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More Contact with Biological Parents Predicts Shorter Length of Time in Out of Home Care and Mental Health of Youth in the Child Welfare System

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Abstract

Foster care is intended to be a temporary placement option. Viewing permanency as central to child well-being, current U.S. policies aim to limit the length of time a child spends in out-of-home foster placements. There is little recent research, however, on predictors of length of time in out-of-home care. The purposes of this study were to test if more frequent contact with biological parents predicted less time in out-of-home care, and determine if more frequent contact with biological parents was associated with better mental health outcomes using three waves of data from the National Survey on Child and Adolescent Well-Being II, a U.S. nationally representative dataset of youth involved with the child welfare system. Findings revealed that more frequent contact with biological mothers was associated with fewer cumulative days in out-of-home care. Among covariates, older child age was related to longer stays in out-of-home care, and Black youth experienced more cumulative days in out-of-home care compared to White youth. Links between frequency of contact and youth mental health outcomes also were tested, and more frequent contact with both mothers and fathers was associated with lower mental health symptoms. Being separated from siblings also was associated with more mental health problems, and compared with foster care, being in kinship care was negatively associated with mental health problems. A discussion of the findings in light of U.S. policies and best-practices is included.

Keywords

child maltreatment; child mental health; parent-child contact; permanency; visitation

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Author Statement

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There are nearly half a million children in foster care at any given time in the U.S. (U.S. Department of Health and Human Services, 2015). Viewing permanency as central to child well-being, current U.S. policies aim to limit the length of time a child spends in out-of-home care. For instance, the Adoption and Safe Families Act (ASFA; P.L. 105–89) promoted expediting the permanency of children involved with the foster care system to within 12 to 18 months after a child’s removal from the home (Festinger & Pratt, 2002). The ASFA marked a key shift in U.S. federal policy, and it challenged states to significantly reduce the number of days spent in out-of-home care. Given that reunification with biological parents is the primary case plan goal for most youth in out-of-home care, consistent contact with parents is central to achieving that goal (Davis et al., 1996; Mallon & Leashore, 2002). Since ASFA, other policies also promoting permanency have followed (e.g., Fostering Connections to Success and Increasing Adoptions Act of 2008). Despite federal and child welfare system efforts, however, a typical youth spends 2 years in foster care (Child Welfare Information Gateway, 2015) and, for adolescents, that time tends to be significantly longer (Ringeisen et al., 2013).

There is little recent research on predictors of length of time in out-of-home care. To our knowledge, the most recent systematic review of research in this area was conducted in 2011 and the publication dates of research included in that review ranged from 1986–2010 (Sen & Broadhurst, 2011). Findings of the 2011 review indicated that although the state of knowledge is limited and complex, quality contact with biological family members, particularly when in combination with other positive interventions (e.g., supports for biological parents, foster parents, and children), likely contributes to family reunification or child placement stability. However, findings of extant studies are mixed. For instance, using records of children in Florida’s foster care system, researchers found that youth who successfully exited foster care (e.g., were reunified, adopted) were more likely to be White and of younger ages (Becker et al., 2007). However, another study involving youth in foster care from a mid-western state found reunification rates to be higher for older youth, with no significant differences based on child race (Akin et al., 2011). Placement type also mattered in that youth in kinship care or who were residing with their siblings experienced higher rates of permanency (Akin et al., 2011). Finally, an evaluation a pilot intervention aimed to promote successful foster care exits for youth and their caregivers found that a barrier to successful reunification was a lack of contact between youth and their parents, with only one-third of the youth having regular contact (Madden et al., 2012). These inconsistent findings point to the need for research using nationally representative samples so that results can be better generalized to the population of youth in out-of-home care in the U.S.

Parent-Child Contact

For youth in out-of-home care, parent–child contact helps preserve youth’s family connections and promote reunification (Mallon & Leashore, 2002; McWey & Mullis, 2004). Research on California’s foster care system found that compared to youth who remained in out-of-home care, youth who had contact with their biological parents at court “recommended levels” were more frequently reunified with their families (Davis et al., 1996). Another study of early adolescents in foster care in an urban U.S. city found that 50% had contact with their mothers at least one time in the past month and far fewer

(16%) had contact with their father (Leathers, 2003). Specific child characteristics also have been linked to frequency of contact. For instance, a study involving a sample of young children found that child age and maltreatment type were predictive of the frequency of contact (Nesmith, 2013). Specifically, children ages 1 – 5 years were less likely to have regular parental contact compared to infants and older children, and youth who suffered neglect had less frequent contact than youth who experienced other forms of maltreatment (Nesmith, 2013). Another study found that children of color had less frequent parental contact compared to White youth (Davis et al., 1996). Most of the research in this area is dated, however, with findings preceding recent U.S. policy shifts.

Cross-sectional research supports the link between more frequent contact with biological parents and better youth mental health outcomes (Cantos et al., 1997; McWey & Cui, 2018). With a sample of 68 youth in New York’s foster care system, researchers found that more frequent contact with biological parents was associated with lower internalizing and externalizing problems as measured by the Child Behavior Checklist (Achenbach, 1991). Similarly, another study found significantly lower internalizing, externalizing, and total behavior problems of youth who had more frequent contact with mothers compared to youth with no parental contact (McWey & Cui, 2018). These studies, however, were not longitudinal so we do not know if these trends persist over time.

Emphasizing the value of family connections for child well-being, national policies require contact between youth in out-of-home care and their biological parents when possible (e.g., The Family First Prevention Services Act, H.R. 1892; Adoption and Child Welfare Act; P.L. 96–272; Fostering Connections to Success Act; P.L. 110–351). This is important because parental reunification is the main permanency goal for most U.S. youth in out-of-home care (U.S. Department of Health and Human Services, 2014). States have flexibility, however, in how they enact child welfare policies. Research suggests that because there are no clear guidelines, caseworkers have to rely on their own judgment when creating case plan requirements for family contact (Hess, 2003; Nesmith, 2013), and despite empirical findings indicating the benefits of maintaining relationships, contact with biological parents is often considered by caseworkers a low priority (Nesmith, 2013). This may be due, in part, to differing views of the impact of visitation on youth mental health. Some suggest that caseworkers and foster parents perceive there to be higher levels of child emotional and behavioral problems after biological parent visitation, and that visitation threatens children’s abilities to adapt to their current out-of-home placement situation (Moyers et al., 2006; Leathers, 2003).

Theoretical Framework

Attachment theory can help contextualize youths’ emotional and behavioral responses to contact with their parents. As original attachment theory research revealed (e.g., Ainsworth et al., 1978; Bowlby, 1977), children may exhibit signs of distress when separated from their caregivers. So, if a youth in foster care demonstrates emotional and behavioral concerns at the end of visits when they must, again, separate from their biological parents, this could be viewed as an attachment response. Given this frame, it may be inaccurate to conclude that contact with biological parents causes child mental health problems. Longitudinal research

on the impact of contact on youth mental health could help promote evidence-based practice guidelines that support federal aims.

The Present Study

There is a disconnect between U.S. federal initiatives aimed to maintain family connections and the day-to-day child welfare practices that may not prioritize parent-child contact. Unfortunately, there is limited recent nationally representative research on predictors of the length of time a child spends in out-of-home care to help narrow this divide. Plus, research specifically on parental contact, length of time in out-of-home care, and mental health outcomes is mostly cross-sectional and dated. Therefore, using three waves of data from the National Survey on Child and Adolescent Well-Being II (NSCAW), a nationally representative dataset, the purposes of this study were to (a) determine if more frequent contact with biological parents predicted less time in out-of-home care, and (b) determine if the frequency of contact with biological parents was associated with mental health outcomes.

Method

Sample and Procedures

This study relied on NSCAW II data (Dowd et al., 2010). The sampling frame for NSCAW II included children involved with the U.S. child welfare system. A stratified sampling design was implemented in which the researchers divided the U.S. into different sampling sections, then formed sampling units within each section, with each unit representing distinct U.S. regions. They then randomly selected the same number of youths from each section to form a nationally representative sample (Dowd et al., 2010). Outcome data were collected across three waves (baseline, 18, and 36 months later). We used all three waves when appropriate (please see the measures section).

For this project, the NSCAW II sample was limited to youth ages 6 to 17 years who were in out-of-home care and with complete data for frequency of contact with either their mother or father at wave 1 ($n = 247$). The sample included youth from diverse racial and ethnic backgrounds. Regarding race, 38% ($n = 95$) were White, 40% ($n = 100$) were Black, and 17% ($n = 42$) were Asian, Alaskan Native, American Indian, multiracial, or another categorization; 28% ($n = 70$) were Hispanic. Of the sample, 46% ($n = 114$) were female and 54% ($n = 133$) male. The mean child age at wave 1 was 9.78 ($SD = 2.67$). Over a quarter of the youth ($n = 67$, 27%) were not residing with their siblings. Over forty percent of the sample resided in traditional foster homes at wave 1 ($n = 101$), 33% were in kinship care ($n = 82$), and the remainder of the youth were in other placements (e.g., residential or group homes, $n = 28$).

Measures

Contact with biological parents.—Youth reported the frequency of contact they have with their biological mothers and fathers. Response options included 1 = *never*, 2 = *less than once a month*, 3 = *once or twice a month*, 4 = *about once a week*, 5 = *several times a week*, and 6 = *every day*. To take advantage of the multiple waves of data, while capturing

the fluidity of youth moving in and out of foster care, frequency of contact from the waves youth were in out-of-home care were averaged to obtain a more stable and long-term estimate (e.g., if a youth was in foster care for waves 1 and 2 then left foster care before wave 3, data from the first two waves were averaged). Reports of mothers and fathers were calculated separately.

Length of time in out-of-home care.—Caseworkers reported the cumulative number of days youth were in out-of-home care. Again, because youth may have left out-of-home care at any wave during the study period, the last recorded cumulative number of days from caseworkers was used (e.g., if a youth exited out-of-home care during wave 2, we used the cumulative number of days reported by caseworkers at that wave).

Youth mental health symptoms.—Caregivers completed the Child Behavior Checklist (CBCL; Achenbach, 2001). The CBCL is a widely used measure of child mental health that yields a total problems score involving both internalizing and externalizing symptoms. Higher scores indicate higher mental health symptom levels. The Cronbach α for the overall NSCAW II sample for the total scale score was 0.92 and 0.94 for the analytic sample. As with the other variables, we took advantage of the multiple waves of data and used data from the waves in which the child was in out-of-home care.

Youth demographic characteristics and covariates.—Youth reported gender, age, race, and ethnicity. *Gender* was assessed by 1 = *male* and 2 = *female*. *Age* was assessed in years. *Race* was categorized as *Black*, *White*, and *other races* (American Indians and Asians were combined as “other races” due to the small percentages). *Ethnicity* was coded as 1 = *Hispanic* and 0 = *non-Hispanic*. Caseworkers reported the *type of maltreatment* experienced and when there was more than one type of maltreatment, they indicated which they thought was the most serious (Rosenthal & Curiel, 2006). Four maltreatment types were created as contrasts: *neglect*, *physical abuse*, *sexual abuse*, and *other*. *Sibling placement* was coded as 1 = *siblings separated*, and 2 = *sibling placement or has no sibling*. *Placement type* included three contrasts: *foster home*, *kinship home*, and *group home*.

Analytic Strategy

To determine if frequency of contact with biological mothers and fathers was associated with length of time in foster care, multiple regression analyses were used with length of time in out-of-home care regressing on contact frequency with mother and contact frequency with father. Covariates – youth gender, age, race (White as reference group), ethnicity, type of maltreatment (neglect as reference group), sibling placement, and placement type – were included in the analyses. Potential two-way interaction effects between predictors (i.e., contact frequency) and covariates were also included. Full information maximum likelihood (FIML) was used to obtain less biased estimations with missing data compared to listwise deletion (Schafer, 1997). Mental health outcomes were tested in a similar way.

Results

As the first step, the preliminary investigation of the distribution of the dependent variables suggested normality for both length of stay (Skewness = .01, SE = .16; Kurtosis = -1.17,

SE = .33) and mental health (Skewness = .58, SE = .16; Kurtosis = -.33, SE = .31). With the satisfactory results from the preliminary data investigations, we now move on to the descriptive information. Table 1 provides the descriptive information including the means and standard deviations or percentages of the variables included in this study. The average levels of contact frequency were 3.32 with biological mothers and 2.29 with biological fathers. By wave 3, 105 youth exited out-of-home care. Paired *t*-tests suggested that the mean level of contact with mothers was significantly higher than that of contact with fathers ($t = 6.90, p < .01$). The average length of time in foster care was 789.32 days with wide variations.

Model 1 of Table 2 shows the result for the regressions of length of time in out-of-home care on contact with biological mothers and fathers. More frequent contact with biological mothers was associated with a shorter length of time in out-of-home care ($b = -.31, p < .01$). Contact with biological fathers was not significant. The model with contact with biological parents explained 11% of the variation in length of time in out-of-home care. Model 2 of Table 2 added covariates. More frequent contact with biological mothers was still associated with a shorter length of time in out-of-home care. Among the covariates, older child age was related to longer time in out-of-home care. Model 2 explained 18% of the variance.

Two-way interaction effects were tested between contact frequency and each of the covariates (i.e., gender, age, race, ethnicity, maltreatment type, sibling placement, and placement type; Model 3). Contact with biological mothers and fathers were tested separately. The main effect of contact with biological mothers remained significant and being older in age was still associated with longer time in out-of-home care. Among all possible interactions, contact with mothers and ethnicity and abuse type, and contact with fathers and race were significant. Specifically, for ethnicity, the protective effects of contact with biological mothers on a shorter length of time in out-of-home care was stronger among Hispanic youth than non-Hispanic youth ($b = -.52, p < .01$). For race, the benefits of contact with biological fathers on shorter lengths of stay were more salient for Black youth as compared to their White counterparts ($b = -.45, p < .01$). Finally, for type of abuse, the positive effect of contact with biological mothers on shorter lengths of stay was stronger for youth who experienced neglect as compared to those who experienced physical abuse, especially when contact frequency was low ($b = .46, p < .01$). Model 3 explained 28% of the total variation of length of stay in foster care.

Next, mental health outcomes were analyzed the same way (see Table 3). In Model 1, with contact with parents as predictors, more frequent contact with biological mothers ($b = -.16, p < .01$) and with biological fathers ($b = -.17, p < .01$) were both related to fewer mental health symptoms. The model explained 6% of the variation in mental health outcomes. Covariates were added to Model 2 (see Model 2 of Table 3). The magnitude of the coefficients was reduced for contact with biological mothers and biological fathers, but the direction of the associations remained the same. Plus, compared to foster care placements, youth in kinship care exhibited fewer mental health symptoms ($b = -.15, p < .05$). This model explained 11% of the total variation.

Potential interaction effects between the predictors and covariates were tested (Model 3 in Table 3). The main effect of contact with biological fathers remained significant. Being older in age was negatively associated with mental health problems. Being separated from siblings was associated with more mental health problems ($b = -.16, p < .05$). Compared with foster care, being in kinship care was negatively associated with mental health problems ($b = -.15, p < .05$). The interactions between contact and sexual abuse (versus neglect) on mental health problems were significant for both mothers and fathers but in the opposite direction. For contact with biological mothers, more frequent contact had a stronger buffering effect on mental health outcomes among those who experienced sexual abuse than those who experienced neglect ($b = -.47, p < .01$). On the other hand, for contact with biological fathers, more contact was related to more mental health problems for youth who experienced sexual abuse compared to neglect ($b = .43, p < .01$). Model 3 explained 21% of the variance in mental health problems.

Discussion

The goals of this study were to determine if more frequent contact with biological parents predicted less time in out-of-home care, and if frequency of contact was associated with youth mental health outcomes using nationally representative, longitudinal data. Federal policies aim to shorten the length of time a youth spends in out-of-home care; therefore, it is important to have current research identifying predictors of length of time in care. Although it may be somewhat intuitive that youth with more frequent contact experience shorter stays in out-of-home care, this is an important empirical finding.

Stemming from concerns that youth were spending too long in foster placements, ASFA (P.L. 105–89) aimed to decrease the number of days a child spends in out-of-home care. The Children’s Bureau is charged with conducting Child and Family Service Reviews (CFSRs) to assess states’ adherence to federal child welfare policies and requirements (Children’s Bureau, n.d.). Permanency outcome 2 of the CFSR requires that “the continuity of family relationships and connections is preserved for children” (CFSR Aggregate Report, p. 24). The most recent CFSR results (2015–2018), however, concluded that “no state achieved substantial conformity” with this outcome (p. 24). The review concluded that, overall, the frequency of contact was not sufficient, and this was particularly the case with biological fathers. Those CFSR conclusions are corroborated by the findings of this study. The average amount of contact youth had with their mothers was roughly “*once or twice a month*.” Fathers had significantly less contact with youth than mothers, with contact averaging “*less than once a month*.” It also is noteworthy that despite federal policies to reduce the length of time a child spends in out-of-home care, on average, youth in this sample spent 789.32 cumulative days, or more than 2 years, in out-of-home care. Given that more frequent contact with mothers predicted less time in care, these findings are important and support policy initiatives aimed to promote family connections.

In contrast to study findings linking more frequent contact with mothers and the length of time a youth spent in out-of-home care, contact with fathers was not significant. There are several possible explanations for this. First, most youth had limited contact (i.e., less than once a month) with their fathers. Given that best-practice guidelines suggest weekly

visitation whenever safely possible (National Family Preservation Network, 2012), it is possible that too few youths had enough contact to realize permanency gains. Another explanation could be related to the notion that fathers are often overlooked or even discounted by the foster care system and practices (Brown et al., 2009). For instance, one study that examined a random sample of child welfare case files found that almost half of the fathers were characterized as “irrelevant” (Strega et al., 2008). Thus, fathers may not have been included in case plan activities. Future research is needed to determine if youth with more consistent contact with fathers demonstrate similar permanency gains as those with regular contact with their mothers using a sample of youth who visit with their fathers more frequently than less than once a month.

Consistent with some previous research (e.g., Becker et al., 2007), findings also indicated that older youth and Black youth experienced more cumulative days in out-of-home care as compared to their younger or White peers. Moreover, the link between more frequent contact and less time in out-of-home care was stronger for Hispanic youth and their biological mothers compared to non-Hispanic youth, and Black youth and their biological fathers compared to White youth. Given that children of color are overrepresented in the child welfare care system (Fluke et al., 2010), these findings are particularly noteworthy. Indeed, past research suggests that youth of color in foster care may experience greater benefits from contact with biological parents (Oysterman & Benbenishty, 1992). Although cultural factors are not often included in foster care research and policy, scholars suggest that contact with one’s biological family may be even more helpful for Black youth in preserving their family ties and heritage, helping them respond to instances of racism, and facilitating their racial and ethnic socialization (Brown et al., 2002; Rubin et al., 2008). More research is needed to determine interactive effects of youths’ contact with their biological parents and ethnicity, race, and cultural factors.

The benefits of more frequent contact extend beyond length of time in out-of-home care. More frequent contact with both mothers and fathers was associated with lower mental health symptoms. This, too, is a key finding because most research on contact and mental health outcomes is cross-sectional (e.g., Cantos et al., 1997; McWey & Cui, 2018). Moreover, caseworkers and foster parents commonly worry that visitation causes youth emotional and behavioral symptoms (Moyers et al., 2006). However, an application of attachment theory can help provide insight into youths’ behaviors immediately following biological parent contact. A child who emotionally or behaviorally acts out during or immediately after a visit may be demonstrating attachment responses and their reaction, although potentially challenging to manage, may be more of a response to their current context of family separation than a sign of mental health problems. Even though the magnitudes of these effects were reduced after taking into account the series of covariates, the implications of the effects remain important. As such, it may be useful to provide psychoeducation to caseworkers and foster and biological parents about how children may react during and at the end of contact with their biological parents to help them understand differences between attachment responses, separation anxiety, and mental health concerns.

Of note, other family connections also were important. Youth placed with at least one of their siblings demonstrated lower mental health symptoms. The Fostering Connections to

Success and Increasing Adoptions Act (P.L. 110–35) requires that “reasonable efforts” be taken to place siblings together when removed from the home. Despite this federal initiative, many siblings are placed separately for a variety of reasons (Herrick & Piccus, 2005). This is unfortunate because research suggests that being placed with siblings or maintaining sibling connections if not placed together buffer against youth mental health concerns (Akin et al., 2011; Wojciak et al., 2013). Lower mental health symptoms also were exhibited by youth in kinship placements compared to youth in traditional foster care or group placement settings. Past research supports this finding as well (e.g., Child Welfare Information Gateway, 2018; Holtan et al., 2005). These results contribute to the growing evidence on the importance of maintaining family connections for youth in out-of-home care.

Research suggests that many caseworkers know the importance of early intervention, but they also cited important barriers to meeting the mental health needs of youth involved with the child welfare system (Hoffman et al., 2016). These barriers included a lack of clarity about whose role it is to assess for child mental health concerns, and the need for more information about mental health, availability of services, and how to access such services. As such, it may be beneficial to provide more supports and in-service trainings to caseworkers. As an example, an attachment clinic was developed in Canada that consults with caseworkers to assist them in applying concepts of attachment to visitation and placement decisions (Gauthier et al., 2004). Offering supports and trainings to caseworkers may help match caseworkers’ desire to increase their knowledge and skills and improve child outcomes (Gopalan et al., 2019).

Limitations

Despite the strengths of this study, as with all research, there are limitations. Although the study revealed interesting findings in terms of the type of maltreatment experienced, the maltreatment measure did not capture the perpetrator of that abuse. Thus, though youth who experienced sexual abuse compared to youth who experienced neglect demonstrated more mental health problems when they had more frequent visits with fathers, we do not know the perpetrator of that abuse. Because of that, we refrain from drawing conclusions about that finding beyond suggesting that more research is needed to better understand those effects on children. Because of the age of those who completed the measures of interest for this study, the sample was restricted to youth ages 6 to 17 years at wave 1. As such, findings cannot be generalized to younger children. Future research should test if there are differences in outcomes across key child developmental periods.

In addition, contact with biological parents may take many forms and this study lacked the data to be able to distinguish differences in type of contact. Future researchers should examine, for example, if unsupervised contact yields different outcomes than supervised contact. Does Zoom or FaceTime, for example, product similar gains to in-person contact? Relatedly, the greater degree of missingness in contact with biological fathers raises caution in the interpretation and generalization of the father-specific results. Moreover, although we tested different placement types at wave 1, these placement types may change over time. This study did not assess changes in placement because the moderate sample size in this study did not allow us to achieve the expected statistical power when including

these variables as time-varying and potential interaction effects. In terms of mental health outcomes and consistent with past research (e.g., Petrenko et al., 2012), we used externalizing and internalizing symptoms broadly (rather than examining subscale scores). It may be useful to determine if there are differences in subscale scores in future research. Finally, we wanted to take advantage of the longitudinal data, however, because youth left foster care at different waves and potentially due to different reasons (e.g., emancipation), we could not conduct growth curve analyses. Instead, we attempted to capture fluidity by averaging a youth's frequency of contact across the waves in which they were in foster care. This enabled us to examine all youth (i.e., youth who exited at waves 1, 2, and 3) rather than a limited sample of youth with data across all three waves, however, longitudinal modeling would strengthen this body of research.

As past researchers have noted, it is likely that parent related factors also contribute to frequency and quality of contact (Sen & Broadhurst, 2011). Therefore, increasing contact alone may not be sufficient to reduce the amount of time a child spends in out-of-home care. Future research could build upon these findings by testing parent characteristics associated with reunification. Moreover, this study does not allow for conclusions about causation and alternate inferences could be made. For instance, it is plausible that youth with better mental health are perceived as more rewarding for parents to visit and consequently are visited more frequently. As such, it is important to note that regular contact may be an important but not sufficient factor in youth successfully leaving foster care. More research in this area is needed. In addition, it is noteworthy that findings about placement type and number of days in out-of-home care were not significant. This differs with past research (e.g., Akin et al., 2011). Because we tested a number of covariates, it is possible that the study was underpowered. It would be important to test these associations again with a larger sample before drawing conclusions about that finding.

Conclusion

In sum, this study took advantage of U.S. nationally representative, longitudinal data to demonstrate that more frequent contact with biological mothers predicted shorter lengths of time in foster care, and that more contact with both mothers and fathers was associated with lower youth mental health symptoms. Particularly because of federal policies aimed to reduce the length of time a child spends in foster care, it is important to document factors, such as contact, that can help achieve that aim. It is noteworthy, however, that our country's most recent (2015–2018) CFSR results indicated a national lack of conformity with maintaining continuity of family relationships and connections for children in foster care. This disconnect may be due to (a) a lack of specificity at the federal level about what sufficient contact means and how that should be carried out, and (b) funding to support visitation efforts (e.g., fiscal support for supervised visitation centers, child transportation to and from visits). If child permanency and maintaining family connections remain a national priority, more is needed to support biological parent-child contact at the state and county levels.

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Highlights

- More frequent contact with biological mothers was associated with fewer cumulative days in out-of-home care.
- Older child age was related to longer stays in out-of-home care
- Black youth experienced more cumulative days in foster care compared to white youth.
- More frequent contact with both mothers and fathers was associated with lower mental health symptoms.

Table 1

Descriptive Information on Study Variables

Variables (N)	M or n	S.D.	Min.	Max.
Contact Frequency				
With Biological Mother (214)	3.32	1.52	1	6
With Biological Father (181)	2.29	1.52	1	6
Youth Outcomes (247)				
Length of Stay (in Days)	789.32	354.57	51	1,547
Mental Health Problems	40.95	12.13	0	107.67
Demographics				
Gender (247)				
Male	133			
Female	114			
Age (247)	9.78	2.67	6	15
Race (237)				
White (Reference)	95			
Black	100			
Other	42			
Ethnicity (225)				
Hispanic	70			
Non-Hispanic	155			
Types of Maltreatment (207)				
Neglect (Reference)	76			
Physical Abuse	63			
Sexual Abuse	32			
Other	36			
Sibling Placement (203)				
Sibling Separated	67			
Co-Placement or No Sibling	136			
Placement Types (211)				
Foster Home (Reference)	101			
Kinship Home	82			
Group Home	28			

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Table 2.

Regressions of Length of Stay on Contact with Biological Parents (N = 247)

Length of Stay in Foster Care	<i>Model 1</i> <i>b</i>	<i>Model 2</i> <i>b</i>	<i>Model 3</i> <i>b</i>
Contact Frequency			
Biological Mother	-.31 **	-.31 **	-.33 **
Biological Father	-.09	-.08	.15
Covariates			
Gender		.01	.00
Age		.16 **	.16 **
Black		.11	.50 **
Other Race		.06	.23
Hispanic		-.05	.42 **
Physical Abuse		-.11	-.54 **
Sexual Abuse		-.01	-.01
Other Abuse		.01	-.16
Sibling Placement		-.06	-.00
Kinship Home		.06	.02
Group Home		.04	.04
Interactions			
Mother Contact x Hispanic			-.52 **
Mother Contact x Physical Abuse			.46 **
Mother Contact x Sexual Abuse			-.00
Mother Contact x Other Abuse			.16
Father Contact x Black			-.45 **
Father Contact x Other Race			-.22
R ²	11%	18%	28%

Note.

For race, white is the reference group. For abuse, neglect is the reference group. For placement types, foster home is the reference group.

* $p < .05$

** $p < .01$.

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Table 3.

Regressions of Mental Health Problems on Contact with Biological Parents (N = 247)

Mental Health Outcomes	<i>Model 1</i> <i>b</i>	<i>Model 2</i> <i>b</i>	<i>Model 3</i> <i>b</i>
Contact Frequency			
Biological Mother	-.16**	-.09	-.03
Biological Father	-.17**	-.10	-.19*
Covariates			
Gender		-.08	-.11
Age		-.09	-.10*
Black		.01	-.05
Other Race		.00	-.03
Hispanic		-.05	-.09
Physical Abuse		-.02	-.11
Sexual Abuse		.07	.12
Other Abuse		.02	.33
Sibling Placement		-.12	-.16*
Kinship Home		-.15*	-.15*
Group Home		.01	.00
Interactions			
Mother Contact x Physical Abuse			.09
Mother Contact x Sexual Abuse			-.47**
Mother Contact x Other Abuse			-.14
Father Contact x Physical Abuse			.03
Father Contact x Sexual Abuse			.43**
Father Contact x Other Abuse			-.22
R ²	6%	11%	21%

Note.

For race, White is the reference group. For abuse, neglect is the reference group. For placement types, foster home is the reference group.

* $p < .05$

** $p < .01$.

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