Finally, children must have a new case opening since implementation of supervised visitation. This last requirement ensures, from an evaluation perspective, that children do not begin visitation under one approach and then switch to another, thereby complicating any interpretation of potential effect.

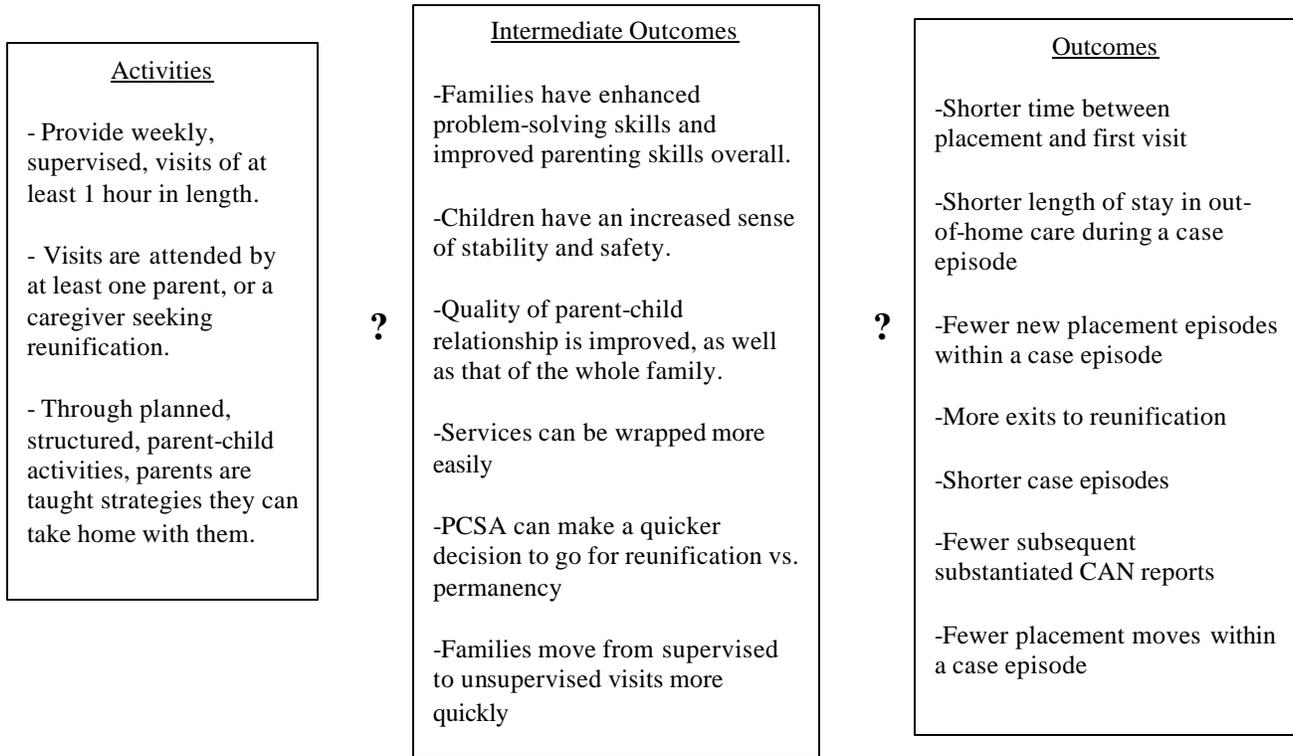
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| <p style="text-align: center;"><b>Supervised Visitation Population</b></p> <ol style="list-style-type: none"><li>1. Children must be 12 or under</li><li>2. Children should be placed in agency homes</li><li>3. A child’s reason for being placed is abuse or neglect</li><li>4. Children have a case plan goal of reunification</li><li>5. Children have a new case opening since implementation of the strategy</li></ol> |
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## 5.2 EVALUATION DESIGN

### 5.2.1 Logic Model

The following logic model was developed cooperatively by the evaluation team and practitioners participating in quarterly workgroups. The *intermediate outcomes* below were derived using language articulated by PCSA staff. Although these impacts are not easily measured, they are considered by visitation counties to be important results of the intervention. Counties also had input into the listed *outcomes*; those changes that illustrate what strategy activities are actually achieving.

**Figure 5.1: Logic Model for Supervised visitation**



### 5.2.2 Key Research Questions

Three central research questions frame the evaluation of supervised visitation. Below we pose the questions and the specific results we expect (our hypotheses). As the evaluation team explores the collected data, we will report the degree to which the supervised visitation counties' experiences support or refute these research hypotheses.

1. How are the components of the strategy being implemented?

Visitation counties will implement all five components of the supervised visitation strategy, achieving and maintaining high fidelity to the intervention model.

2. What population is being served by this strategy?

Visitation counties will serve all children eligible for supervised visitation.

3. What child welfare outcomes are impacted by enhanced supervised visitation?

Children receiving supervised visitation will experience more positive results on expected outcomes such as length of stay and reunification rates. (The specific outcomes measures are described more fully below.)

### 5.2.3 Data Collection and Analysis Methods

Information on Supervised visitation activities comes from four major sources: locally-gathered SIS data, state-provided FACSIS files, telephone interviews, and family surveys. We describe each in turn below.

Perhaps the richest source of data for supervised visitation comes from the forms completed by PCSA staff. Designated county staff enter the information from these forms into their local SIS (FACSIS), using two events which cover nine elements. These nine elements are listed below in Table 5.1.

<b>Table 5.1: SIS Events Collected for Supervised visitation</b>	
<p><u>Event 131</u> <u>Attendance Variables</u></p> <ul style="list-style-type: none"> <li>• Who was scheduled to attend the visit?</li> <li>• Did this person attend the visit?</li> <li>• Did the attendee’s visit end early?</li> </ul>	<p><u>Event 133</u> <u>Visit Detail Variables</u></p> <ul style="list-style-type: none"> <li>• Where did the visit take place?</li> <li>• How long did the visit last?</li> <li>• Who supervised the visit?</li> <li>• How was the visit supervised?</li> <li>• Were there siblings at the visit?</li> <li>• Was there a planned activity?</li> </ul>

In addition to this SIS data, the evaluation team periodically receives state-level FACSIS data which contains case-level information such as case opening dates, placement dates, and incident report dates.

Qualitative interviews are also an important part of the data being collected. All 27 demonstration and comparison counties have participated in lengthy telephone interviews detailing their approach to visitation. In the second half of this second Waiver period, the evaluation team will be conducting two site visits to each county (demonstration and comparison) to collect additional qualitative data and potentially observe visitation programs.

Finally, each family completing visitation is asked to complete a survey inquiring about their experiences with supervised visitation, particularly regarding the structured activity component of the model.

The evaluation team analyzes the qualitative interview data using N6, a software package designed specifically for coding, analyzing, and reporting on qualitative text-based data. For the quantitative information, the study team manages, reduces, and analyzes the data using SPSS. SIS data was analyzed by visit and by child.

### **5.3 PROCESS EVALUATION: ACTIVITIES AND FINDINGS**

Implementation of any intervention spans a continuum from planning to service delivery to data collection. Visitation counties have spent nearly two years on this continuum, encountering challenges and successes along the way. The process evaluation aims to examine the activities that have occurred so far during implementation, noting that in “real world” evaluation, it is important to remember that implementation is an iterative process: it requires rethinking and refining original plans. County resources are usually in flux; counties often incur changes in funding, staff, caseloads, or space which may cause them to adjust their implementation approach.

#### **5.3.1 Pre-Implementation Activities**

Among the eight participating counties, starting dates for supervised visitation ranged from August 1, 2005 to January 1, 2006, depending on each visitation county’s available resources and timeline for implementation. Participating counties engaged in various pre-implementation activities while establishing supervised visitation as a ProtectOhio strategy. Some of these activities are listed below.

- Held internal meetings to discuss strategy and plan for implementation
- Developed internal policies and procedures regarding supervised visitation
- Developed forms for data collection
- Hired additional staff
- Trained staff in intervention components and use of data forms
- Acquired or modified visit space
- Developed orientation for parents beginning supervised visitation
- Developed written materials for parents, such as visitation handbooks
- Trained data entry staff
- Acquired materials for planned activities

#### **5.3.2 Implementation Challenges**

Most counties encountered at least one barrier to smooth implementation of the supervised visitation strategy. Examples of implementation barriers mentioned by counties include:

- Staff resistance
- Lack of visit space
- Lack of clearly-defined age-appropriate activities
- Trouble determining who will plan the activities (staff and/or parents)
- Lack of eligible children to begin supervised visitation

As the intervention has matured, each county has tackled these challenges in various ways and with varying degrees of success. The following sections describe how supervised visitation

has been provided in the eight visitation counties. As a backdrop and counterpoint to what is occurring in visitation counties, we at times also present information gathered from all counties through qualitative interviews.

### **5.3.3 Implementation Results**

In this section, we present a portrait of overall supervised visitation activity in the eight counties: the total amount of visits that occurred, where they were held, and how they were supervised. We also look at how many children were served by the visits.

#### **5.3.3.1 Total Visits Held**

To examine the volume of supervised visitation activity, the evaluation team examined data recorded by Visitation counties for each visit. Data frequencies were compiled for three types of visits: *scheduled visits* (all recorded visits), *supervised visits* (all visits not marked as unsupervised), and *occurring visits* (all visits attended by at least one person). For most of the analyses that follow in this report, only *supervised, occurring visits* (SOV) were included.

The total number of scheduled visits recorded across all eight counties during their respective time periods was 5,506 (Table 5.2). Six hundred of those visits (12%) were tagged by counties as unsupervised. In addition, for another 866 visits (17%), no one appeared for the visit so it did not occur. These two factors reduced the total number of visits (SOV) to 3,661; these are the visits used for most of the analyses described below. Table 5.2 also shows the variation among counties in the length of the data collection period available for this report: since each county began recording visits on a different date the number of months of data collection ranged from 11 to 14.

**Table 5.2: Numbers of Recorded Visits by County**

	<b>Strategy Start Date</b>	<b>Last visit before data transmittal</b>	<b># of months of data collection*</b>	<b>Total # of scheduled visits recorded</b>	<b>Total # of unsupervised visits recorded**</b>	<b>Total # of scheduled visits which did not occur***</b>	<b>Total # of supervised, occurring visits (SOV) recorded</b>
Clark	Nov. 2005	Sept. 30, 2006	11	673	296	149	254
Crawford	Sept. 2005	Nov. 07, 2006	14	669	5	121	543
Fairfield	Jan. 2006	Nov. 30, 2006	11	382	12	37	333
Medina	Sept. 2005	Oct. 12, 2006	13	150	7	23	122
Muskingum	Oct. 2005	Dec. 8, 2006	14	1140	165	256	760
Portage	Sept. 2005	Nov. 20, 2006	14	481	5	69	407
Richland	Dec. 2005	Oct. 05, 2006	11	382	39	70	274
Stark	Sept. 2005	Oct. 14, 2006	13	1179	71	141	968
Totals	-	-	-	5056	600	866	3661

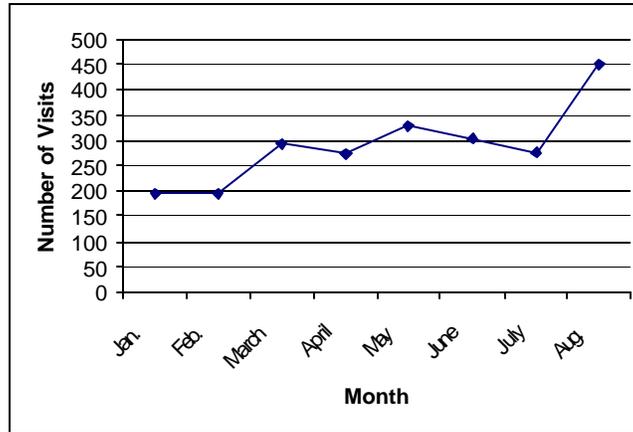
\*partial months counted as whole months

\*\*some counties entered data for unsupervised visits and some did not

\*\*\* no one attended the visit

Figure 5.2 illustrates the gradual implementation of supervised visitation over time, in the aggregate for the eight participating counties. The number of supervised visits which occurred during each month has gradually increased since January, 2006, the first month when all visitation counties were collecting data. The most visits occurred in August, 2006, the last month with complete data received from all counties. In general, the number of visits held has increased as time has passed and the intervention has matured.

**Figure 5.2:  
Number of Supervised, Occurring Visits Held by Month  
All Counties**



Using supervised, occurring visits (SOV) as a denominator, we present results for two implementation variables: where the visits were held and who supervised the visits. Visitation counties entered data into a SIS event for each of these logistical variables.

#### **5.3.3.2 Location of Visits**

Deciding where to hold supervised visits can involve establishing a new space or re-configuring an existing space. In the visitation counties as a group, most visits take place either at the agency or at an agency visitation site, with 43% occurring in each location (Table 5.3). However, these aggregate figures hide a few sharp contrasts: in Clark County, 39% of visits take place at a parent's or a relative's home, Richland County conducts 23% of their visits in a parent's home, and Stark County holds 22% of their visits at other locations in the community.

<b>Table 5.3: Location of Visits Across all Eight Visitation Counties</b>	
<b>Location of Visit</b>	<b>Percentage of Visits Held at this Location</b>
Agency	43%
Agency visitation site	43%
Parent home	7%
Relative home	2%
All other locations	5%

In telephone interviews, the study team asked all counties – the visitation counties, the other demonstration sites, and the 14 comparison sites – about the locations they use for routine visits between children in care and their parents. Responses revealed a similar pattern to that shown in Table 5.3: most counties hold supervised visits at the agency or at an agency visitation center. Few strong differences appear between the visitation counties and the other two groups. In general, counties attempt to provide a comfortable atmosphere with age-appropriate toys and furniture. Some counties also have an outside area for picnicking or play, and most counties have an area for families to prepare a meal or snack. All counties occasionally hold visits at locations other than the agency or the visitation center, although some counties are not able to supervise visits at other locations. Two counties (non-visitation demonstration counties) hold at least half their visits in the community, with the goal of providing the least restrictive environment.

**Portage County PCSA** has two rooms at the agency for families requiring the highest level of supervision. Both rooms have toys available and one has a two-way mirror. Once there are no safety concerns, families have another option: they can visit at the visitation house, next door to the agency. The house has a kitchen and three separate rooms for visitation. As families continue to progress in their case plan, they can have visits off-site.

In one regard, visitation counties are different. They report making more use of visitation centers, on-site or nearby spaces specifically dedicated to holding supervised visits, than do the other county groups. Two visitation counties use Waiver funding to assist with rent payments for their centers.

### **5.3.3.3 Supervision of Visits: Who Supervises?**

As part of implementing supervised visitation, counties must decide who will supervise the visits. Table 5.4 highlights the sharp differences in practice among the eight counties. In two counties, Clark and Fairfield, nearly all visits are supervised by a dedicated visitation worker. Medina and Richland use visitation workers approximately one-third of the time. Crawford and Portage use caseworkers to supervise the majority of their visits, with case or family aides supervising most of the rest. Muskingum uses family aides for 80% of their visits, while Stark uses case aides for 53%. Although visitation counties theoretically have the option (using Waiver

funding) to hire dedicated visitation staff, generally they have chosen not to do so -- overall only 36% of visits are supervised by visitation workers.

<b>Table 5.4: Who Supervised Visits? Supervised, Occurring Visits (SOV) by Visitation County Percentage of Visits Supervised by each Employee</b>				
	<b>Caseworker assigned to case</b>	<b>Visitation worker</b>	<b>Case aide or family aide</b>	<b>Other</b>
Clark	0%	99%	0%	1%
Crawford	67%	0%	1%	33%
Fairfield	0%	100%	0%	0%
Medina	40%	40%	17%	3%
Muskingum	3%	11%	80%	5%
Portage	67%	0%	29%	4%
Richland	16%	29%	33%	23%
Stark	36%	6%	53%	6%
Average	29%	36%	27%	9%

Who supervises the visit has implications for practice, both within and outside the supervised visitation model. Certain staff may be more or less likely to help parents plan and/or carry out activities (Section 5.4.5). In addition, visit supervisors have a unique opportunity to view the parent-child interaction. If the person supervising the visit is not the caseworker, information from the visits must be communicated to the caseworker at some point. The flow and amount of communication may have implications for the child's care.

In qualitative interviews with all 27 counties, most counties report that they use more than one category of personnel to supervise visits. In addition to the types of supervisory personnel noted above in Table 5.4, several counties even mentioned using relatives or community members (although these visits are generally not part of ProtectOhio). Among the three groups of counties (visitation, other demonstration, and comparison sites), visitation counties are the most likely to use dedicated visitation staff. Half of the visitation counties (four) indicate that they have used Waiver funding to hire or maintain additional staff to supervise visits, suggesting that, although not a large proportion of visits are supervised by visitation workers (36%, as discussed above), nonetheless the visitation counties seem to be taking advantage of their fiscal flexibility under the Waiver. One additional visitation county uses Waiver funding to support other staff so caseworkers can spend more time on visits. While all counties reportedly have a systematic method of communicating information to caseworkers about how the visit went, visitation counties make the most use of specific visitation forms, e-mail, and other written communication. Small counties more often rely on informal verbal communication.

#### 5.3.3.4 Children Served

A great deal of visitation activity has occurred in the eight participating counties, but how many children have been affected? Table 5.5 shows the numbers of children served thus far by the supervised visitation strategy. Across the eight counties, 522 children had at least one visit scheduled. Of these children, 483 (93%) had at least one supervised, occurring, visit (SOV).

<b>Table 5.5: Numbers of Children Served by County</b>				
	<b># of months of data collection*</b>	<b>Total # of children with scheduled visit</b>	<b>Total # of children with supervised, occurring visit (SOV)</b>	<b>Average # visits per child (SOV only)</b>
Clark	11	39	26	9.8
Crawford	14	74	73	7.4
Fairfield	11	24	21	15.9
Medina	13	11	11	11.0
Muskingum	14	84	75	10.1
Portage	14	40	40	10.1
Richland	11	26	23	11.9
Stark	13	224	214	4.5
Totals	-	522	483	7.6

These 483 children received the 3661 visits described above and shown in Table 5.2.

In interviews, all 27 demonstration and comparison counties reported being inclusive when offering regular, standard visitation. Most counties offer visitation to all families who could benefit, regardless of a child's age, placement, or case plan goal. A couple of counties do not offer visitation for children in permanent custody, although most will continue with visitation until TPR or until an adoption has been finalized. In addition to children in regular foster care, children in other types of placements (such as kinship placements, group homes, network homes, and residential facilities) are commonly offered visitation. Most counties offer flexible visiting options for siblings, grandparents, non-custodial parents, and parents who do not need supervision but would like a safe place to visit with their children.

Interview respondents from all visitation counties report that they are offering supervised visitation to every child eligible under ProtectOhio. Most counties offer supervised visitation to other children as well, such as older children or children not in agency custody.

## 5.4 FIDELITY FINDINGS

The supervised visitation model consists of five main components. Use of SIS data enables the study team to examine the extent to which the visitation counties adhere to the model. Below we discuss each aspect of fidelity, analyzing both the strategy data (SIS events) and information from the qualitative interviews.

### 5.4.1 Frequency of Visits

Frequent visits ensure more parent-child contact. Although some factors affecting the frequency of visits are beyond the control of the PCSA, such as a parent who is not committed to visits or is not available for visits (i.e. incarcerated), other relevant aspects, such as scheduling efforts and transportation, may be influenced by visitation counties' focus on service provision.

**Component 1:**  
*Visits should occur weekly*

As demonstrated above, the evaluation team currently has visit data on supervised visits for 483 children. Table 5.6 shows the distribution of these children according to the number of visits each has had. While a quarter of the children have had only one visit, nearly half (42%) have had six visits or more.

1 visit	121 (25%)
2-5 visits	161 (33%)
6-10 visits	86 (18%)
11-20 visits	67 (14%)
21 or more visits	48 (10%)

The supervised visitation model does not stipulate how quickly the first visit should occur; understandably, it may take longer to arrange a visitation schedule in some families than in others. Consequently, our analysis of visit frequency (the first element of fidelity) looks only at visits subsequent to the first one, once a visitation plan has been established and the initial logistics have been worked out.

Table 5.7 shows the average amount of time between subsequent visits. The length of time between visits steadily decreases as more visits are held. It is likely that it takes some time for counties to set up a pattern of regularly scheduled visits that works well for parents, foster parents, and agency staff. As families experience visits, they may become more comfortable with the visitation process and schedule, and are able to attend more regularly. It may also reflect parents' increasing bond with the child, making them more eager to visit the child.

<b>Table 5.7: Average Number of Days Between Visits</b>	
Average time between visits 1 and 2 (n=362)	15.35 days
Average time between visits for visits 2-5 (n=227)	10.24 days
Average time between visits for visits 6-10 (n=138)	9.01 days
Average time between visits for visits 10-20 (n=55)	8.09 days

Understanding the reasons behind these visit patterns is an important area for further examination as the evaluation proceeds. As children from visitation counties complete their placements, concluding their visitation, the evaluation team will study the patterns of visits for children who are:

- In placement for different lengths of time: do children in placement for longer periods have more or fewer visits? How long is the time period between visits at the beginning and at the end of their time in placement?
- Of different ages: do younger children, infants in particular, have more frequent visits?
- In different types of placement: do children in foster care have different visit patterns than children in other types of care?

#### **5.4.2 Attendance at Visits**

Parental attendance at visits is essential to the success of the strategy, as well as to reunification specifically. Supervised visitation has intermediate outcome goals related to improving parent-child relationships and agency decision-making; these goals depend on the consistent presence of a parent at the visit. Table 5.8 presents attendance figures for mothers and fathers in each of the visitation counties.

**Component 2:**  
*At least one parent should attend the visit*

<b>Table 5.8: Attendance at Scheduled, Supervised Visits by County</b>				
	<b># of visits mother scheduled to attend</b>	<b>% of visits attended</b>	<b># of visits father scheduled to attend</b>	<b>% of visits attended</b>
Clark	264	74%	179	46%
Crawford	573	83%	399	71%
Fairfield	337	81%	110	75%
Medina	139	84%	8	63%
Muskingum	865	79%	333	80%
Portage	396	80%	284	76%
Richland	299	78%	91	90%
Stark	993	86%	266	73%
Totals	3866	82%	1670	72%

As shown, mothers are more often scheduled for visits, and more often attend, than fathers. Across all eight counties, mothers were scheduled to attend more than twice as many supervised visits as were fathers – 3866 compared to only 1670. In addition, fathers attended a lower percentage of their scheduled visits, 72%, compared to mothers who attended 82% of the time. The percentage of completed visits for fathers varied considerably among counties, from a low of 46% to a high of 90%. In terms of the specific fidelity measure – at least one parent attending – figures differ little from those shown in Table 5.8: overall, 97% of visits had at least one parent, and the range among the counties was 89% to 100%.

The evaluation team explored whether parental attendance varied in relation to the timing of the visit – whether it was the first visit or a subsequent one. Eighty-three percent of children had at least one parent attend their first visit, and 18% had both parents attend the first visit. These percentages were similar for higher order visits (two through ten).

County-level interview data reveals that all counties are attentive to the issue of parental attendance. All county respondents reported that parents canceling or not showing up for visits is a common occurrence. Examples of reasons for parental absence include: illness, weather, work, incarceration, and mental health or substance abuse issues. All counties attempt to make visit attendance easier by providing transportation, gas vouchers, or bus passes. Two visitation counties report that they use Waiver funding to help with transportation costs. However, transportation is still an issue in some counties. All counties report that visits are rarely canceled by the agency.

### 5.4.3 Duration of Visits

The third component of the supervised visitation model is the length of the visit. Longer visits allow for more parent-child interaction as well as more time for structured activities to be completed. Table 5.9 shows the distribution of supervised visits by length of visit, overall and for each visitation county.

**Component 3:**  
*Visits should last at least one hour*

<b>Table 5.9: Duration of Visits</b>				
	<b><u>Fidelity Measure:</u> at least one hour</b>	<b>At least one hour but less than two</b>	<b>At least two hours but less than three</b>	<b>Three or more hours</b>
Clark (n=254)	93%	4%	69%	21%
Crawford (n=543)	98%	78%	19%	0%
Fairfield (n=333)	96%	65%	31%	0%
Medina (n=122)	98%	64%	35%	0%
Muskingum (n=760)	99%	20%	77%	1%
Portage (n=407)	98%	93%	4%	0%
Richland (n=275)	96%	30%	56%	9%
Stark (n=968)	98%	31%	62%	5%
Total (n=3661)	97%	48%	44%	4%

Overall, 97% of visits adhere to the model’s standard, lasting at least one hour. In half of the counties, the majority of visits are at least two hours in length, clearly exceeding the one-hour expectation of the model. Only four percent of all supervised visits are three hours or longer; in general, longer visits are not supervised.

The evaluation team also explored whether visit length varied according to the timing of the visit – were first visits noticeably longer or shorted than subsequent ones? Ninety-five percent of children had their first visit last at least one hour, very close to the overall performance of 97%. The distribution of visit lengths for higher-order visits was very similar to that for first visits.

Qualitative interview data offers some additional insight into visit duration. Among the 27 evaluation counties, all respondents reported holding visits for at least one hour once a week (a minimum standard). Most counties offer two-hour visits, with some counties offering longer or more frequent visits in certain

**Muskingum County** parents typically visit for two hours twice a week. However, the PCSA is currently discussing reducing the length of fully supervised visits to one hour because of the amount of staff time required. If this occurs, parents would be able to increase their visit time back up to two hours once less supervision (i.e. less staff time) is needed.

situations, such as when infants are in care or when parents cannot visit together. For some counties, staff hours are stretched too thin to offer much more than the minimum standard. Most counties report that they are able to offer visits in the evenings or on weekends if necessary. For all counties, the hours after school are the most popular times for scheduling visits, and several counties report that they could use more available staff and/or space during this time period. Visitation counties do not report offering consistently longer visits than other counties.

#### 5.4.4 Supervision of Visits: At what Level are Visits Supervised?

As part of the strategy definition, all visits are supervised.<sup>2</sup> However, there was some variation in the levels of supervision reported by counties. Table 5.10 shows that three counties rate virtually all of their visits as having a high level of supervision, and another three of the eight provide high levels of supervision to 70-90% of visits. In the future, as more children complete their time in visitation, the study team will be able to examine whether children move between the levels over time, as they move toward the end of supervised visits

**Component 4:**  
*Visits are supervised*

<b>Table 5.10: Level of Supervision Used by County (in order of High usage)</b>			
	<b>High</b>	<b>Medium</b>	<b>Low</b>
Clark (n=254)	100%	0%	0%
Crawford (n=543)	100%	0%	0%
Fairfield (n=333)	99%	1%	0%
Medina (n=122)	90%	4%	6%
Muskingum (n=760)	71%	29%	0%
Portage (n=407)	70%	15%	15%
Richland (n=275)	51%	48%	1%
Stark (n=968)	48%	44%	9%

Counties may differ in how they define the various levels of supervision. One example may offer some insight: Clark County PCSA has three levels of supervision for visits that occur at the agency; at level 1 the supervisor is in the room for the entire visit, at level 2 the supervisor checks in every 15 minutes, and at level 3 they just check in occasionally. Clark also allows visits in the parents’ home which are supervised by a parent aide who stays for the entire visit; this would be considered a “high” level of supervision.

<sup>2</sup> While some counties have collected and transmitted data on unsupervised visits, these visits were not included in the analysis, as the data was inconsistently collected. Because of this inconsistency, the evaluation team is not able to examine transitions from supervised to unsupervised visits; something we had hoped to be able to look at.

In the qualitative interviews, all 27 counties reported the levels of supervision they use for visits. Some counties do not have formally defined levels of supervision, preferring to assign supervision on a case-by-case basis. Some counties have only two levels of supervision; “High” and “Unsupervised”, believing that if supervision is needed it should be constant. Visitation counties are more likely to use video and/or electronic monitoring than non-visitation demonstration counties or comparison counties.

#### 5.4.5 Structured Activity

Of the five components of the supervised visitation model, the structured activity is the most defining element, differentiating the ProtectOhio visitation model from the required practice occurring in all counties. In developing the strategy, visitation counties elected to focus on engaging parents in planning developmentally appropriate activities to complete with their children, rather than simply providing materials and leaving the choice of engagement up to the parent and, often, the spur of the moment. This model practice provides a learning environment for parents and a chance for the visit supervisor to observe parent-child interactions. The provision of structured activities may involve extra time, effort and expense on the part of the agency, as well as require consistent interaction and cooperation between the assigned staff member and the visiting parent. Comparing counties on this component of fidelity provides the greatest evaluation challenge. Table 5.11 shows the considerable variation that exists across the eight counties, between visits where the activity was planned and completed, and those where no activity was even planned.

<p><b>Component 5:</b> <i>Visits include a planned, structured activity</i></p>
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<b>Table 5.11: Planning and Completing Activities During the Visit</b>				
	<b>Activity planned and completed</b>	<b>Activity planned and partially completed</b>	<b>Activity planned but not completed</b>	<b>No activity planned</b>
Clark (n=254)	69%	0%	3%	29%
Crawford (n=543)	68%	0%	2%	30%
Fairfield (n=333)	51%	30%	19%	0%
Medina (n=122)	75%	0%	0%	25%
Muskingum (n=760)	48%	3%	0%	49%
Portage (n=407)	66%	4%	7%	23%
Richland (n=275)	27%	11%	2%	60%
Stark (n=968)	64%	5%	0%	32%
Total (n=3661)	59%	6%	4%	31%

Overall, well over half the visits had activities which were planned and completed. However, in only one county did all visits have an activity planned; at the other extreme, one county had more than half of its visits without any planned activity. This suggests that visitation counties are still working on how to best implement this portion of the supervised visitation model.

Where activities were planned but not completed (the two middle columns of Table 5.11), the county-level interview data suggests some explanations: parents leave the visit early, parents or children choose a different activity, babies fall asleep, older children are disruptive, or there is not enough time. However, two visitation counties expressed the belief that it makes a difference who is supervising the visit, as some workers are more likely to engage the parents than others. The evaluation may be able to explore this theory later in the Waiver.

The study team explored a few other possible explanations for the variations in Table 5.11:

- The length of the visit appeared to have some effect on completion of activities. In visits lasting less than one hour, 47% of the activities were partly or fully completed, but longer visits showed much more activity completion, with 65% having an activity that was completed or partially completed. An even more marked contrast appears for activities that were planned but not completed: visits lasting less than one hour had a much higher rate, 18% compared to only 2% of longer visits having activities that were planned but not completed.
- Visits supervised by a dedicated visitation worker were more likely to have planned activities, 79% vs. 63% for visits supervised by any other staff).
- Visits occurring at an agency visitation site were more likely to have planned activities, 80% vs. 49% for visits occurring in any other location).

- Visits with a high level of supervision are more likely to have planned activities, 67% vs. 57% for visits with any other level of supervision).
- Whether or not the mother, father, or both parents attended the visit appears to make no difference in whether or not activities were planned or completed.

Thus, one can surmise that families need time and support in order to plan and complete activities with their child during a visit. Visitation centers may make both of those crucial elements more readily available: staff are present at all times the center is open, and typically the centers offer more and varied hours for visiting. Further evaluation will be conducted to examine this thesis, later in the Waiver.

The distribution of visit lengths for higher-order visits was very similar to that for first visits.

The evaluation team also explored whether activity completion varied according to the timing of the visit – were first visits noticeably less likely than subsequent ones to have a planned visit? The results are presented in Table 5.12. Activities are less likely to be planned for the first visit (53% compared to 67-68% for later visits), perhaps due to less lead-time for planning or a parent’s unfamiliarity with what is expected. However, when activities were planned for the first visit, it appears to be more likely that the activity will be completed (93% compared to 87-88% for later visits).

<b>Table 5.12: Planned Activities at First and Subsequent Visits</b>		
	<b>% visits with planned activities</b>	<b>Of these activities, % of visits where they were completed</b>
1 <sup>st</sup> Visit (n=373)	53%	93%
Visits 2-5 (n=197)	68%	87%
Visits 6-10 (n=137)	67%	88%

In examining qualitative interview data on activity planning, clear differences are apparent between visitation counties and the other two groups of counties (Table 5.13). Most visitation counties involve staff in the planning of the activities, using visit activities as an opportunity for parent education. Most non-visitation demonstration counties (four) do no activity planning at all. Several comparison counties have planned activities (five), but staff are not involved -- the planning is done mostly by parents.

<b>Table 5.13: Planning of Activities at Visits</b>					
	<b>Staff usually help plan</b>	<b>Staff may help plan</b>	<b>Staff do not help plan</b>	<b>Activities are planned ahead</b>	<b>No planning</b>
Visitation counties (n=8)	3	4	0	3	1
Non-visitation demonstration counties (n=5)	0	1	0	0	4
Comparison counties (n=14)	1	4	6	5	1

Nearly all counties provide at least some feedback to families about how the activity went, although some counties only provide feedback if a problem occurred during the visit (Table 5.14). Noticeably more visitation counties than non-visitation demonstration counties provide regular, consistent, feedback to parents. One visitation county commented that participation in the supervised visitation strategy has helped them focus more clearly on the feedback portion of the visit.

<b>Table 5.14: Feedback to Families on Activity Success</b>					
	<b>Regular feedback provided</b>	<b>Feedback sometimes provided</b>	<b>Feedback rarely provided</b>	<b>Not sure</b>	<b>No activities</b>
Visitation counties (n=8)	3	3	2	0	0
Non-visitation demonstration counties (n=5)	0	2	1	1	1
Comparison counties (n=14)	5	6	2	1	0

Planning an activity for the visit requires considerable commitment, not only by the parent but also by the PCSA. In Fairfield County, the activity for the visit is planned at the end of the previous visit. Fairfield tries to encourage parents to do most of the planning; however, they also have parent educators who work with families and will work with parents to plan activities that tie in with their particular parenting goals. Visitation monitors regularly provide feedback to families at the end of the visit about how the visit went. In addition, Fairfield uses a form which is completed by the monitor and sent to both the supervisor and the caseworker detailing activity-related information such as materials needed, the person responsible for providing the materials, whether or not the activity occurred, and the date of the post-activity discussion.

#### 5.4.6 Summary of Supervised Visitation Model Fidelity

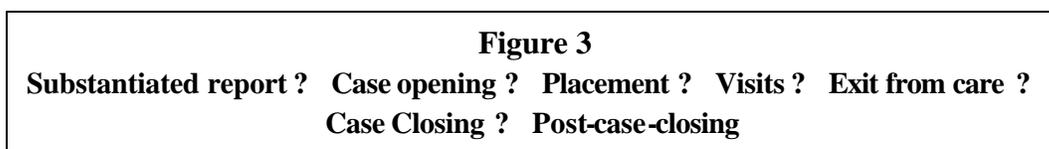
To recap the above discussion, it appears that visitation counties are closely adhering to the model for the supervised visitation strategy on two components and not as closely on two components (Table 5.15). Averaged across all participating counties, 97% of visits last one hour or more and are attended by at least one parent. However, the mean number of days between visits is 10, which does not meet the requirement of weekly visits (7 days or less between visits). Finally, the component affording counties the most difficulty is clearly the structured activities. Across all visitation counties, activities are completed or partially completed at only 65% of visits. Since all visits are supervised by definition of the strategy, and data was removed for unsupervised visits, all counties appear to meet the standard of supervised visits at 100%.

<b>Table 5.15: Overall Fidelity of Supervised Visitation</b>			
<b>Model Criteria</b>	<b>Measure</b>	<b>Aggregate Performance of the 8 Counties</b>	
		<b>Performance</b>	<b>Fidelity</b>
Weekly visits	% of 2 <sup>nd</sup> and subsequent visits that occurred within 7 days of the prior visit	10.24 days	Not Met
At least one parent	% of visits attended by at least one parent	97%	Met
At least one hour	% of visits that lasted one hour or longer	97%	Met
Supervised	% of visits that were supervised	By definition, 100%	NA
Structured activity	% of visits that had a planned activity which was at least partially completed	65%	Not Met

The study team will continue to monitor county performance against these five fidelity criteria, using both visit-level and child-level data.

## 5.5 OUTCOME EVALUATION: ACTIVITIES AND FINDINGS

A typical case trajectory for a child who is in out-of-home care and receiving visits is illustrated in Figure 3:



During a case episode (the time between case opening and case closing), additional events may occur such as subsequent substantiated reports and/or additional placement episodes. Elapsed time between case events varies considerably. The goal of the outcome analysis for the supervised visitation strategy is to examine the order, frequency, and timing of case events and the overall case trajectory patterns in more detail, comparing them to cases of children who have not received the ProtectOhio intervention.

### 5.5.1 Population Available for Outcome Analysis

To address outcomes, the evaluation team identified 512 eligible cases (those children age 12 and under and with at least one placement) in the state FACSIS files, and matched them against 483 eligible cases (those with at least one supervised visit) from the Supervised visitation SIS data. Table 5.16 shows that 189 cases appear in both data sets.

<b>Table 5.16: Cases Available for Outcome Analysis</b>	
# of FACSIS cases with at least one placement, and the child is age 12 or younger	512
# of strategy cases (SIS data set) with at least one supervised visit	483
# of cases found in both data sets, with a placement starting before 9/18/06	189

At this point in the evaluation, only 189 (39%) of eligible strategy cases have an appropriate match in FACSIS. Of these 189 cases, only 12 have completed a case trajectory (closed case) before the end of valid data transmittal (September 18, 2006; henceforth referred to as the “end data date”). In at least one county, the number of matching cases was under 10, so the analyses presented below only present results for the aggregate of the eight counties rather than for each county separately. Cases may lack matching data for any of the following reasons:

1. Possible reasons why eligible FACSIS cases are not in strategy file:

- **Child is placed but has not had a visit yet** (visit may not have occurred and/or the data may not have been entered into the data file by the end data date)
- Resource type is residential care or court custody
- Case plan goal may not be reunification
- Case may have had only unsupervised visits
- Length of time in placement was too short for visits to occur

2. Possible reasons why eligible strategy cases are not in FACSIS file:

- **Case opening is after the end data date**
- Case opening is prior to strategy start date
- May be in FACSIS, but with no placement (case type is protective services, etc.)
- FACSIS case opening (event 172) was not entered

While some of these reasons for case elimination are intractable, some can perhaps be resolved. As the evaluation continues, additional data will become available on children who have not yet had a visit or who have new case openings. As more supervised visitation cases complete their case trajectories and enter the post-case-closing period, additional data will emerge and the evaluation team will begin to look at outcomes across the population, by county, and against the comparison group.

With only 189 cases available, we are not able to complete a rigorous population-level, comparative outcome analysis at this point in the evaluation. As the Waiver proceeds and a sufficient number of cases with completed case trajectories become available, all the specified outcomes (figure 5.1 above) will be examined in detail. In the interim, the evaluation team has elected to present information for a small number of cases, in order to illustrate the outcomes that will be presented in the future, as well as to stimulate discussion about the merits of future investigation. It is important to note that this selected sample is not representative of the entire population of children receiving supervised visitation. For most counties, less than one year has elapsed from strategy implementation to the most recent data transmittal. As the program matures and children complete their case trajectories, the evaluation team will analyze outcomes for the entire sample.

### **5.5.2 Cohort for Outcome Analysis**

Among the 189 cases which had both strategy (SIS) data as well as matching FACSIS data, a smaller group additionally had at least 90 days between the start of their first placement episode and the end data date (September 18, 2006). This cohort of 150 children will be referred to as the IER cohort. It has the following characteristics:

### **IER Cohort**

- Number of children (n=150)
- Children by placement type:
  - foster care (122 or 81%)
  - placed with a relative (18 or 12%)
  - in the hospital (9 or 6%)
  - placed with a non-licensed non-relative (1, less than 1%)
- Children with a completed placement episode before the end data date (n=67)
- Children with a completed case trajectory (closed case) before the end data date (n=12)

In addition to the IER cohort, the evaluation team pulled a sample of children from the comparison counties who also had at least 90 days from the start of their first placement episode to the end data date. This cohort will be referred to as the comparison cohort.

### **Comparison Cohort**

- Number of children (n=683)
- Children by placement type:
  - foster care (478 or 70%)
  - placed with a relative (139 or 20%)
  - in the hospital (36 or 5%)
  - placed with a non-licensed non-relative (10 or 1%)
- Children with a completed placement episode before the end data date (n=302)
- Children with a completed case trajectory (closed case) before the end data date (n=83)

The comparison cohort differs from the IER cohort in at least two significant ways. First, 24% of comparison children who completed a first placement had a length of stay that was seven days or less. In the IER cohort, this percentage was only 13%. Children with short placements are less likely to be in the IER cohort, since they are less likely to receive supervised visitation. Second, the comparison cohort also contains children who have had only unsupervised visits, representing cases which might be considered lower risk.<sup>3</sup> Outcome information for the comparison cohort is intended to be viewed as an example of the direction of future analyses,

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<sup>3</sup> The presence of lower risk cases in the sample may bias results in favor of the Comparison cohort.

and not as a direct comparison. In future analyses, the evaluation team will explore the characteristics of both groups with the intention of providing a stronger comparison.

### 5.5.3 Outcomes

Outcomes for the IER and comparison cohorts are discussed briefly below..

#### 5.5.3.1 *First Visit after Placement*

Of the 150 children in the IER cohort, 146 had valid information which the evaluation team could use to compute the number of days from the start of their first placement to their first scheduled visit. The mean number for this group was 25 days, with a range of one day to 151 days.

In the future, the evaluation team plans to examine the number of days between the first day of placement and the first visit over the entire sample, as well as by placement type and age. We also intend to collect qualitative data that might help to explain why the gap until the first visit occurs varies so much among the counties. Because strategy data (visit dates) are not available for children not receiving the intervention, we will not be able to use a comparison group to examine this outcome.

#### 5.5.3.2 *Length of Stay (LOS)*

Table 5.17 shows some figures related to length of stay in foster care. Little difference appears between the two cohorts. For the 67 children in the IER cohort with a completed placement, the average time in placement was 84 days; for the comparison cohort, the corresponding figure was 76 days. And similar proportions of the children had placements of 90 days or less (58% of IER cohort and 68% of comparison cohort).

<b>Table 5.17: Length of Placement</b>		
	<b>IER Cohort</b>	<b>Comparison Cohort</b>
Number of children completing a first placement episode before the end data date	67	302
Average days in placement	84	76
Children completing first placement episode within 90 days	58%	68%

In future analyses, we will examine whether children completing supervised visitation have shorter placement episodes than children in the comparison sites. We also hope to explore whether child outcomes vary depending on the amount of supervised visitation they receive, and/or the nature of the supervised visits (i.e. level of fidelity).

### 5.5.3.3 New Placement Episodes within Case Opening

Of the 67 children who completed their first placement episode before the end data date, 10 (15%) began a second placement episode during the same case opening. No children in the IER cohort have completed a second placement episode. In the Comparison cohort, 12 children (4%) began a second placement episode. No children who began a second placement episode had a case closing before the end data date.

Through future analyses, we hope to learn whether children receiving supervised visitation have fewer placement episodes within a case opening than children who have not received the intervention.

### 5.5.3.4 Exits from Care

Table 5.18 presents data on exits from care for the children in both groups who completed a placement episode before the end data date. Reunification was the most common exit from care in both cohorts, followed by custody to relative.

<b>Table 5.18: Exits from Care</b>		
<b>Exit Destination</b>	<b>IER Cohort</b>	<b>Comparison Cohort</b>
Reunification	31 (46%)	151 (50%)
Relative	26 (39%)	121 (40%)
Guardianship	8 (12%)	19 (6%)
Adoption	1 (2%)	1 (0%)
Child Died	0 (0%)	2 (1%)
Other	1 (2%)	8 (3%)

In future analyses, the evaluation team plans to closely examine exits from care, theorizing that children receiving supervised visitation will have more exits to reunification than children not in the program.

### 5.5.3.5 Length of Case Opening

Initial examination of length of case opening reveals little difference between the two cohorts. Of the 12 children in the IER cohort who had a closed case before the end data date, the average length of their case episode was 162 days. The comparable figure for the comparison cohort is 161 days. Only three cases in the IER cohort had a case closure within 90 days of their case opening, compared to 41 cases (49%) in the comparison cohort.

In future analyses, we hope to explore whether children receiving supervised visitation have shorter case episodes than children who have not received the intervention.

### **5.5.3.6 Other Outcomes**

Other outcomes we will be exploring include: subsequent case openings, subsequent substantiated reports, and number of placement spans within a case episode. At this time, only one child in the IER cohort has had a substantiated or indicated CAN report after their first day of placement (<1%). In the comparison cohort, 33 children had a subsequent report (5%). We will also be exploring the timing of these subsequent reports; while the child is in placement, post-placement but before case closing, or after case closing.

## **5.6 SUMMARY AND NEXT STEPS**

With the purpose of improving the quality of the parent-child relationship and improving child outcomes, all eight participating counties have implemented the supervised visitation strategy. So far, counties have:

- Conducted implementation activities such as planning, hiring staff, preparing visit spaces and materials, and developing data collection systems;
- Collected and transmitted data to the evaluation team for over 5,000 visits and 522 children over a period of 13 months;
- Responded to lengthy qualitative interviews regarding the details of the strategy;
- Participated in quarterly strategy workgroups and other discussions on Supervised visitation; and
- Continued to refine the strategy and increase the number of children served.

These activities have resulted in an intervention which appears to be an enhancement to regular visitation as it occurs in most agencies. Visitation counties are more likely than other ProtectOhio counties to use visitation centers, use dedicated visitation staff who communicate consistently with caseworkers, plan structured activities, and provide feedback to families on how the visit went. They are generally maintaining a high level of fidelity to the supervised visitation model. In addition, preliminary outcomes indicate that the first few children completing supervised visitation appear to be doing as well as a larger group of comparison children, who may or may not have similar characteristics as the visitation group.

### **5.6.1 Some Innovative Practices**

This section profiles the visitation programs of two counties, one demonstration and one comparison. Each group of counties presents a range of practices. Although these examples are not necessarily representative of the range of practices, they have undertaken some unique efforts in their visitation program

Crawford County: In Crawford, visits happen every Tuesday night from 4:30 to 5:45. All levels of staff attend the visit nights. Behind the agency is a building which used to be a group home and is now an agency visitation site. There are several rooms available for visitation, as well as a kitchen and restrooms. Most visits include an activity, and there are materials available for parents and children to choose from. However, the main activity for all families is dinner. Since all families in the visitation program typically visit at the same time, Crawford provides

dinner for everyone. Families come out of their room, get their dinner, and after they are done eating they start their activity. Crawford believes that the meals bring families together. It forces them to eat together at a table, and staff can work with families on parenting issues around food. For families who reunify but still have open cases, Crawford adds to their case plan, requesting that they do activities together, have family meals, and report back how things are going. Crawford also reports that having families visit together can be a positive influence. Families often behave more appropriately when they are around other families, and when parents see other families reunify or move to unsupervised visits, it is motivating. The dinners that Crawford provides are paid for with Waiver funding.

Butler County: Butler County has leased a 36,000 square foot space for a visitation center. This is a locked facility, with security to greet, check in, and “wand” parents. There is a large open area for play with a rock climbing wall, as well as areas for arts and crafts. There is a resource room for foster parents with a separate entry. The center also hosts parenting classes and has a furniture and clothing depot. A therapist meets with families at the initial and final visits, and is available for crisis intervention. Family Resource Workers supervise the visits using the Family Teaching Model. Parents arrive 15 minutes before the visit, at which time the FSW and the parent review the last visit and decide what to focus on for the current visit. The FSW helps the parent identify child behaviors and how to manage them. At the end of the visit, the parent identifies a specific behavior to work on for the next visit. At home, the parent writes up a behavior plan for the next visit which reflects this focus. All visits include an activity selected by the parent and the child from an activity menu.

### **5.6.2 Next Steps**

Three major activities will form the core of upcoming supervised visitation evaluation efforts. These include conducting family focus groups, adding two new counties to the evaluation process, and continuing case-level and county-level data collection. The family focus groups will occur as part of county site visits planned for Fall 2007. The site visits will also give the study team opportunity to observe some visits and to learn more about the operation of the visitation centers.