



**PARTNERING WITH PARENTS
PROMISING APPROACHES TO IMPROVE REUNIFICATION OUTCOMES FOR CHILDREN IN FOSTER
CARE**

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July, 2009

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This project was supported by a grant from the Contra Costa County Employment and Human Services Department and the Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Thanks to David Androff, Krista Drescher-Burke, Anna Geer, Japera Moses, and Sarah Taylor for their contributions to this study, and to the staff and families associated with the Child and Family Services Division in Contra Costa County who so thoughtfully offered their perspectives, and shared their experiences.

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Table of Contents

1. Background to the Peer Support Model in Child Welfare
2. Program Design, Goals & Objectives
3. The California Context
4. Fidelity to the Model and Parent Satisfaction
5. What are the Experiences of Parents who receive Parent Partner services?
6. Parent Partner Staff Experiences
7. How is this Program Perceived by Allied Professionals?
8. Do Parent Partners Contribute to Positive Child Welfare Outcomes?
9. Discussion
10. References

EXECUTIVE SUMMARY

The Parent Partner program is one of a number of recent innovations in child welfare that draws upon the strengths of families and engages family and community members in program planning. As a departure from previous initiatives, the Parent Partner program seeks to enlist as staff, mothers and fathers who have experienced child removal, services, and reunification. These individuals are trained and supported to provide direct services to parent clients seeking reunification with their children. The program design in Contra Costa County encourages Parent Partners to serve as mentors, guides, and advocates for current parent clients. Parent Partners can be flexible in the roles they play and in responding to a range of needs parent clients might

present. The principal goal of their work, however, is to help parent clients gain awareness of their rights and responsibilities, and to assist parents toward reunification with their children. Because of their unique experience as former clients of the child welfare system, Parent Partners offer a perspective to parent clients that differs from that of social workers and other allied professionals. As one staff member indicated, “The message is the gift of hope: If I can do it, you can do it, too.”

When parents are separated from their children, courts usually require evidence of significant change in parents before recommendations to reunify are offered. The path to facilitate parental change is assumed to occur via the parent’s engagement in services including parenting education, drug and alcohol treatment, mental health counseling, or other supports. In fact, according to Smith (2001), parental compliance with services is one of the most important predictors of reunification. Yet little is known about the factors that help parents engage in services. Acting largely as brokers of services, social workers attempt to offer referrals to services; sometimes time permits social workers to actively assist parents in connecting to services. But there is an acknowledged social distance between the social worker and the parent client. Differences of class, education, parenting status, or prior contact with the child welfare system may contribute to parent clients’ feelings of isolation and helplessness as they face a steep set of externally imposed requirements.

Parent Partners, selected because of the successes they have experienced in overcoming significant obstacles, in changing patterns of personal behavior that diminished their parenting skills, and in acknowledging the role of child welfare in motivating them to re-prioritize their family, are viewed as important allies in the Contra Costa County Child and Family Service Agency. Because of their shared experience with the child welfare system, Parent Partners may be uniquely positioned to reach out to parent clients, gain their trust, and help them access services and negotiate the complicated child welfare bureaucracy.

The purpose of this two-part research project is to: (1) describe the Parent Partner Program by identifying components of the program that are beneficial to parent clients and affiliated professionals; and (2) to understand the relationship between the Parent Partner intervention and reunification outcomes.

METHODS

Process Study

- Six 90-minute focus groups were conducted with parent clients who worked with a Parent Partner while making efforts toward reunification. In total, there were 25 parents who participated in the focus groups, including 21 women and 4 men. One focus group was conducted in Spanish with Spanish-speaking clients. Focus groups were audio-recorded and transcribed for data collection.

- Telephone interviews were conducted with 20 “key informants” with whom Parent Partners interact in their work. These included professionals such as social workers, court staff, mental health, and substance abuse professionals.
- In-person interviews were conducted with five Parent Partners to understand the nature of their experience providing services to child welfare clients.
- 96 client satisfaction surveys were received from parents who utilized the services of a Parent Partner.

Outcome Study

- The outcome study included data from two groups of children. The experimental group included 236 children whose parents were served by Contra Costa County during the time period July 2005 – March 2008, and who worked with a Parent Partner following removal of their child. The matched comparison group included 55 children whose parents were served by Contra Costa County in 2004, before the Parent Partner program was established. In the case of sibling groups, one child from each family was selected at random for inclusion in the study. The groups were matched based on ethnicity, case intervention reason, substance use, child age, and child gender. Cases were examined 12 months following case opening to determine reunification status.

FINDINGS

- The parent client survey validated that the Parent Partner program was implemented with high fidelity to its intended objectives. Responses to the surveys indicated an exceptionally high degree of satisfaction with the services received. Clients felt supported and informed about their experience with the child welfare agency, and empowered to take control of their circumstances and make needed changes in their lives. They believed that their experience with their Parent Partner gave them a voice in decision making, and helped to support their relationship with their children.
- Parent clients participating in focus groups described the services offered through the Parent Partner program as beneficial and necessary. Their responses clustered into three main areas of importance: the value of shared experiences, communication, and support.
 - Shared experience: Parents participating in focus groups indicated that their Parent Partners are capable of helping, because they’ve “been there” and can fully understand and appreciate the parents’ experiences of child removal. Parents articulated the difference between a Parent Partner and a social worker: *“The parent partner is still more ... they’re on your level and they’ve experienced what they have experienced; they went through what you went through. And the CPS workers haven’t went through it; they just went through the school. Most of the CPS workers are just school smart—they’re not experienced and went through it.”* Parents described their Parent Partner as offering encouragement, trust, and hope, compelling them to believe in themselves and in their ultimate success.

- Communication: Parents spoke of the availability of their Parent Partner, often accessible during nights and weekends. Parent Partners were also admired for their plain talk, absent jargon and legal terminology; they were described as frequently in contact with parents, serving to encourage them in meeting their goals, and also in contact with other professionals and foster parents, acting as a kind of bridge and a role model for their own actions.
 - Support: Parents indicated that the key intervention offered by Parent Partners was that of support, including emotional support, material support, support in developing self-reliance, and support regarding substance abuse.
- Interviews with Parent Partners indicated that the program not only had important effects for parent clients, but that the opportunity to serve as a Parent Partner was personally redemptive as well. All of the Parent Partners indicated that they continue to learn new strategies for parenting their own children thoughtfully, that they have grown in confidence through their work, and that their understanding of who they are and what they can achieve is regularly fortified through their role as a Parent Partner.
- Allied professionals were very positive about the value of this program, attesting to the promise of Parent Partners for inspiring behavioral change in birth parents, for reducing parents' anxiety, and increasing parents' understanding of the child welfare system.
- Results from the outcome study indicate that reunification may be more likely for children whose parents were served by Parent Partners. Specifically, approximately 60% of children with a Parent Partner reunified with their parents within 12 months of removal, compared to 26% of children whose parents were not served.

CONCLUSIONS AND IMPLICATIONS

Parent clients involved with the child welfare system are often isolated in their solitary experience. Friends and family may not be available to provide support and parents are often unaware of others who may be experiencing a similar plight. Programs that encourage birth parents to share their common experiences may facilitate the process of change and inspire hope. Findings from this study suggest that the Parent Partner model may hold promise as a child welfare intervention designed to support reunification. The principles upon which it stands – partnership, family engagement, joint decision making, and empowerment to change – indicate an important paradigm shift for child welfare. Findings from the outcome study may suggest the potential for Parent Partners to assist families in their efforts to reunify with their children. Although additional research is clearly warranted, it appears that efforts such as the Parent Partner program in Contra Costa County may be an important resource for child welfare agencies in their efforts to engage families and promote reunification.

CHAPTER 1
PEER SUPPORT IN CHILD WELFARE

“You have an attorney. You have a social worker. And then there’s a judge. There’s all these people against you. They’re all sitting over here, and you’re this little lone person sitting over here by yourself, and they’re telling you all this stuff that you’ve been doing wrong. [Your Parent Partner is] like that star, like that light in a bunch of blackness that you’re like-oh, god; somebody that will help me. [She’s] here for you.”

- Parent client

Parents of children in foster care face a relatively brief time frame within which to successfully demonstrate progress in their efforts to reunify. This progress includes engagement in a case plan, involvement in services, and visitation with children; efforts that are emotionally and practically challenging for many parent clients. Although a number of case and service characteristics associated with successful reunification have been identified (e.g., Child Welfare League of America, 2002; Westat, 1995), relatively little attention has been focused on the nature of parent clients’ change processes and their related service needs.

A number of authors have chronicled the intense emotions precipitated by child removal. Although dated, Jenkins (1969) found that parent clients most frequently reported feelings of sadness, worry, and nervousness. Other common feelings included emptiness, anger, bitterness, thankfulness, and relief for some parents; guilt and shame for some; and numbness or a feeling of being paralyzed for still others (Jenkins, 1969). Feelings of isolation are often reported (Levin, 1992), especially if parents decide to make changes for reunification with their children that involve severing ties with friends and/or family (Maluccio, Warsh, & Pine, 1993). A sense of powerlessness is also common, arising from parent clients’ feelings of being controlled by the child welfare system and without influence in decision-making regarding their children (Levin,

1992; Maluccio et al., 1986). Another emotional reaction parent clients often experience is a decrease in self-esteem (Levin, 1992; Maluccio et al., 1986). Parents may also feel ambivalence about their parenting role (Bicknell-Hentges, 1995; Hess & Folaron, 1991; Maluccio et al., 1986); feelings that may be indicated by expression of “conflicting feelings about parenting, about a particular child, and/or about a child’s return home or by a pattern of behaviors that is inconsistent with the parents’ stated interest in the child’s return” (Hess & Folaron, 1991, p.407).

Given these emotional states, the research literature indicates that parent clients have special needs that, if met, can allow for sustained positive change. Many parents express a need for support that may come from engagement with professionals (Hoffman & Rosenheck, 2001) or from friends and family (Marcenko & Striepe, 1997; Smith, 2002). Gaining a sense of control is also necessary for parents to feel empowered to make changes in their personal lives (Jackson & Dunne, 1981; Maluccio et al., 1986). Self-confidence has been described as a shared characteristic among parents who have successfully reunified with their children (Marcenko & Striepe, 1997). And the parent’s own psychological and emotional difficulties may need to be addressed before changes in parenting and in relationships with children can change (Jackson & Dunne, 1981; Maluccio et al., 1986). Child welfare workers who can acknowledge and normalize feelings of ambivalence may also help parents sort through their emotions in order to determine the best course for the child, be it reunification or alternative placement plans (Bicknell-Hentges, 1995; Hess & Folaron, 1991; Maluccio et al., 1986;).

The common theme across studies suggests that support – either from peers or professionals – can help parents navigate the emotional mine fields of the reunification process and inspire behavioral and lifestyle change. Interventions based on peer support are gaining prominence in child welfare (Budde & Schene, 2004; Corcoran, 2000). Such models may

involve dyads of parents, in a “buddy” or “mentor” relationship. Alternatively, a number of parents may be assembled in a support group. The goal of peer support is to build relationships of reciprocity and mutual assistance that ultimately reduce feelings of social isolation, loneliness, and stigma (Budde & Schene, 2004). Strategies based on peer support are a notable part of several national child welfare efforts, including Annie E. Casey’s Family to Family Program, Casey Family Program’s Powerful Families, and Parents Anonymous. Encouraging parents to support one another is part of an overall movement to engage natural helpers in child protection.

Exploratory research suggests that at least some child-welfare involved families may be receptive to informal social support interventions. A qualitative study involving semi-structured interviews with a convenience sample of 61 Canadian child welfare-involved families and analyzed with a grounded theory approach found that many parents (52%) expressed a need for more help than was received from child protective services. Specifically, families reported that CPS provided assistance in connecting to formal services, but none with informal sources of support. With a modest sample size and saturation of themes, the authors note that transferability of findings is increased, though sampling by convenience is a limitation. The authors suggest that CPS workers evaluate their clients’ social network and help to create connections with the community when social supports are low (Manji, Maiter & Palmer, 2005).

Only a handful of outcome studies have been conducted on interventions that utilize peer support for child welfare-involved families. One of the earliest such studies was an evaluation of Parents Anonymous (Lieber & Baker, 1977). Founded by two parents and a volunteer therapist, Parents Anonymous (PA) runs support groups for maltreating parents. The goal is to offer mutual support and to share information on parenting. Findings from a program evaluation are promising, although the pre-experimental design and reliance on self-report indicate further

study is clearly warranted. Questionnaires focused on changes associated with program participation in the domains of emotions, knowledge, social support, and abusive behavior were mailed to all identified PA chapters, with the request that they be completed by all members. Thirty-five percent of PA chapters had all members complete and return questionnaires (n=613), a sample which the authors regard as representative of the population participating in PA services. There appeared to be an immediate program effect on self-described abusive behavior, which was reduced dramatically by one month of participation and remained at low levels. Feelings about children and parenting appeared to be unaffected by program participation.

Peer support was also the basis of the Parent Mutual Aid Organizations (PMAO) studied by Cameron and Birnie-Lefcovich (2002). A three-year pilot program, PMAO offered a broad array of program activities and experiences to parents with open child welfare cases at three sites in southern Ontario, Canada, focused principally on social support development. Outcomes for all members of the PMAO and a demographically similar comparison group of open child protection cases selected randomly were assessed at three points in time post intervention. The authors found that PMAO members utilized out-of-home care one-half to one-third as frequently as families in the comparison group, were much less likely to have contact with child welfare professionals, in general, and were much more likely to engage in positive social contacts. PMAO members also reported significant improvements in perceived social support, self-esteem, and stress, although parental attitudes showed only a marginally statistically significant improvement (Cameron & Birnie-Lefcovich, 2000).

Gaudin and his colleagues (1990) reported on outcomes for a social network demonstration project aimed specifically at neglectful families, which included peer support as one component. Verified neglect cases in a particular geographic area were identified by Georgia

county Child Protective Services then randomly assigned to the experimental or control condition. Exclusion criteria included families with evidence of sexual abuse at the time of assessment and families known to be hostile and non-cooperative with the agency (due to the voluntary nature of the intervention). In the first year of the two-year study, 36 families received the experimental intervention and 25 families received the usual case management services. Of this sample, 11 experimental and 9 control cases were lost due to relocation outside the county or removal of children. In the second year, 16 experimental and 11 control cases were added. The sampling strategy, as well as these changes and additions to the sample, have implications for validity and reliability of findings.

The Social Network Intervention Program (SNIP) consisted of a five-step process in addition to regular case management activities: assessment of social network, assessment of psychosocial functioning, identification of barriers to the development of a supportive network, setting concrete and network goals, and various social network interventions designed to enhance parents' positive social networks, including mutual aid groups. Although the sample size was small and findings should be viewed with caution, results were positive for those participating in SNIP. Experimental families demonstrated significant improvement on three measures of parenting after twelve months of intervention, while the control group did not. Reported networks of experimental families expanded by 47% over twelve months, while those of the control families remained essentially the same. Both groups reported statistically significant increases in the perceived support from personal networks, but the changes were much greater for experimental families. And by the conclusion of services, 20 experimental families had improved parenting to the point that their child welfare case was closed, while the same was true of only 4 of the control group families. The researchers note that while the intervention may be

promising, SNIP workers expressed concern that over 64% of experimental families were likely to maltreat again in stressful circumstances.

For evidence on the efficacy of peer support models, child welfare can look to the fields of mental health, health, and substance abuse treatment, where consumer participation in treatment has a more established history. In a review of the history and empirical evidence regarding peer support in mental health interventions, Davidson et al. (1999) conclude that while more research is needed, such interventions may aid treatment by decreasing stigma and increasing access to role models, ultimately promoting social integration and quality of life. From a metasynthesis of qualitative and linguistic studies in the field of health, Finfgeld-Connett (2005) determined that the literature on social support interventions supports improvement in mental, though not physical health, through enhancing feelings of competence, empowerment, and reassurance, and decreasing a sense of fear and distress. In general, persons of a similar context and background are preferred for social support, and professionals are looked to only when such support is unavailable (Finfgeld-Connett, 2005). A cross-disciplinary metaanalysis of interventions to improve social support found that peer support models produced improvements in general well-being or specific symptomology in five of the six studies reviewed and in peer support in the four studies in which it was measured, though the authors caution that none of the designs involved randomization or control groups (Hogan, Linden & Najarian, 2002). And in a review of two dozen studies of Alcoholics Anonymous (AA), Groh, Jason, and Keys (2008) determined that the social support offered through AA was used as an important mechanism toward promoting sobriety.

Peer Support and Reunification

Under one of the federal Title IV-E Waiver demonstration projects the state of Illinois experimented with a model of intensive case management using “recovery coaches.” Coaches played a variety of roles and assisted child welfare clients with a range of services including assessment, advocacy, service planning, and case management, toward the goals of increasing access to substance abuse services, improving treatment outcomes, and increasing family reunification rates (Ryan, Marsh, Testa, & Louderman, 2006). The recovery coaches helped parents access benefits, worked in the parents’ communities, and conducted home visits along with the child welfare workers and the treatment agency staff. Parents who were assigned a recovery coach were more likely to engage in substance abuse services, and they were more likely to access services more quickly than parents in the control group. Parents in the experimental group were more likely to achieve family reunification, although rates of reunification for both treatment and control groups were exceptionally low (< 20%) given their significant substance abuse involvement (Ryan et al., 2006).

In Cuyahoga County, Ohio, the START program (Sobriety Treatment and Recovery Teams) relies heavily on “family advocates,” who have themselves been in recovery for at least 3 years and continue to be involved in a 12-step program. The advocates are meant to be role models for their clients (Annie E. Casey Foundation, 2002). START’s goal is to ensure that the parent engages in treatment quickly; family advocates accompany the parent to her first few appointments to help ensure early engagement (Young & Gardner, 2002). While the program appears promising in design, studies of its effectiveness have not yet been conducted.

The Family Engagement Program in Massachusetts also utilizes professionals and peer mentors to engage parents in substance abuse treatment. Workers link the family to needed

services, including concrete services such as transportation and childcare to support engagement in substance abuse treatment. Clients are also encouraged to become involved in support groups that are co-facilitated by peers who have “walked in the same shoes” (Substance Abuse and Mental Health Administration & National Center for Substance Abuse and Child Welfare, 2006). The People Helping People (PHP) project in Washington State uses mentors/coaches as well as “natural helpers,” who live in the community, who offer advice, and who model behavior for others in the neighborhood. These helpers provide support to the child welfare-involved parents on a day-to-day basis throughout their involvement with People Helping People, and, as the case progresses, responsibility for supporting the family is transferred to family friends, informal supports, and family support centers that exist in the community (Annie E. Casey Foundation, 2001). Again, while promising, the program has not been rigorously evaluated.

Closer to home, the Mendocino County Family Services Center (MCFSC) was designed with significant input from child welfare-involved clients and includes involvement in an 8-session Intake group composed of newly-involved child welfare clients and a professional group facilitator. The purpose of the Intake group is to encourage parents to serve as natural supports to one another, so that they can more rapidly and more effectively engage in services and move toward reunification. Following the Intake group, parents are offered an opportunity to remain engaged with one another in an Empowerment Group also designed to provide ongoing support throughout the life of the child welfare case and – potentially – beyond (Frame, Conley, & Berrick, 2006). Qualitative data suggest the importance of this program to parents, but outcomes data on the program’s effects are not currently available.

Although the number and range of approaches developing across the country is large, few empirical studies except for the Waiver demonstration in Illinois have used sufficiently rigorous

research methods to begin to determine the effectiveness of these approaches. Importantly, most of the descriptive studies conducted to date have examined proximal outcomes such as engagement in services. Distal, yet significant outcomes such as reunification have been less frequently examined. But reunification is a critical feature if we hope to impact permanency outcomes for children.

Child and Family Characteristics Related to Reunification Outcomes for Families

Remarkably, federal, state, and local governments combined, spend over \$20 billion annually on the child welfare system (Bess & Scarcella, 2004). A large proportion of that effort is focused on helping parents and children reunite. Tens of thousands of social workers are engaged with families across the country in efforts to promote reunification between parents and children, but research tells us little about the effects of these service workers on families and their efforts to reunify.

Research in the past decade has informed the reunification discussion considerably as it has highlighted the characteristics of parents and children that are associated with reunification. While this information is important, it does not sufficiently inform child welfare practice to help determine whether more or less of one service or another can help to promote reunification.

But reunification is the norm. About half of children placed in out-of-home care reunify with their parents (Wulczyn, 1994). The large majority of those reunifications (about two-thirds) occur relatively shortly after a child enters care. With each year a child remains in care, however, the likelihood that he or she will ever return to his or her parents declines markedly (Goerge, 1990). Although some parents may reunify long after their children enter care, these patterns are less typical.

Not all children have equal odds of reunifying. Children entering care as infants or as teenagers are less likely to go home than children of other ages (Berrick et al., 1998; Connell et al., 2006; Courtney, 1994; Courtney & Wong, 1996; Smith, 2003; Wulczyn, 2004). Children of color (Berrick et al., 1998; Courtney, 1994; Courtney & Wong, 1996; Davis et al., 1996; McMurtry & Lie, 1992; Wells & Guo, 1999) are also less likely to return home (Harris & Courtney, 2003). Children who have suffered from neglect as opposed to abuse (Courtney, 1994; Courtney & Wong, 1996; Davis et al., 1996; Wells & Guo, 1999), and children with behavioral or emotional problems are less likely to reunify (Landsverk et al., 1996).

The characteristics and personal circumstances of parents also play a role in children's reunification patterns. Parents with substance abuse problems are less likely to see their children returned to them (Eamon, 2002; Rzepnicki, Schuerman & Johnson, 1997) and low income parents, parents suffering from material hardships (Courtney, 1994; Courtney & Wong, 1996; Eamon, 2002; Kortenkamp, Green & Stagner, 2004; Wells & Guo, 2003), and parents experiencing recent episodes of homelessness are less likely to reunify (Courtney, McMurtry & Zinn, 2005). Not surprisingly, parents whose children were previously removed to foster care are less likely to see their children return home (Fraser et al., 1996), as are children whose parents infrequently visit while they are in care (Davis et al., 1996; Leathers, 2002; Testa & Slack, 2002). Parents who make progress in resolving family problems in multiple domains are more likely to reunify with their children (Marsh et al., 2006).

While about half of children return to their parents, many reunifications fail. Estimates vary, but several studies indicate that upwards of 30% of children who reunify eventually return to foster care, yielding a net reunification rate of about 35% (Festinger, 1996; Frame, Berrick & Brodowski, 2000). Some reunifications could be predicted with better decision making.

According to one study, the most significant factor associated with reunification among drug-involved parents was parents' compliance with drug treatment – even though a substantial proportion of these compliant clients continued to use drugs, and many had not changed their parenting behaviors substantially (Smith, 2003). Another study found that among mothers reunifying with their infants, a significant proportion still struggled with issues of drug abuse, criminality, and housing instability at the point of reunification (Frame, Berrick & Brodowski, 2000) -- all factors contributing significantly to family fragility.

Some reunification decisions, therefore, may be inappropriate. Others may seem suitable at the time, but some families' circumstances may suggest greater vulnerability to re-entry. For example, families with infants and young children (Courtney, 2005; Fryer & Miyoshi, 1994) children from low-income (TANF-eligible) families, and children with health problems (Courtney, 1995; Miller, Fisher, Fetrow & 2006; Joes, 1998) are more likely to re-enter care. And some studies point to ethnicity as a factor: Some studies have found that African American children are more likely to re-enter care (Courtney, 1995; Shaw, 2006) and another suggested that Hispanic children are the least likely to re-enter (Terling, 1999). Other factors that appear to increase the chance of re-entry include: having previous child welfare referrals, multiple placements while in care, child neglect, the criminal history of the parent, social isolation, poor parenting skills, parental mental illness, negative relationships, and housing instability (Courtney, 1995; Davis et al., 1996; Festinger, 1994; Fuller, 2005; Jones, 1998; Terling, 1999). Re-entry is also most likely to occur for children who have been in care for the shortest period of time (Terling, 2006; Wulczyn, 1991; McDonald, Bryson & Poerter, 2006).

Because the literature on the effects of reunification services is sparse, studies focusing on the effects of peer support are an important contribution to the field. But as we wait for the

results of outcome studies, an examination of the theoretical literature suggests that peer support models may be valuable to child welfare parents.

Theories Relating to Peer Support

Theoretical literature analyzing the conceptual framework of peer support suggests that mutual support makes resources and structures available to its participants due to four characteristics (Davidson et al., 1999). First, shared experience can promote an individual's understanding of his or her own circumstances and through the development of a social network, reduce isolation. Thoits (1986) expresses a similar idea in the notion that similar backgrounds create a sense of "sameness" that permits openness to modeling from peers. Second, structured groups may permit the opportunity to assume new roles, allowing members to step out of the passive "patient" role and into other socially valued roles such as mentor and role model. Third, mutual support can create a specific behavioral setting that allows for the development of new skills, strategies, and self-awareness. Fourth, cognitive changes may also be facilitated by mutual support through exposure to new worldviews and ideologies (Davidson et al., 1999). Another concrete benefit of participation in peer support groups can be the opportunity to express distress in a safe environment. Expression of distress can help to alleviate painful emotions, especially when disclosure aids in resolution of the source of the problem, and can trigger concern and attempts at comfort from others, which through consistency and reciprocity can become empathetic relationships (Kennedy-Moore & Watson, 2001). Peer support is a complement, not necessarily a substitute for professional intervention. Helping families to build networks and develop relationship skills may promote the maintenance of gains from professional intervention (Rzepnicki, 1991).

Overall, the emerging literature on family involvement in services suggests that the following features of such approaches may facilitate client engagement in services: 1) providing a hopeful and positive presence; 2) communicating clearly and frequently; 3) sharing knowledge and experience of child welfare and/or substance abuse issues; 4) offering motivational peer support, linked to shared life experience; and 5) linking clients with concrete services, such as transportation, child care, and mental health.

Study Approach

Given that there is limited evidence related directly to the processes or outcomes of Parent Partners as well as similar programs, the current study focuses on two specific questions: 1) What are the characteristics of the Parent Partner program that are helpful to parent clients? and 2) Are child welfare clients who work with a Parent Partner more likely to reunify than similar parent clients who did not have the services of a Parent Partner? The first question is assessed with data generated from focus groups and individual interviews to explore the elements of the Parent Partner program that are identified as contributing to client success. The second question is analyzed by comparing similar child welfare parent clients, matched on a number of relevant variables.

CHAPTER 2

PROGRAM DESIGN, GOALS & OBJECTIVES

“She’s been like a steady rock. When we are in a difficult situation about this or that and we want to know what we can do, she orients us.”

- Parent client

The Parent Partner Program is an important component of Contra Costa County’s System of Care grant. Contra Costa County is California’s ninth largest county characterized by a highly diverse and growing population. The county is one of nine government and tribal authorities nationwide to be awarded a five-year grant from the Children’s Bureau entitled “Improving Child Welfare Outcomes through Systems of Care.” The focus of the grant is improving placement stability and permanency outcomes for children and youth.

Although the grant objectives are phrased in terms of child welfare outcomes, the grant was modeled after the system of care grants supported by the Substance Abuse and Mental Health Administration (SAMHSA). Titled “The Comprehensive Community Mental Health Services Program for Children and their Families,” grants were first authorized in 1992 to encourage the development of intensive community-based mental health services based on a multi-agency, multi-disciplinary approach involving the public and private sectors. Funds were made available to States, communities, Territories, and Indian tribes or tribal organizations to improve upon and expand previously developed infrastructure and to better provide the array of services necessary to fully meet the needs of the target population. A central tenet of the systems of care grants was that care should be family- and child-centered, and strengths-based. Families should also be partners in the planning, implementation and evaluation of the system of care. It was this tenet as well as the emphasis on natural and community supports that gave rise to parent and family advocacy—treating family members as equal participants in the treatment process

rather than as targets of the treatment and the development of parent advocacy as a professional endeavor. Parents and other family members found new roles as coaches, mentors, planners, and advocates for change.

Contra Costa County was one of SAMHSA's grant recipients. The county used the infrastructure development funds to establish a parent advocacy and mentoring structure, multi-agency and community advisory councils and a continuum of care. When the county was awarded the new Children's Bureau grant, these same organizational structures continued to provide the planning and advisory roles, though modified to meet the needs of child welfare families whose children might not otherwise have been eligible immediately for intensive mental health services.

The county used the new grant as one impetus to hire and train a Parent Partner Coordinator and six Parent Partners. The county's previous experience with parent mentoring was very important in planning the new program and in training new staff. Other factors were also at play in the development of the Parent Partner initiative. The county was ripe for change with administrators enthusiastic about embracing new models of service. The state of California had recently undergone its first federal review as part of the ASFA-mandated Child and Family Service Review (CFSR) and had undertaken a 3-year planning process to "Re-design" child welfare services resulting in renewed emphases on placement prevention and permanency services. At the county level, Contra Costa child welfare staff and administrators had participated in its own System Improvement Plan (SIP) as stipulated by AB 636, an outcomes-oriented approach to child welfare services required by state legislation. The county was also engaged with the Annie E. Casey Foundation in developing its Family to Family initiative, placing a heavy emphasis on community-based and family-focused services.

Conversations with Contra Costa County administrators suggest that the Parent Partner program offered an exciting new approach to work with child welfare clients. The Program Coordinator was deeply familiar with child welfare services, having worked in the field for over two decades. But her recent relocation to California and to Contra Costa County's structure and history allowed her to try new strategies using a fresh approach. Although the systems of care literature was helpful to understand parent-focused services, the model was not readily transferrable given that mental health services are typically offered on a voluntary, rather than involuntary basis. Therefore, the Program Coordinator turned to the business literature (e.g., Jones, 2001) to better understand client needs and perspectives.

Program administrators had the time to be thoughtful and methodical about program design, given that their Children's Bureau-funded Systems of Care grant was offered to develop program infrastructure, more than direct services. During their initial planning, administrators examined some of the standard perspectives that dominate child welfare and tried to determine whether they were based on fact or tradition. For example, traditional child welfare services require parent clients to remain with their social worker, regardless of their "match." Administrators determined that in the Parent Partner program, parents would be given choices to work with their Parent Partner as long as the Parent Partner was meeting her needs. Calling this approach a "no-fault match," parent clients would be able to voluntarily terminate their relationship with their Parent Partner, or choose to work with a different Parent Partner at will.

Other traditional child welfare perspectives relegated fathers to a default position, following a failed reunification with the birth mother. Again, questioning whether this perspective on fathers readily served the needs of children and other family members, program

administrators determined that fathers should be brought in for services and asked about their needs early on in the case.

The traditional model of child welfare services also included a range of services offered to parents during times of extreme crisis. But as traditional child welfare clients improved their circumstances and, ultimately, when they reunified with their children, services were withdrawn. In a new model of services using Parent Partners, services could remain available well after a case was officially “closed” by the child welfare agency. If parents made contact again, they would not be denied services, nor put on a waiting list. In the Parent Partner program, all families who request assistance are supported with the resources available.

But the services made available to families are not professionally-driven, as in traditional child welfare services. Instead, in the Parent Partner model, parents are encouraged to do for themselves what they can, and to develop informal networks of helpers who they can rely on after their formal relationship with the child welfare agency has ended. So, prior to closing a case in the Parent Partner program, parents must have identified at least 3 unpaid individuals from their community who can provide support.

As a community-based program, Parent Partners are, themselves, selected from the communities in which child welfare clients live, and continue to live among their client families. Thus, when parent clients board a bus, go to the store or to church, they are likely to encounter their Parent Partner, having the effect of normalizing their child welfare experience, giving the Parent Partner greater credibility with the parent clients, and giving the parent client a regular reminder of hope and change.

The program is relationship-based, relying upon human connections of support, trust, and communication. Parent Partners do not keep notes, they do not write reports, and they are not

driven by deadlines or data tracking. This freedom from bureaucratic confines gives Parent Partners the time to devote singularly to their parent clients; any paperwork that is collected as part of the program is completed by the Program Coordinator.

Goals of the Program

The Parent Partner program is designed to address some of the many barriers parents face as they attempt to work toward reunification with their children. Specifically, it is designed to respond to the intrapersonal barriers, collaborative challenges, and social isolation parent clients may face when they first encounter the child welfare system. For example, though Parent Partners cannot provide therapeutic treatment to parent clients, their similarity to the clients, and the fact that they have successfully navigated the system, may offer hope to clients that reunification and recovery are achievable goals (Cohen & Canan, 2006). Some evidence suggests that clients feel more motivated and hopeful even after viewing a video of former child welfare clients who have entered recovery and have reunited with their children (Young & Gardner, 2002), indicating that frequent interaction with someone who has herself successfully navigated the system could be a powerful factor in overcoming motivational challenges.

Parent Partners may help to address collaborative challenges between child welfare and substance abuse or other treatment systems, also due to their shared experiences. Because Parent Partners often have themselves been through treatment programs in the communities from which child welfare clients originate, they may be able to provide important bridges between multiple systems, helping parents by facilitating the referral and enrollment process (J. Knittel, personal communication, October 3, 2007).

Perhaps most significantly, Parent Partners help clients overcome their social isolation by encouraging the development of positive, supportive relationships. Because the Parent Partner

program works to improve social networks, it affects both the social “structure” and enabling resources (Anderson, 1995) urgently needed by many child welfare clients.

Although one measure of the program’s ultimate success is parents’ safe reunification with their children, more proximal goals may also be achieved. Specifically, Parent Partners work to ensure that parents are informed consumers, fully understanding what is expected of them by the child welfare system, what services are available to them, and the consequences of their actions or inaction.

Parent Clients

The Parent Partner Program targets parent clients at the beginning of their involvement with the child welfare system. Often, the first contact with Parent Partners occurs at the detention hearing. When a hearing is scheduled, the Parent Partner Coordinator receives fax containing information about the family’s circumstances. She provides this information to her Parent Partner, and the Parent Partner attempts to make contact with the parent client in the court room, offering information and support. According to Parent Partner staff, most parent clients accept services right away.

Description of the Intervention

The role of a parent advocate is to provide families with information, support and guidance as they negotiate the system so they can have successful interactions with the system (Sayida Sandoval, personal communication, October 17, 2005). Parent Partners are defined as “life-trained paraprofessionals” (i.e., those who have successfully negotiated the child welfare system). As contracted paid staff in a county child welfare agency, they serve as mentors by providing one-on-one support at critical moments in the parent’s interface with the child welfare system, such as court hearings, important meetings like Team Decision Making, and when

appropriate, during meetings between the parent and caseworkers. Parent Partners also serve as parent leaders, identifying and recruiting other parent partners, training child welfare staff on working with Parent Partners, and collaborating with agency staff in designing and improving services. In addition, many opportunities exist for Parent Partners to provide informal support outside of scheduled meetings. The length of Parent Partner involvement can vary depending on the amount of time the case remains open and the extent to which informal contacts occur after case closure. Typically, Parent Partners work quite intensively with parent clients during the first weeks of service, with declining involvement over time.

Parent Partner Characteristics

Parent Partners are selected, in part, because they have been involved with the child welfare system in the past and have successfully reunified with their children. Having navigated the child welfare system themselves, they serve as mentors for parents first entering the system. Importantly, the Parent Partners typically also struggled with substance abuse and are in recovery, or they have faced some other problem commonly encountered in the child welfare population, such as domestic violence or mental illness (J. Knittel, personal communication, October 3, 2007). Because of their past experiences, many of the Parent Partners have a background that would not allow them to pass a typical criminal background check required of all other staff and foster parents routinely working in the field of child welfare. Child welfare staff worked with their county Board of Supervisors to get special permissions to include these staff in child welfare practice. One of the stipulations of this model is that Parent Partners do not have direct contact with children and they are employed by a community-based non-profit agency.

Some of the Parent Partners have limited employment experience; generally their prior experience has not prepared them to write extensive reports and keep detailed files relating to their work. In contrast to social workers, then, Parent Partners are not asked to keep any records regarding their work. During supervision, the program coordinator may take notes to track caseload and other aggregate data, but typical case files are not kept and information regarding individual clients (that could be subpoenaed in court) is avoided.

In order to select Parent Partners, social workers are asked to identify parents who “succeeded.” Social workers are asked to identify “success” by looking for parents who truly understand the nature of their experience in child welfare, why their children were removed, and why their need for change was urgent. In short, social workers are looking for birth parents that “got it.” They are not asked to identify “perfect people,” but they are asked to select individuals who may have experienced personal growth as a result of their experience in child welfare (J. Knittel, personal communication, August 11, 2008).

The greatest strength of the program is the Parent Partner staff. As later sections of this report offer in detail, it is clear that Parent Partner staff understand child welfare clients as no other service providers can. As a result, they can speak directly with parent clients in ways that social workers, lawyers, and other allied professionals cannot. Parent Partners can, for example, scold or cajole, if necessary; they are rarely timid with parents about what is happening in their case or what may happen to them and to their family as a result of the parent’s behavior and child welfare involvement.

The program’s strength is also its greatest challenge in administration. The Program Coordinator must be highly skilled in her abilities to understand, support, and constructively supervise her Parent Partner staff. The nature of her clinical supervision is as much about

supporting Parent Partners' developing professional identity as it is about supporting direct work with parent clients. Some Parent Partners may not have experience in the workplace environment, with cultural norms of the workplace, or with the nature of social service bureaucracies. Some of the supervision might therefore be appropriately termed "life coaching" (J. Knittel, personal communication, August 11, 2008), as much as employment supervision.

Perhaps because they are relatively naïve about social service agency structure, Parent Partners' fresh perspective gives them a sense of possibility and opportunity that might otherwise be dampened among more seasoned professionals. Parent Partners and their supervisor have a sense of limitlessness that is refreshing; their perspective on the capacity of parents to change, on the possibilities for community members to respond to families' needs, and the expectation that service agencies can be helpful if simply asked, is a view that could lead to wide-scale culture change within child welfare.

CHAPTER 3

THE CALIFORNIA CONTEXT

“Parent Partners are the family voice and choice.”

- child welfare administrator, public child welfare agency

Public child welfare agencies across the state and the nation are developing initiatives to engage parent clients in their work with client families. The idea is quickly gaining momentum, and soon we predict that the majority of California counties will include one or more former child welfare parents in their service delivery system. We attempted to determine how widespread the Parent Partner model, or models that bear similarities to Parent Partners, might be across the state.

Methods

Child welfare directors from the 58 California counties were invited to participate in a survey, or to designate someone from their county to participate. A letter was sent to all child welfare directors, followed by a series of e-mail and phone requests for participation. A staff member affiliated with the CWDA-based children’s committee also sent out a statewide request for participation.

We conducted telephone interviews with representatives from 9 counties; representatives from an additional 4 counties completed the questionnaire via e-mail. We cannot say with certainty that this represents the universe of California counties using a parent Partner-like model, but it should give a general idea of the kinds of services and approaches in use across the state.

Results

Of the 14¹ individuals with whom we spoke, we learned that the majority of these initiatives are based out of public child welfare or public mental health offices. Many of the public child welfare programs were derived from successful mental health programs using parent partners. In all of the counties where we interviewed, all programs were operated by a non-profit organization. Among the programs that have a public mental health connection, their Parent Partner-like program grew out of their mental health Systems of Care work and was a small expansion to include families whose children had a mental health need *and* who were also involved with child welfare. Another county developed its Parent Partner approach as an outgrowth of its wraparound program, initiated during California's first Child Welfare Waiver demonstration. In this county, Parent Partners are only used in cases where wraparound services are provided, including children in level 10+ group homes. In yet another county, work with parent clients has been longstanding. Reported elsewhere (Frame, Conley & Berrick, 2006), one county uses a peer support group model rather than individualized services.

Across the counties these former clients are variously referred to as Parent Partners, Family Mentors, Mentor Mom and Dads, or Community Service Liaisons. Most of the counties select their Partner staff by appealing to social workers who help to identify former clients who have made significant changes in their lives, who are clean and sober (usually for at least a year), whose children have remained safely in their home for some time, and who are "warm and engaging." In one county, Parent Partners are required to conduct their work as volunteers for the first six months, allowing child welfare staff to better determine whether the Parent Partner will fit comfortably within the agency context. In some counties, prior child welfare experience is not

¹ In one county, we spoke with two individuals regarding their program.

necessary. In these, any former client of the public agency can be considered, whether their experience was with the mental health or TANF departments.

Most of the counties ask Parent Partners to take part in the organizational context, either through their participation in advisory committees or management committees. Most counties include Parent Partners in staff and/or foster parent training – at least sometimes – and a few encourage their Parent Partner staff to give presentations to local groups.

Parent Partners' work with parent clients is central to the role, however. Most counties appear to allow their Parent Partners to engage in a range of activities with parent clients, although many Parent Partners are discouraged from providing transportation in their own vehicles, from conducting therapy or therapy-like services, from offering money, or from conducting case management. On the whole, Parent Partners were described as “advocates” or “mentors,” helping parent clients “understand” the system.

Parent clients' access to Parent Partners seems to vary across sites. In some cases the system is highly standardized; social workers must refer parent clients to a Parent Partner. In other counties, Parent Partners receive referrals from the local Differential Response provider, or parents can self-refer. In six counties (including Contra Costa) Parent Partners greet parent clients at the detention hearing.

There appears to be a range in the length of service across counties. In some counties parent clients are welcome to continue their work with a Parent Partner as long as the parent client feels it is necessary. In other counties, staff are required to place fairly strict boundaries on the length of service, with cases remaining open for four to six months, on average.

Given the diversity of California and its child welfare caseload, agency staff are eager to offer Parent Partner services in languages other than English. Largely depending on resources

and the size of their Parent Partner program (some rural counties only employ one Parent Partner), some counties are offering services in Spanish and, in one case, American Sign Language.

Table 3.1 provides a rough description of the range of approaches taken across the counties. While other variables distinguishing between and across counties are important and could be discerned from a more in-depth analysis, this provides a quick overview of some county similarities and differences.

Family engagement has become the central paradigm of reformed child welfare services. As public child welfare agencies re-fashion services to be more strengths-based and family focused, former child welfare clients will likely play a larger role in service design and delivery across the state. Where only five years ago our staff were aware of only one or two initiatives involving former parent clients in California, over one-third of counties now boast of these programs.

	INITIAL CONTACTS						ORGANIZATION				SERVICES PROVIDED						LANGUAGE		
	Court	Self-referral	TDM	CWW	Voluntary	Caseload size	Committee Rep	Trainings	Other	Length of Svc	Employment	Transportation	Health Care	Interpreter	Housing	Education	Transcribe	Spanish	ASL
Alameda	x	x	x	x	x	5 to 10	x			120 days		x	x	x	x			x	
Calaveras					x	don't know	x	x		ongoing		x	x	x				x	
Colusa					x	no more than 15			x		x	x			x	x			
Contra Costa																			
Fresno				x	x	2	x	x		ongoing		x			x	x			
Kern	x	x	x	x	x	15	x	x	x	ongoing	x	x	x	x	x	x	x	x	x
Los Angeles				x	x	maximum 10		x			x							x	
Mendocino				x	x	15	x	x			x	x			x	x			
Monterey	x	x	x	x	x	5 to 7	x	x		18 months		x		x	x	x	x	x	
Orange	x			x	x	average 10	x	x			x		x		x		x	x	
Placer		x		x	x		x	x								x		x	
San Francisco							x	x		ongoing								x	
San Luis Obispo					x		x	x				x		x			x	x	
Sutter					x	less than 10						x							
Tehama	x			x	x	8 to 15			x	6 to 18 months		x				x			

CHAPTER 4

FIDELITY TO THE MODEL AND PARENT SATISFACTION SURVEY

“... Well, I always say that she is like an angel that fell from the sky.”

- parent client

The purpose of The Parent Partner Fidelity and Satisfaction Instrument was to provide exploratory and formative data about the implementation of the Parent Partner Program. The project included development of an instrument, since no other survey tools specifically designed for child welfare parent mentoring existed.

Methods

Instrument Development

A review of the research literature in social support, existing descriptions of promising programs in parent support, and the objectives of child welfare services yielded the following domains: a) “sameness” or congruence of experiences and objectives among Parent Partners and caregivers (Thoits, 1986) that allows for mutual understanding; b) an ecological perspective of the role of caregivers, children, professionals and informal supports, including the role of concrete services (Pecora, Whittaker, & Maluccio, 1992); c) the enhancement of caregiver’s self efficacy, empowerment and competence (Maluccio, 1989; Yatchmenoff, 2005); d) the centralized role of caregivers in decision-making (Friesen & Stephens, 1998; Merkel-Holguin, Nixon, & Burford, 2003), and e) a permanency orientation that emphasizes reunification or placement stability (“Promoting Safe and Stable Families Act of 1997,” 2003). In addition, the development of the instrument integrated the county’s program language that specifies the purpose of the Parent Partner Program.

We also adapted fidelity measures from an already existing instrument, the Family Satisfaction Questionnaire (FSQ). The FSQ was developed to measure general satisfaction of parents involved in children’s mental health wraparound programs (Burchard & Bruns, 1998). The 13 questions in the FSQ address caregiver perceptions of issues that are highly relevant to any family-centered intervention, such as TDM or the Parent Partner Program. Some minor modifications were made, for example, with questions that specifically mention “mental health/behavioral and emotional issues” and “treatment team.” The words “mental health” and “treatment” were substituted with more general words or those more relevant to child welfare services. Otherwise, the questions seemed relevant for the child welfare context and, at least from the standpoint of face validity, addressed caregivers’ perceptions of respect for the family’s cultural traditions, access to services, the caregiver’s level of involvement in planning services, the child’s progress, and whether services helped.

Development of the instrument consisted of the following tasks: a) development of questions related to the theoretical domains, and review of questions by county managers and Parent Partners, b) eliciting input of researchers and managers from other system of care grantees, c) piloting the instrument with staff for feasibility of administration and monitoring the burden of completing the instrument, and d) formatting and production of the final instrument. The instrument was then translated into Spanish by a private translation firm and back-translated by one of the Spanish-speaking Parent Partners to ensure accuracy and cultural equivalence.

The complete and most recent version of the instrument (English version) is attached. Thirty-three questions were scaled for ordinal response—twenty-nine utilized a five-point Likert scale (e.g. Very strongly agree, Mostly agree, Neutral or no opinion, Mostly disagree, or Very

strongly disagree) and four questions used a three point scale (Yes, Somewhat, No). Four final open-ended questions asked for narrative responses.

Procedures

The instrument was designed to be flexibly administered at various phases throughout the parent's involvement with their Parent Partner. The survey was implemented mid-year in 2005. Data for this analysis included all responses until approximately spring of 2008. Forms were distributed to parents who were already assigned a Parent Partner. Self report administration was conducted anonymously—parents were instructed not to write their names or other identifying information on the form. The forms and self-addressed stamped envelopes were distributed in public locations accessible to parents, and they were often handed forms by Parent Partners (although they avoided administering the instrument directly). Some surveys were mailed directly to parents. Parent Partners were also invited to use the form as a way to introduce the program to new parents. Completed forms were mailed to the researchers at U.C. Berkeley. The sampling procedure was not designed to minimize selection bias, and data were not collected to assess respondents' characteristics so as to analyze selection bias. The main objective was to implement the survey instrument as widely as possible and avoid administrative complications.

Results

Response Rate

At the time of this report, the number of families enrolled at any time in the program exceeded 300; the exact number enrolled during the study period is unknown. There were 96 respondents to the survey. Among survey respondents, the average length of time enrolled with a Parent Partner during this survey study period was 6 months (range .25 to 18 months).

Responses are reported below for each of the major domains of the instrument. (In one response, the researcher entering the data noted that the respondent checked many 4s and 5s, but had positive comments about the program, indicating the possibility of mis-coding by the respondent. The original coding was retained in the analysis.)

Sameness or Congruence

There were four questions (1 – 4) related to sameness or congruence of the Parent Partner with parents. Table 4.1 shows the number and percentage of those respondents who endorsed either “Mostly Agree” or “Very Strongly Agree.”

Ecological Perspective/Material Services

Questions 12-15 addressed concrete services, education, and information about services. Table 4.2 shows the frequencies of response for these questions. Overall, responses were very positive.

Self Efficacy/Empowerment

Four questions addressed the enhancement of caregiver’s self efficacy, empowerment and competence. Table 4.3 shows the frequencies of response for these questions. Parent Partners played a smaller role in helping families organize their time, but in general appeared to have offered important assistance toward parents’ sense of self-efficacy.

Parent Decision Making

Five questions addressed the centralized role of caregivers in decision-making. Table 4.4 shows the frequencies of response for these questions, indicating that parents felt involved in case planning for themselves and for their child.

Permanency / Reunification

One question directly addressed permanency and reunification, although many questions from other domains also addressed this issue indirectly. In response to question 6, “My Parent Partner helped me find solutions to help me keep my family together” 87 respondents (92% of the total) mostly or very strongly agreed.

Cultural Sensitivity

Five questions addressed the ability of Parent Partners to be sensitive or responsive to the individual family’s culture and values. Table 4.5 shows the frequencies of response to these questions. Parents responding to the questionnaire showed a very high degree of satisfaction with their Parent Partner’s efforts to support their ethnic and cultural needs.

General Satisfaction

Ten questions addressed general satisfaction and related issues (such as timeliness of response, were needs met, etc.). Table 4.6 shows the frequencies of responses to general satisfaction questions. Responses indicate a very high degree of satisfaction with program services. Although many parents indicated that they are not fully satisfied with the circumstances of their life, it is clear that their Parent Partner was instrumental in assisting parents with many aspects of their lives and with their experience in the child welfare program. A summary of the types of comments parents offered can be found in Table 4.7. And in spite of parents’ positive regard for the program, many parents indicated that they had outstanding needs for services and supports in order to help them and their families. These are summarized in Tables 4.8 and 4.9. In particular, we note the large number of families who indicate ongoing needs for housing-related services for their families.

Discussion

This study has succeeded in implementing a newly developed instrument for measuring fidelity and satisfaction of parents with an innovative parent mentoring program in child welfare services. This study constituted a first step in the instrument's development. Further research should gather data on validity and reliability. A potential limitation of the instrument is that the domains and items may be redundant so that, for example, the effects of "empowerment" may be difficult to distinguish from those of "parent decision making." It would be important to clarify whether the domains are accurate ways to categorize the program objectives, and whether the items reliably and accurately reflect the domains. Construct validity testing would involve comparing responses to other similar external measures of these domains. In addition, matching the responses to client characteristics and eventual outcomes (such as reunification) would show whether the instrument has predictive validity, (e.g. are positive ratings of Parent Partners related to better reunification outcomes, and if so, does the effect hold for various types of parents?)

The parents who responded to this survey gave the Parent Partner Program high marks in all domains of the survey. This pilot survey indicated that for these parents the Parent Partner Program was implemented with high fidelity to the original intent of the program—to provide support, information, empowerment, a voice in decision making, and, eventually, reunification with their children. Parents who responded also had high levels of satisfaction as seen in both the scaled and narrative responses. While the Parent Partner Program may not be able to meet every need as shown by the narrative responses (housing, concrete services, and other treatment were indicated most often), it seems to have succeeded in establishing a culture of support, empowerment, and hope for parents new to the child welfare system.

One issue stands out from the scaled responses. For question 28, only 64% of respondents felt that their needs were being met by other professionals in the county. This may indicate the limitations of such a program in changing how responsive other professionals are in meeting parents’ needs. One explanation is that, with the current child welfare system focused on investigations, court reports, and mandated services, parents’ experiences with professionals will continue to be adversarial in some way. While other areas of this Final Report show that the culture of county professionals has been positively affected by the implementation of the Parent Partner Program, there is still work to be done to make the system more parent-friendly and able to ensure timely reunification for those families where it is appropriate.

Table 4.1

Sameness or Congruence

Instrument Item	Respondents Mostly or Very Strongly Agree	
	Number (N=96)	Percentage of total
1. My Parent Partner and I share many of the same experiences or circumstances	87	91%
2. My Parent Partner understands me	87	94%
3. My Parent Partner understands my child and my family	87	93%
4. My Parent Partner took the time to get to know me and my circumstances	92	95%

Table 4.2

Ecological Perspective/Concrete Services

Instrument Item	Respondents Mostly or Very Strongly Agree	
	Number (N=96)	Percentage of total
12. My Parent Partner helped me get through the system by advocating for me or giving me information	89	93%
13. My Parent Partner educated me about the child welfare and legal system basics	86	90%
14. My Parent Partner helped me get community resources	83	89%
15. My Parent Partner helped me find services that fit my needs and the needs of my family	84	88%

Table 4.3

Self Efficacy, Empowerment and Competence

Instrument Item	Respondents Mostly or Very Strongly Agree	
	Number (N=96)	Percentage of total
5. My Parent Partner helped me and others focus on my strengths and those of my child and family	89	94%
7. Because of my Parent Partner I feel more in control of my life	82	85%
9. My Parent Partner helped me organize my time	78	82%
10. My Parent Partner helped me to change as a person	80	83%

Table 4.4

Parent Decision Making

Instrument Item	Respondents Mostly or Very Strongly Agree	
	Number (N=96)	Percentage of total
8. Because of my Parent Partner I feel more in control of decisions about my child	82	87%
11. My Parent Partner helped me to accept responsibility for my decisions and my family	85	89%
	Usually or Always Occurs	
25. How often did your Parent Partner ask for your ideas and opinions concerning your child's placement, needs or services?	90	94%
26. How much were you involved in planning services for your child?	79	84%
27. How much were you asked to participate in meetings where services for your child were discussed?	77	81%

Table 4.5

Cultural Sensitivity and Responsiveness

Instrument Item	Respondents Mostly or Very Strongly Agree	
	Number (N=96)	Percentage of total
16. My Parent Partner was respectful of my own lifestyle and environment	90	95%
17. My Parent Partner took my cultural or ethnic background seriously	82	86%
	Satisfied or Very Satisfied	
21. How satisfied were you with your Parent Partner's respect for your family's beliefs and values?	90	94%
22. How satisfied were you with your Parent Partner's understanding of your family's (cultural) traditions?	85	89%
23. How satisfied were you with your Parent Partner's ability to find services that fit your family's culture and traditions?	84	89%

Table 4.6

General Satisfaction

Instrument Item	Respondents Mostly or Very Strongly Agree		
	Number (N=96)	Percentage of total	
18. My Parent Partner responded to me in a timely fashion	88	93%	
19. My Parent Partner was available during days and times that were convenient to me	88	93%	
	Satisfied or Very Satisfied		
20. Overall, how satisfied were you with the services you received?	90	95%	
24. How satisfied were you with your child's progress in the last six months?	77	87%	
28. How much were your needs met by other professionals in the county?	60	64%	
29. How much do you agree with this statement: "Parent Partner will stick with us no matter what?"	79	96%	
	Yes n (%)	Somewhat n (%)	No n (%)
30. Did you get the help you needed?	84 (86%)	12 (13%)	0
31. Did you need more help than you got?	33 (34%)	21 (22%)	41 (43%)
32. Has the Parent Partner program helped you with your life?	81 (84%)	14 (15%)	1 (1%)
33. Are you satisfied with how your life is going right now?	65 (68%)	23 (24%)	8 (8%)

Table 4. 7

Selected comments regarding “the most helpful thing... about the Parent Partner Program.”

- They can relate and understand what we are going through; moral support
- Some one to talk to who's been through what I have
- Talking to my parent partner; knowing she went through the same thing I did and got her kids back and the kids to court.
- It's been extremely helpful in resources, information, and someone who can identify with what I'm going through
- Finding me another place to live
- She helps me to receive things from my social worker.
- She helps my confidence build
- Helping me with my worker and the court and making sure I don't give up
- The honesty shown and to have the facts be kept straight.
- My Parent Partner has helped me understand the process and gave me the courage and strength I needed
- Helping me know how and what I'm doing to get my kids back and support
- Finding out what my options are regarding having my child placed with me

Table 4.8

Parents' expressed needs for additional services and supports.

Eighty-three respondents answered this question, though more than half of the responses indicated “no” or “no problems.” We will list the other responses that seemed to indicate some concerns or suggestions by parents.

- Better communication with social worker
- Housing support group
- Return phone calls
- I really want a process for the accused to file complaints on the system process, Social workers, investigators regarding their ethics
- More understanding
- More help financially with child care and making sure my kids are getting treated right and getting what they financially need info
- (Translated from Spanish) Yes, maybe they would not have let me wait for so long to reunify with my children, but thank god they gave me another opportunity, but thanks to the agency and the worker who was giving their opinion.
- That there was more parent partners available throughout the state
- Housing, nicer social workers
- More info about my child
- Truthfulness
- Them helping get deposit for moving
- Calworks, foodstamps
- The things that could have helped more is the cfs social workers are more Positive with the clients. Some workers are very negative
- Yes, I want more time with my daughter more visits
- Positive attitude from my worker and correct information about my case in person and report in court
- My child in program
- I guess if there was more services.
- My worker being more human
- Tell in detail what happening
- More status reports from cfs could have made things less stressful
- More contact with my worker; her being more involved with me and my case

Table 4.9

Additional services needed

There were 42 responses to this question. Those indicating unmet needs are listed below (not edited for redundancy or duplication):

- Well I still need help getting housing.
- I need more time to work with my sons-More time with planning things childcare
- I need services for my son to learn respect, discipline and control of his actions. He needs to be in a boot camp program. I want to know how I can help with the system.
- Not getting enough services
- Help financially with child care costs; help financially since I am a single mom with 2 very active kids
- Housing, transportation
- Everything I'm receiving is just great! By having a parent partner is giving me an opportunity for everything I (really) needed...
- Child care, but my PP is helping me with resources
- Food stamps, WIC, Medical, food, housing, etc.
- I need services to help furnish my new apartment.
- My family therapy needs have not been met because I should have gotten services of family therapy like maybe the first month or two
- I need help with my identification card and my baby's birth certificate
- Housing applications, people to talk to: some one in my corner.
- Networking with Section 8 or Shelter Inc.
- Helping me with deposit to move in money, and getting some furniture for me and my son
- Housing
- Clothing for kids
- Housing
- I am not able to get in contact with my social worker when I need immediate answers to questions regarding my case or my child.
- Access to diapers
- More visits with my daughter. We need (my daughter and I) to bond more.
- I just need housing and employment.
- Phone cards. Safeway card help a lot.
- Help with housing for me and my son
- Housing
- Not getting progress reports on my children; face to face visits with my worker monthly

CHAPTER 5

WHAT ARE THE EXPERIENCES OF PARENTS WHO RECEIVE PARENT PARTNER SERVICES?

“...you know, sometimes we would laugh and sometimes we would cry. So for me, she has been like a friend more than anything else. Because when I need something, I call her... and she’s there.”

-parent client

Parent clients who receive Parent Partner services are in an ideal position to describe the nature of their experience with the program. Their views can help program administrators better understand the nature of their program’s successes and help to support further training for parent partners in bolstering the aspects of the program that are most useful to parent clients. Parent client perspectives can also help to shed light on other aspects of the child welfare system that might benefit from further strengthening to meet clients’ needs. In this portion of the study, parent clients self-selected into focus groups to share their views of the program, including areas needing further improvement.

Method

Data Sources

In order to understand more about the characteristics of the Parent Partner program that are most helpful to parent clients, focus groups were conducted with parent clients who had participated in the program. The data consists of transcripts from seven ninety-minute focus groups with parent clients who had a Parent Partner during their time in child welfare. In total, twenty-five parents participated in these focus groups, including 21 women and 4 men. Four of the focus groups were conducted in English with English-speaking parents; one focus group was conducted in Spanish with Spanish-speaking clients.

Sample

Focus group participants were recruited by the Parent Partners, who distributed informational flyers to all of the parent clients with whom they met in the four weeks preceding each focus group. Parent Partners were instructed to inform parent clients that they would be reimbursed for the cost of childcare, if childcare needs would otherwise interfere with their participation in the focus groups. Focus groups were conducted by two to three researchers; one researcher asking questions and the other(s) taking notes of parents' comments. Focus groups were audio taped (notes were taken as a back-up measure) and transcribed. Each focus group was held at child welfare agency buildings and in community agency buildings. Focus group participants completed informed consent forms and received a \$35 gift card to reimburse them for their time. Participants self-selected their participation; data may be biased toward those with strong feelings (positive or negative) toward the program.

Variables and Analytic Strategy

Transcripts of each focus group were entered into Atlas.ti, a computer program used for qualitative analysis of textual data. From our review of the literature, we derived five elements that appeared to surface from previous examinations of peer support models. These elements included: a hopeful presence, clear communication, knowledge-sharing, shared life experiences, and concrete service provision. These were used as an initial framework for analysis. New codes also emerged from the transcripts throughout the analysis process. Salient quotations related to the emergent themes were culled to serve as evidence of the importance of particular themes. In the second phase of coding, commonalities across various codes were examined and distilled into three broad themes.

Results

The analysis uncovered three general themes to which parents frequently referred in the focus groups—the value of shared experiences, communication, and support. It should be noted that the broad categories are interrelated in important ways. For example, a Parent Partner’s ability to be supportive stems in part, in the parents’ eyes, from the experiences shared by the parent and her Parent Partner.

These general themes each encompass discrete and meaningful subthemes significant enough to warrant their separation. Specifically, further analysis of the “value of shared experiences” category included elements of encouragement, trust, and hope. The “communication” theme is comprised of: clear communication, availability of communication, frequent communication, and communication with other professionals. And the “support” theme included categories of emotional support, concrete support, support developing self-reliance, and support regarding substance use.

Generally speaking, the focus groups revealed overwhelmingly positive perceptions of the Parent Partner program by focus group participants. A number of powerful words were used repeatedly throughout the focus groups to describe the Parent Partners, including: mentor, advocate, angel, friend, counselor, role model and sponsor. Focus group participants relayed a deep respect for the Parent Partners, as well as a significant measure of gratitude. These sentiments, perhaps unsurprisingly, often contrasted sharply with parent descriptions of social workers, lawyers, and other representatives of “the system,” who were frequently described as uncaring, uncommunicative, or unable to relate to and understand parents’ experiences in child welfare.

Value of Shared Experience

The theme regarding the “value of shared experience” seems to permeate most of the other themes revealed in the focus groups, and it is this shared experience that also differentiates Parent Partners from social workers or lawyers. In every focus group, parents referred to the notion that their Parent Partners were capable of helping them because they had “been there” and could fully understand and appreciate the parents’ experiences of having their children removed. Several parents were explicit in describing the differences between their Parent Partners and their social workers, and the reason such differences matter:

The parent partner is still more ... they’re on your level and they’ve experienced what they have experienced; they went through what you went through. And the CPS workers haven’t went through it; they just went through the school. Most of the CPS workers are just school smart—they’re not experienced and went through it.

At the same time, a number of parents acknowledged that they had excellent, hard-working social workers whom they appreciated. However, with only one exception, even those parents articulated that the shared experience component of the Parent Partner relationship was essential to the Parent Partner role and to the type of relationship that arose from that role. Only one of the twenty-five parents in the focus groups described a social worker who “just understands” and indicated that having shared experience was not a necessary piece of forming a genuinely empathic and positive relationship. Some examples of statements participants made regarding the value of the shared experience are presented in Table 5.1. Three prominent subthemes emerged: encouragement, trust, and hope.

Encouragement. Parents frequently referenced the idea that their Parent Partners helped remind them of their goals and that their goals were achievable; part of the validity of this encouragement from the Parent Partner seems to stem from the fact that the Parent Partners have

themselves been there and can therefore legitimately model the fact that success is possible. One mother explained such encouragement in this way:

Basically telling you that she's on your side and it's going to happen for you. You're going to get your kid back. Don't worry; I've been through it. I'm going to show you how. Show me how; that's it.

This sentiment regarding encouragement also included the notion that Parent Partners could assist parents in restoring their sense of self-worth, reminding them of their inherent dignity and of their capacity to continue to work toward their goals.

Trust. The sense of trust that many parents expressed for their Parent Partner was also closely related to the notion of shared experience. Parents indicated that they were able to trust their Parent Partner both because the Parent Partner *earned* that trust by keeping promises and following through and because their shared experience necessarily made them trustworthy. Because the Parent Partner had been through the same experience, parents believed that the information Parent Partners shared with them was trustworthy. Parents also indicated that they are able to trust their Parent Partner due in part to the specific role the Parent Partner plays. For example, some parents stated that they could not trust their child welfare worker because their words and actions sometimes were relayed to judges through court reports. Of course, it is the role of child welfare workers to report to judges on their clients' progress, but Parent Partners do not have these same reporting requirements.

Hope. Parents experienced a sense of hope by observing and interacting with their Parent Partner. These interactions also allowed them to hold these memories when they were separated from their Parent Partner, serving as a model in their consciousness for optimism, possibility, and renewal. One mother said:

The fact that she was able to oversee all those things that happened to her and she was able to get her kids back and get into the program she does now made me think that I could probably do the same thing, too.

Communication

Parent Partners' particular style and process of communication was another major theme that repeatedly surfaced during the focus groups. The Parent Partners are available days, nights, and weekends. Parents contrasted their Parent Partner with other service providers: unlike "CPS and the judge and the DA—after 5:00 they've gone home." Also set apart from social workers and other professionals, Parent Partners were described as available to answer questions and provide information. Parents frequently expressed frustration with other professionals who "don't even answer the dag-gone phone!" When parents described their interactions with Parent Partners they again referred to their shared experience as central to their relationship. Parent Partners' experiences helped them to "speak the same language" and understand the frustrations of the parent clients. Examples of statements participants made regarding communication with their Parent Partners are presented in Table 5.2. Importantly, parent clients stressed that communication with Parent Partners was made easy by its clarity, availability, and frequency.

Clear communication. Many parents relayed the notion that their Parent Partner served as a sort of "translator" for them, helping them to navigate courtroom terminology and social work jargon. One parent gave the poignant example that his social worker told him that he needed to "childproof" his home, but, as a first-time, single father, he had no idea what that meant. He explained that his Parent Partner "broke it down" for him so that he was able to make the necessary changes in his home to have his infant daughter returned.

Availability. Many parents spoke about the importance of Parent Partners' availability to speak with parent clients as needed. Most parents in the focus groups referenced the fact that they felt secure knowing that their Parent Partner was available for them, even if they weren't necessarily in frequent contact with them at that particular moment in time. Many parents noted

with appreciation that their Parent Partner was available to them “24/7” and that the Parent Partners reliably return phone calls quickly. One mother referred to the idea that she feels like she “can breathe better” just knowing that her Parent Partner is there for her should she need her support.

Frequent communication. Though many parents related that they appreciate knowing that they always have the *option* to speak with their Parent Partner, many also noted that they do in fact speak with their Parent Partners on a regular basis. There was quite a range in terms of how often different parents spoke with their Parent Partners, with one parent noting that she speaks with her Parent Partner “two or three times a day,” and others saying that they speak with their Parent Partner only once every few months, notably around the time of their juvenile court dates. A number of parents also pointed out that their communication patterns with their Parent Partner changed over time, such that they spoke with their Parent Partner frequently at the beginning of their case, but gradually decreased their contact over time as they began to feel more confident.

Communication with other professionals. Many parents also noted that their Parent Partner served as a sort of bridge between them and other professionals. In particular, many parents said that their Parent Partner helped them communicate with their social worker, since the social worker and the Parent Partner work in the same building. Parents noted that their Parent Partner helped get their questions answered and also modeled appropriate communication styles with other professionals. One parent also indicated that the Parent Partner helped improve her communication with her child’s foster parent.

Support

Most prominently, parents in the focus groups suggested that they felt supported by their Parent Partner, particularly in times of need. Examples of statements participants made regarding

support are presented in Table 5.3. Key subthemes include: emotional support, concrete support, support in developing self-reliance, and support regarding substance abuse.

Emotional support. Parents described the unique emotional relationship they have with their Parent Partner. That relationship allows parent clients to confide in their Parent Partner about matters of the heart that they feel unable to share with social workers, friends, and family. Many focus group participants indicated that their Parent Partner encouraged them to feel and to appropriately share their emotions. They also helped parents channel their feelings, calm their passion, and, significantly, listen empathetically when they needed to voice their frustrations with the child welfare system.

Material support. Many parents indicated that their Parent Partner was helpful in their efforts to access specific concrete services. In particular, Parent Partners helped locate transportation to court and to appointments. In a large county, where services are widely disbursed, transportation was especially important. Some parents also referred to concrete resources that the Parent Partners provided, such as help with housing, clothing, transportation vouchers, food, education, and furniture. Although a large percentage of the focus group participants were substance-involved, few indicated that their Parent Partner assisted them in enrolling or engaging in treatment. In general, however, parent clients indicated that the effectiveness of their Parent Partner in accessing concrete supports largely stemmed from their knowledge of their community, their genuine understanding of the logistical difficulties parents experienced, and their regular availability to listen to, and respond to parents' needs.

Support in developing self-reliance. Several parents indicated that their Parent Partner supported their developing skills in ways that offered parents confidence that they would be successful on their own in the future. For example, parents noted that their Parent Partner helped

them accomplish new tasks on their own so that parents could build skills and self-assurance. Parent Partners were reluctant, however, to do tasks *for* clients, instead helping parents navigate systems and situations independently.

Support regarding substance abuse. The majority of focus group participants indicated that they had struggled with substance abuse issues. These parents understood that one of the goals of the Parent Partner program was to help parents stay “clean and sober.” In particular, parent clients frequently mentioned their Parent Partner’s role in supporting parents in relapse prevention, especially when there were strong temptations to begin to use.

Discussion

There is no question that parents value their contact with Parent Partners. Specifically, parents speak to the importance of sharing a common experience with former clients of the child welfare system, the value of frequent, honest communication about the nature of the system and about the nature of parents’ responsibilities to their children. And finally, parents enjoy the sustained support they receive from Parent Partners, including both tangible and intangible features. For those parents who are ready to take advantage of the services of a Parent Partner, it is clear that Parent Partners maintain a unique role and offer a significant added benefit that cannot be replicated by other professionals within the child welfare system.

Table 5.1

Selected quotations representing the “Value of shared experience” theme and sub-themes

Value of shared experience	
<p>Encouragement n= 35</p>	<p>You got to answer to CFS. You got to answer to the judge. You got to answer to the court workers. But parent partners-they walk with you and they help you answer all of them. And they just hold your hand and walk with you through the whole process...The whole thing. From the beginning to the end.</p> <p>And then a lot of times I know when to go off; I say keep them until they're 18-forget it. I want to just fall off. And I talk to her, and she just encourages me to keep on pushing, keep on pushing, keep on pushing.</p> <p>They're the ones that are going to show you how to get in and out of things. Or maybe what you can do extra or whatever. They're the ones that actually ... that actually are the ones that are behind you with their knee up under your butt. Just in case if you start to fall, they're the ones that are going to catch you. They're the ones that are kind of your little guiding angel. I think they're a lot of help.</p>
<p>Trust n= 28</p>	<p>I think people trust them more because they're not a worker. Because everybody knows that a parent partner has been through it. From what I understand a parent partner, they've been through it. They've had their kids taken away and they've been through the whole system.</p> <p>She acts like a regular person. And so it's nice to know there's somebody actually on my side-she's not a social worker, she's not an attorney, she's not any of that. She's actually on my side. And she's like somebody you could trust.</p> <p>But your parent partner is a person that you could trust. She never steered me wrong. She never went back and said anything that I said to nobody. She just been there to help me out, to make sure that everything was the way that she said it would be when I asked her. She made the recommendation and suggestions, and that's the way it ended up being. So I figure it's just a good thing to have.</p>
<p>Hope n= 8</p>	<p>They went through the same exact things. And some of them worked really, really hard. I mean, from nothing. I mean, from nothing. From nothing to back up to where they are today. And I'll tell you what, my parent partner has come a long way; I mean, a long way... And I tell you what, going from us to her-that makes you just go, wow. You stand up and you go-okay, I can do that. So that's a goal. Achievable....So you want to follow that. And it's a pretty powerful thing, to actually try and take that and put it into yourself. And once you do that you're like-whew. You walk away from there going-okay, I think I can, I know I can.</p> <p>She gives you strength. She makes you stand tall through it all. Yeah. Gives you hope. Gives you hope to know that ... and especially because your parent partner can kind of tell you what they went through; the situation that they went through. And it's like-whoa; you went through all that and you got your kids and you're doing good? I can do this. I can do this. This ain't nothing; I can do this.</p>

Table 5.2

Selected quotations representing the “Communication” theme and sub-themes

Communication	
Clear Communication	And I’m the type of person, if I don’t understand something and I keep trying other ways to understand it and I don’t understand it-I get frustrated and I’ll just give up on it. And parent partners, they help you; they explain it all to you. The language, everything.
n= 33	<p>To help you understand [inaudible] the court talk and put it in your language; how you can understand it better.</p> <p>Mine was really helpful. Pretty much explained to me in layman’s terms what they were talking. I mean, what the whole court gibberish was. Pretty much explained it to me in layman’s terms, telling me pretty much in my own language what was going on. So when I stood there, dumbfounded, looking at the judge like ... okay? Looking at my lawyer like-okay, I’m an idiot; I didn’t understand any of that. That’s when she pretty much blurted out to me in my own ding-dong words I guess you could say. Not ding-dong words. I’m not trying to cut myself down or anything, because I’m not. But at that point in time I was, yeah. So she pretty much ... They’re really helpful. They’re good people. Because they’ve been through it all and they know and they know everything in and out. All the loops, everything. So they just put it in layman’s terms and guide you through it.</p>
Availability to Communicate	I don’t see her that much. But I know if I have ... if I want to talk to her about something I know she’s going to be there. So that’s ... she’s going to answer the phone. And if she don’t answer the phone I leave her a message and she calls back like in less than a minute. So that’s okay.
n= 30	<p>No, there’s no time. Any time. Anything you need, just call. You need help with this, you need help with that.</p> <p>And [the Parent Partner] is so a part of your life on a regular basis.</p>
Frequent Communication	<i>And do you also talk on the phone? Yeah. I talk to her on the phone. How often would you say that is? Umm ... maybe once or twice a week. Every week? Yeah.</i>
n= 25	
Communication with other professionals	I would say that they [inaudible] if there is something that you’re not getting across to your CFS worker, like that maybe you’re talking to them about and they’re not meeting your needs-like maybe getting visits with your kid, or if you have your kid with you and not getting bus tickets or ... or just not communicating well with your CFS worker... You go to your parent partner and your parent partner can kind of be that communication tool.
n= 23	<p>And she discusses things with me-if I’m feeling down and bad about child or if I’m not getting contact with the foster mom or something she’ll make sure that she’ll talk to my CSF worker. And my CFS worker will call me right away, because they’re in the same office.</p> <p>And so your parent partner really helps you get through that and really helps you communicate with your CFS worker-because they work in the same building.</p>

Table 5.3. Selected quotations representing the “Support” themes and sub-themes

Support	
<p>Emotional Support</p> <p>n= 82</p>	<p>She’s been there for me. She cries for me, she hugs me and everything. That’s one of the good things. So that’s why I feel like that’s somebody by me. And it’s not only somebody; it’s an angel coming. It’s like an angel for me.</p> <p>She helps my feelings. Helps me in being relaxed and not stressed so much, and be more comfortable in myself-instead of worry about what’s going to happen. Giving me the relaxing, soothing thoughts and comforting words to make me feel like everything is going to be all right and help me throughout my problems.</p> <p>And your parent partner is going, “you’re fine; you’re allowed to react, you’re allowed to cry. You have feelings.”</p> <p>And one thing about the parent partner-you can talk to her about things that you cannot talk about with your CFS worker...Your inner feelings. If you’re feeling like jumping off the roof you can talk to your parent partner about it. You can’t talk to your CFS worker about it.</p>
<p>Concrete Support</p> <p>n= 48</p>	<p>If you need a ride or something, just call me. If you need anything, give me a call. When you need money or something or food or something, just tell me.</p> <p>But they can also help you with resources. That’s the main thing. They do help me. And she helped me get into the [shelter]. Most people, they say that when you try to get in a shelter it took like ... almost six months. But she helped me get in there within one day. She knew the people who ran it. The main person. And by her making that one phone call [inaudible] get in the same day. Much faster.</p> <p>She was able to get a grant of some kind through social services for [my son] to get his uniforms.</p>
<p>Support in developing self-reliance</p> <p>n= 10</p>	<p>What’s really cool, too, is it’s almost like the mother bird with the fledgling to the nest. Because in the beginning when I was going to court every month or two, or whatever it was-she was always there....It gets to the point where I know for me and probably these ladies, too-we don’t need her anymore as a court representative....And I know for me I have court coming up...and I feel totally confident going in there by myself. She doesn’t need to be there. She could be with somebody else that maybe needs her.</p>
<p>Support regarding substance abuse</p> <p>n= 9</p>	<p>If I need to talk to somebody-day or night-I call [my Parent Partner] and she picks up her cell phone....She is always there. I know for my parent partner...she is there 24 hours a day, seven days a week. So whenever I think about picking up a bottle of alcohol I just call her, and please believe that by the time we get off the phone we’re laughing and talking and I’m thinking about something else.</p> <p>Mine is just to keep me clean and sober. Keep me on the right track. Being there just in case. Like I said, if I miss something she can catch up on it. Just actually help me go through what I’m going through. Keep me clean and sober.</p>

CHAPTER 6

PARENT PARTNER STAFF EXPERIENCES

“I am the face of success.”

- Parent Partner staff member

The Parent Partner program has important effects for parent clients who take advantage of the service. As detailed previously, parent clients attest to the initiative’s effects on their lives, particularly in the areas of communication and support. In this section, we examine the Parent Partner program from the viewpoint of the service providers, themselves. We learn that their views about the effects they are hoping to achieve closely match the experiences of parent clients and other stakeholders in the child welfare system.

Method

All current Parent Partners (n=6) were invited to participate in an in-person interview at a time and place of their choosing. All agreed to participate, but due to scheduling difficulties, five were interviewed. Parent Partners were informed about the overall goals of the study and their potential role in it; all signed consent forms prior to participation.

Two of the Parent Partners work full-time; the others currently work part-time, but some are transitioning into full-time positions. Some had worked in their role since the inception of the program, and others had only recently taken their position.

Parent Partners were asked about the nature of the services they provide to parent clients, their unique role within the county system, and the kinds of supports they receive to conduct this work. They were also asked about the position’s effects on their own personal and professional lives.

Results

As this report documents, the Parent Partner program is demonstrating important effects for families involved with the child welfare system in Contra Costa County. Those effects, however, are amplified by the fact that the program has additional effects for county practices, and for the Parent Partners, themselves. First, we find that Parent Partners' perceptions of their effects on parent clients closely match the kinds of comments we heard in our focus groups with parent clients. Parent Partners believe that the mechanism by which they help to support parents' engagement in services and personal transformation is through clear communication and support.

Communication. Parent partners indicate that the nature of their relationship with parent clients is such that they provide information to de-mystify the agency and court process, and clarity so that parents know what is expected of them. Each of the Parent Partners indicated that they have a unique relationship with parents that is highly differentiated from social workers, particularly in the manner with which they can talk to parents. One Parent Partner indicated, "I can be honest. I can say, 'Don't come to court high.'" Because of their shared background, Parent Partners feel a sense of license that is rare among social workers that allows them to talk straight to parent clients about subjects that might otherwise feel uncomfortable for others.

Parent Partners also describe their role as a bridge of communication between parents and other service providers, including social workers. As one Parent Partner put it, "I speak for them until they can speak for themselves. I'm their voice until they can find their own." Underlying her comments, this Parent Partner not only attests to the value of communication between parties, but also to the essential role of empowerment as Parent Partners act as a psychological bridge while parent clients evolve and take greater control of their lives.

One of the central functions of the Parent Partner is that of support to parents that is both emotional and concrete. This support is offered in an unfettered environment, largely free from the bureaucratic restrictions of time. Recalling his own experience as a client of the child welfare system, one Parent Partner recounted the nights when his children were gone. “I remember there were times I couldn’t sleep because I had so many questions.” But in the middle of the night, he had no one to respond to his queries. As a Parent Partner, he feels comfortable offering his phone number to parent clients, urging them to call him if they need help.

All of the Parent Partners indicated that they were more available than social workers, giving out their phone numbers for parents to call early in the morning, nights, and weekends. As one Parent Partner described, “I remember what it was like on holidays, when my kids weren’t there.” She tells her parent clients, “You have the power *never* to experience another holiday away from your child.”

Because Parent Partners live in the same communities in which their parent clients live, they continue to see parent clients at their children’s school, at grocery stores, or at the bus stop. Although all of these opportunities for contact might seem overwhelming, all of the Parent Partners indicated that, to date, none of their parent clients have taken advantage of their availability; that they get few contacts on nights and weekends, and that the perception of availability may be as important as the actual need for contact outside of typical business hours.

Support. All of the Parent Partners indicated that their availability to talk with parents serves both a function toward better communication as well as emotional support during a time of crisis. Differentiating their role from that of a social worker, one Parent Partner suggested, “We’re a mentor and friend. Families are more likely to be honest with us (than their social worker).” Because of their shared experience in child welfare, Parent Partners can role model for

parents, they can offer advice that worked for them, and they can offer a “heart connection” that is intensely personal.

Because Parent Partners do not keep records or report to the courts on the progress of parent clients, they have little power vis-à-vis parents. This absence of power is liberating for Parent Partners. As one Parent Partner put it, “I have knowledge, but no power.” That allows Parent Partners to develop a unique relationship with parent clients based upon equality and shared goals. One Parent Partner put it this way: “I can listen and they can yell. I don’t write reports. I don’t keep notes. They can feel safe to vent with me and I won’t put ‘anger management’ in the case plan.”

Beyond emotional support to parents, Parent Partners also provide concrete support, helping parents access services or household items that may be a key toward a safe reunification. Parent Partners have no paperwork requirements, so all of their time can be devoted to parents and to accessing needed resources. All of the Parent Partners appear to be motivated toward finding services for their families, and all appear to be encouraged to use creativity in locating needed services. One Parent Partner suggests, “We just figure out a way to get things done. You just have to ask the right questions of the right people.” Again, because they are familiar with the communities in which they live, they may also be aware of services or individuals who can access services that they might otherwise miss if they lived elsewhere.

Much of the work in accessing services devolves back to the parent client. Parent Partners work hard to mentor their parent clients to get services for themselves and to do so in ways that are more likely to garner success. Said one Parent Partner, “We coach our clients about how to leave messages, being polite, or we’ll role play with them.”

Service to the County

Parent Partners offer direct assistance to parent clients, but their efforts are much more wide ranging. From its inception, administrators in Contra Costa County were clear that they wanted parent participation to permeate agency structure and culture. As a result, Parent Partners participate in Pride training for foster parents, training for new social workers, they offer training and information to court staff, and they participate in administrative meetings where decisions about agency processes and initiatives are discussed. As one Parent Partner put it, “[We’re] not only for parents, but also for “hot dogs” -- higher ups who need to hear the parent’s perspective.” In these meetings, Parent Partners help to orient administrators and other staff to the unique perspective of parents and to the daily challenges parents face; in doing so, Parent Partners believe that decisions that result are more thoughtfully considered, flexible, and less bureaucratic.

Service to Themselves

If the Parent Partner program offers services to parent clients and to social work staff, the program also plays an important role for Parent Partners, themselves. Prior to taking on the role of Parent Partner, each of these parents underwent a transformative experience, both through their recovery from addiction and in their identity as a parent and caregiver. It was in part through that fundamental change process that they were identified as strong candidates for the position of Parent Partner. But conversations with Parent Partner staff suggest that their personal development is continuing, partially sparked by their role within Children and Family Services. All of the Parent Partners indicated that they continue to learn new strategies for parenting their children thoughtfully, that they have grown in confidence through their work, and that their understanding of who they are and what they can achieve is regularly fortified. According to one Parent Partner:

I've learned that it's a privilege to have a child. I came from (another county), and I didn't know anything. Now, I have a new set of eyes. I have something to be proud of. This work builds my confidence. Who would have thought that this could be me? I look forward to work, every day.

Parent Partners acknowledge that their growth, their development, and some of their success can be attributed to the strong supervision they receive within the agency. Just as they work to support and empower parents, they feel supported and empowered by their supervisor. Parent Partners' comments about the nature of the work and the goals of the program largely mirrored the comments of the supervisor (offered in a separate interview with researchers and described in further detail in Chapter 2), speaking to the degree to which there is a shared perspective across and among actors. The Parent Partners also highlighted a supervisory style that is strengths-focused, and thus highly affirming. Comments such as the following predominated across interviews: "She's my mentor. She keeps it real." And "She empowers you. She looks for our strengths."

Beyond their clinical supervision, Parent Partners also spoke to the support they receive from their colleagues ("We're family. I can call them for anything."), from administrators, and from social workers. Those who recalled previous employers marveled at the difference in tenor between other employment settings and Children and Family Services. Parent Partners indicated that their current employment environment was such that they always celebrated success, and that Parent Partners felt supported through difficult times. According to one Parent Partner, "They always tell you when you did something good."

Parent Partners acknowledge that their work is not suitable for everyone. The camaraderie shared by the Parent Partners is fostered not only by their supervisor, but also by

their shared personal characteristics. According to one Parent Partner, staff should be selected based on the following questions and concerns:

Do they have a passion? They can't be angry at the system. They have to be honest and a team player. There's no stand alones in this work. We need support and problem solving together. Their case needs to be closed for one year, and they should have 2 ½ years clean and sober. You see, you're comin' in on my shirt tails; I want them to be a good reflection back on me.

The emotion these staff feel for their work is palpable; each of them clearly understands that inviting new Parent Partners to the table without an abiding passion for the work would signify a loss to the program and a disconnect from the culture of the agency where staff experience this shared passion among agency administrators as well.

Parent Partners show tremendous gratitude for the opportunities they have been offered, and they clearly take delight in their work. Each Parent Partner describes the tremendous satisfaction they receive from their work because of its meaning for their own lives, and because of its significant impact on families:

It never lets me forget where I came from. It keeps me humble and it keeps me sober. They (the families) give me more than I give them. To see their success, the daily impacts of my work, makes my life richer. I'm right where I'm supposed to be.

CHAPTER 7

HOW IS THIS PROGRAM PERCEIVED BY ALLIED PROFESSIONALS?

“They (parent partners) all have very different personalities but have all found their niche, and they work very well within that niche, and you just have to step back and appreciate how well they do what they do. They have positively affected their parents as they have worked with them. They’ve got great senses of humor. They really love what they do. They’re so proud of themselves that they have succeeded to this point, when they look at themselves a few years ago when they were engaged on the other side, were maybe drug-involved or in jail, and I think they’re just amazed at how far they have come. My interactions have always been very positive. They’ve always been open to talking, open to ideas, as I have been to them. I’ve never had a difficult time discussing anything with them.”

-- Social worker

The Parent Partner program sits in a larger context that includes the child welfare agency, the courts, and a range of other service providers. As a relative newcomer to the field, the Parent Partner program stands apart by the nature of the services provided, and by the nature of the service providers. As such, it is essential to prepare other professionals for their work with Parent Partners, and to learn about the ways in which Parent Partners can be helpful to others, as they have been to parents. Finally, as all service providers work to support families and ensure children’s safety and permanence, the perspective of these allied professionals about the capacity of Parent Partners to support these central goals are important to discern.

Method

Sample and Procedure

Key informants were recruited from a list of 44 allied professionals in the county with whom the Parent Partners interact in their work; the list was provided by the Parent Partner supervisor. The researchers divided the list into groups by job title (e.g. court staff, social work staff, outside agency representatives) and then randomly selected people from that list to be

contacted and invited to participate in an interview. The researchers attempted to contact each allied professional three times before considering the potential respondent unresponsive and moving on to the next person on the list. When that initial sampling was exhausted, the researchers returned to the original list and again randomly selected allied professionals from the different categories. Individual interviews were conducted over the telephone using a semi-structured interview format. Consent was obtained prior to the interview; participants were sent the consent via e-mail or fax and were instructed to either fax the signed copy or mail the signed original. The interviews were discontinued when the researchers reached the saturation point (i.e., no new information was obtained in interviews) and when representation from each of the identified allied professional categories had been achieved.

The resulting sample ($n=20$) included participants with the following job descriptions/roles (the number of participants in each category is in parentheses):

Social worker (5)
Social work supervisor (6)
Social work division manager (1)
TDM facilitator (1)
Court officer (1)
Early intervention outreach specialist (EIOS) (1)
Attorney (2)
Program Manager- Mental Health (1)
Substance Abuse Counselor (1)
Program Director (1)

The researchers took detailed notes, including some direct quotes during the telephone interview using the semi-structured interview guide. Direct quotes were checked back with participants when necessary to ensure accuracy. Individual interviews lasted anywhere from 5 minutes to 30 minutes, depending upon the availability of the allied professional and the level of experience she/he had with the program.

Analytic Approach

All transcripts were analyzed using open coding in Atlas.ti in a manner similar to the coding of the focus group data. While some crossover in themes with the focus group data was anticipated, the researchers also recognized that allied professionals in the community may have a considerably different perspective on the Parent Partner program, process, and the individual Parent Partners than a parent who has an established relationship with the Parent Partner. Therefore, open coding was used to allow new codes to emerge in the analysis.

Results

The key informant interviews were conducted to ascertain the perspective of allied professionals who work with or encounter Parent Partners and the parents with whom they work. The analysis uncovered three broad themes that detail how allied professionals view the program and the impact of the program: 1) what separates “them” (Parent Partners) from “us” (allied professionals); 2) the Parent Partner role in an overburdened system; and 3) facilitating change. Each of the themes consists of several sub-themes, as described below.

What Separates “Them” from “Us”

A number of allied professionals described the role of the Parent Partner as distinctly different from the role of a social worker, court supervisor, attorney, etc. Whereas allied professionals have defined roles within a system that is often perceived as adversarial to parents, Parent Partners are not perceived as part of the system in the same way (even though they are paid by the county). This difference in roles enables the Parent Partners to relate to parents in a more informal and less hierarchical way. In addition, a Parent Partner may be the only worker focused solely on the parent’s interests and needs as opposed to the more complex relationship that social workers and other professionals have in balancing child safety and parental rights/

needs. Parent Partners are thus free to listen to the parents without the pressure of those other responsibilities. Several sub-themes are summarized in Table 7.1 and described in more detail below.

Shared experience / trust. Attorneys, social workers, providers, and those involved with the courts all spoke about the powerful role of the shared experience of the Parent Partners. In many cases, allied professionals acknowledged that they could not truly understand what it would be like to have a child removed or to be involved in the system, despite their training and attempts to relate to parents. The lived experience of the Parent Partners uniquely contributed to their ability to relate to the parents in a way that the allied professionals generally cannot. In addition to understanding what the parent is going through and reflecting the experience, allied professionals indicated that this shared experience appeared to contribute to parents trusting the Parent Partners, which in turn allowed parents to be more open and comfortable sharing with the Parent Partner. As one court supervisor suggests:

And they're able to do this because they've walked the walk; they've been there. They've been through it, and the parents can relate to them far easier than they can to a social worker or supervisor. It really gives the parents hope, to see, "Oh, someone else has been through this. If they did it maybe I can too."

As this quote demonstrates, the shared experience also served as an example for parents about positive things that could emerge from a difficult experience. Several allied professionals suggested that the Parent Partner was an example of someone who successfully navigated the system and inspires other parents to do the same.

Translation. Another theme separating Parent Partners from other professionals involves the Parent Partners' unique ability to "translate" the language and culture of the system to parents. Interestingly, allied professionals described this translation ability literally—such as

when the Parent Partner could translate for a Spanish-speaking parent—and symbolically—such as when the Parent Partner translated the process and communication (non-verbal and verbal) in a meeting for a parent. Allied professionals described the system as complex and difficult to navigate, making this translation function critical to the success of parents. As one social work division manager indicated:

People coming into our system don't understand it; it's just so complex for someone coming in. There's hopelessness, confusion, any time you remove children, especially from the disadvantaged population. They [Parent Partners] are able to comfort the client and mentor them, offer any suggestions to the social workers to help. They absolutely help the social workers as well as the clients, by providing suggestions to the social workers and helping them communicate with their clients.

Allied professionals described being entrenched in the system and particular ways of talking (language specific to the courts, substance abuse treatment, etc.) that limited their ability to recognize when newcomers might be confused by the system and the surrounding context. In contrast, the Parent Partners were described as able to navigate between the system and the parent; knowledgeable about the workings of the system and confident in understanding what it might take for another parent to be successful.

Boundaries. Several allied professionals noted that the boundaries between parent and Parent Partner are different than the boundaries between parent and allied professional. Similar to the notion of a shared experience discussed previously, allied professionals noted that Parent Partners are often closer to the thoughts and emotions of parents experiencing the system for the first time. Although there are numerous advantages to this shared experience, it also raises issues around whether a parent is “too close” to the issue to be able to see the situation objectively and assess the parents’ need for change. As Table 1Table 7.1 demonstrates, boundary issues might include the Parent Partner balancing the trust they have established with the parent and not

wanting to become just another worker in “the system” with concerns about decisions the parent might be making. At other times, allied professionals questioned the blurring of the line between mentor and client because the Parent Partner is so close personally to the situation. Most allied professionals indicated that the Parent Partners seem to manage these tricky boundary issues quite well; two allied professionals suggested additional training for Parent Partners in this area and ongoing support.

Role in an Overburdened System

Much as the parents described, allied professionals indicated a wide range of roles the Parent Partners play in a highly complex system. Often noting existing gaps in service provision, many allied professionals described the advantage of having a Parent Partner to ease the burden of a stressed service delivery system, in addition to the characteristics that separate the Parent Partners from other helping professionals noted in the preceding section. Many of these roles are better handled by the Parent Partners because of their shared experience, even though some are roles that the social worker or other professional could fill if she/he had the time. In each of the sub-themes, the unique contribution of the Parent Partner emerges. Allied professionals described services ranging from concrete service provision such as referrals to agencies, or advocacy to gain admittance to a program, to moral support and encouragement to keep making progress. These roles are summarized below and in Table 1Table 7.2.

Communication. Frequent and clear communication was noted by allied professionals as critical to the success of the program. In particular, most allied professionals noted the communication skills of the Parent Partners and the Coordinator to be a hallmark of the program and to facilitate the relationship with the parents. In addition to easing the burden on the professional, good communication by the Parent Partner served as a model for the parents.

Encouragement/support. Again noting the limited time and energy of social workers and other professionals in the field due to large caseloads, many allied professionals described the advantage of having Parent Partners encourage and support the parents when they could not. Sometimes this would be routine encouragement and support that other professionals could provide but other times, as described by one treatment provider below, it was something unique to the Parent Partner:

These people [Parent Partners] are very special to these women because there are not a lot of people willing to do what the Parent Partner can do- lots of relationships have been broken- these women really need that. They need as much support as they can get and if the county can help provide that, showing this kind of support from the county-that is truly a gift. I think it gives them hope.

A number of allied professionals further described the dynamic personalities and caring nature of the Parent Partners as individuals, contributing to a sincere care and concern for the well-being of the parents.

Connecting to resources / advocacy. Another limitation in the overburdened system noted by allied professionals is the time and energy it takes to connect parents with resources and to advocate for individual parents when needed. Table 1Table 7.2 summarizes the wide range of services Parent Partners provide within this context. Unique to the Parent Partners however, is knowledge about the system from the parent perspective and a connection to the community that allied professionals typically do not have. For example, one social worker states:

Some of them are experts about what's out there because of their own experience, so they're experts on substance abuse, mental health stuff. But they're also tuned into what's in the various communities, whether it's the food pantry or an after-school program or an out-patient substance abuse treatment facility or the clothes closet. Some of them are involved in various non-profits. So they have a pretty good network.

Accessing resources, while a function of the social worker's job, was enhanced by the ability of Parent Partners to access –in some cases –a different network of resources.

Facilitating Change

The final theme revolves around the change process that several allied professionals described as a result of the Parent Partner Program. Allied professionals talked about change in numerous ways, including: 1) growth in the Parent Partners, 2) growth in the professionals, and 3) better reunification outcomes and systems change (see Table 7.3).

Parent Partners' growth. Allied professionals who worked closely with the Parent Partners described a process they observed over time as individual Parent Partners grew in their professional and personal skills related to their position. In particular, several social workers noted the enjoyment they took in seeing parents that were once in the system successfully mentor and support new parents. Allied professionals described this as a process that was inspiring to them in their work.

Allied professionals' growth. The magnitude of discussion about the growth experienced by professionals as a result of the Parent Partner program was somewhat unexpected. Numerous allied professionals of various job descriptions indicated how the Parent Partners helped them to see their clients in a different light and, in some cases, to affect how they do their work. For example, one social worker states:

I always had a little bit of a wall that separated me from my clients, this professional wall that wouldn't let me get too close. And working with the Parent Partners and especially in that initial training was very helpful—seeing the other side, talking to them, hearing their side and how they saw social workers. It taught me to relax a bit and let them see that I am human and not just some rigid social worker who doesn't see their side. It helped me and then helped my clients in that sense.

Allied professionals powerfully described the change as humanizing the process again and remembering that parents who have their children removed are just people (“It really brought it home that we’re all people, and we all struggle with issues”). Other professionals described working in the system so long that they had forgotten some of the basic concerns raised by Parent Partners. These new paraprofessionals offered personal reminders to professionals about the fundamental nature of their work. In other cases, allied professionals were moved by the sincerity and openness of the Parent Partners:

The fact that they have shared so openly about their experience really has an influence. And seeing how successful they have been. It really gives us the perspective we sometimes lose, you know the hopefulness about it.

Discouragement with the removal and reunification process was portrayed by several professionals and the Parent Partners as examples of “success” seemed to help some allied professionals keep positive and invested in their work. The change in professionals is particularly noteworthy as it parallels the broader systems changes that were anticipated by county officials when the Parent Partner program was originally envisioned.

Outcomes / systems change. While most allied professionals did not have knowledge of administrative data on reunification rates, several indicated they suspected that families involved with Parent Partners reunify more quickly and experience better outcomes overall compared to other families served by child welfare. Parent Partners were perceived as influential along the way to reunification by advocating for services and supporting parents. As previously described, Parent Partners also help to alleviate stress in an overburdened system, allowing other parts of the system (court workers, social workers, treatment providers, etc.) to function in their respective roles more effectively. In another context, the Parent Partners are helping the system

to change by impacting professionals' perspectives of parents and by integrating the parent perspective into written materials and communication.

Discussion

Several general recommendations were made to improve the program. First, training and ongoing support around boundary issues was suggested. Such training was recommended to help prevent possible relapse or burnout for Parent Partners and to support Parent Parents in the emotionally intensive work they are involved with on a daily basis. In addition, a number of allied professionals indicated the need for more Parent Partners due to a concern that current Parent Partners are managing a large number of complex cases, some of which are very time intensive. Finally, several professionals noted the need for male Parent Partners to match with fathers involved in the system.

Beyond these modest suggestions, allied professionals had overwhelmingly positive comments about the Parent Partners and the benefits of the program. Allied professionals are often constrained by their role within the larger system and Parent Partners are a much needed divergence from these confines. In addition to the benefits to parents who work with Parent Partners and the Parent Partners themselves, the professionals touched by these new child welfare staff note remarkable change in themselves, their work, and the system.

Table 7.1. Selected Quotes from Key Informant Interviews: What Separates “Them from Us”

What Separates “Them” from “Us”	
Shared Experience/ Trust	<p>The Parent Partners are somebody who’s already been through the system and will pay more attention to the clients than social workers or attorneys. They’ve been there and know what it’s like. I think parents find the Parent Partners more credible than a bunch of high paid do-gooders. They’re people who’ve had the experience and can show that it’s possible to survive. And get their kids back.</p> <p>I think the Parent Partner is kind of almost the same as what we are doing but the beauty of it is that with the Parent Partner they have had the same experience as the clients’ have- they have had a child removed and they are like a mirror for the client and see how the system works. It is really wonderful.</p> <p>They are able to get in there to relate to the families. Let me go back and say that it takes a special person to do this job and all of us bring something to this job, maybe a background of our own but because we are here, the agency is a barrier to our ability to connect with parents.</p> <p>Folks are more willing to listen to them; they have a connection that nobody else can have.</p>
Translation	<p>Sometimes as social workers we get into our own lingo and a Parent Partner can help explain where we are going. The Parent Partner serves as the go between.</p> <p>She [parent] was trying to get into the program and the Parent Partner was very instrumental in helping get the client in more quickly by acting as a go-between with the language issue.</p> <p>So often we develop forms in social work jargon, and we don’t realize that they don’t make sense to our clientele, so the Parent Partners serve in the capacity to make the work we do more user friendly. They sit on committees to help us simplify and improve our forms and our procedures.</p>
Boundaries	<p>I’ve also seen how it can be challenging for the Parent Partner - I had a mom that was trying to incite her new boyfriend to be physical with the children’s father in court - and the Parent Partner saw that happening, and she didn’t want to betray her client’s trust but at the same time she was like I can’t sit here and watch her get this man into a fight! Again, you don’t want to break that trust, but there are some boundaries that you have to understand and certain things are not going to be tolerated.</p> <p>. . . I have training around the boundaries and clinical issues so I see the Parent Partner as part of the treatment team, which sometimes has some issues. So when we have had them come up here to attend meetings and they are out there smoking with their clients, I am not so sure about that. But their involvement is to help support moms and I see that difference. And I see the</p>

difference in their role and everything.

They are stuck been a rock and a hard place. In regards to personality and dedication, the Parent Partners are really great. I feel with the clients I work with, they really need people in their lives who have boundaries. But I know their role is different. I would like for the Parent Partners to have some sort of education from a clinical standpoint around the importance of boundaries around trauma and substance abuse, in particular. We see it [poor boundaries] with CFS workers and others also so it is not just the Parent Partners.

It's a fine line - they do a lot of balancing. They're employees of this department - so there are roles, you know, you don't want to have a lot of crossover on roles. So, you know, we don't want everyone running around duplicating services, and the Parent Partner's role is not to be the social worker. Their contact with the family is very confidential - we don't call Parent Partners to testify; it's kind of that "don't ask don't tell" thing. So the goal is not to have an adversarial role with the social worker either. We want the machine to work. So I think it's probably challenging at times. To sometimes deal with a social worker who maybe needs to quit - maybe the Parent Partner has a very different perception of the family than the social worker does. They have to have great skills and balance because I think they walk a tightrope sometimes. They have their foot in each camp. On the one hand they've been there, done that, but also they have to deal with this social worker who maybe doesn't have a great reputation or is burned - and they also need to help this family.

Table 7.2. Selected Quotes from Key Informant Interviews: Role in an Overburdened System

Role in an Overburdened System	
Communication	<p>It is easy to get a referral, the staff are very responsive, they are easy to work with. I have had the pleasure of working with two different Parent Partners and they both have been very responsive and made the interaction very easy. This is a big thing for a social worker. They keep in touch, respond with a quick e-mail, etc.</p> <p>To teach them that it is okay to be assertive with your social worker, if you are respectful, to communicate. A lot of these women really need help learning basic communication skills with social workers, family, just about every relationship they have. Their relationships with others are broken- may not have anyone willing to be there for them anymore. They [Parent Partners] are there to help them achieve the goals.</p> <p>I have been really impressed with their [Parent Partner's] ability to re-phrase and clarify points that social workers or others were making in a way the parent can understand. Miscommunication is common and the Parent Partner can help.</p> <p>I know many of them personally, have had them in my TDM meetings, and the thing that probably impresses me the most is really the straight talk. These women (we don't have any male Parent Partners yet) are really great at straight talk - and still keeping a real straight face. Of being really honest, with the parents but also really honest about their experience too. Sometimes calling people on their stuff, you know, saying "that just doesn't jive with what's really going on here..." They're very articulate, bright, savvy, engaging and very real. They're just normal people trying to make it like the rest of us. And I think the families can really really identify with them.</p>
Encouragement/ Support	<p>My understanding is that, especially in the beginning, it is such a "them against us" system and parents come in to this adversarial system. The goal of the Parent Partner is to advocate for the parent when they do not understand what is going on, help calm them when they get anxious about things, and be their support.</p> <p>It helps in my work that I am not the only one they can depend on. Someone else who will help to hold their hand in court, which is something I can't do. They can do what I can't do- my job doesn't have to be spread so thin. When one of the Parent Partners is on the team, it helps. It helps me to know they have someone else there for them.</p> <p>I think it makes my work better - it never feels good to sit at a meeting when you're talking about really difficult things and that mom is sitting there alone, and she may or may not speak the language, and you don't know her competence or literacy, and in those points of difficult decision making, it's hard to know how much the client is really getting. You've hit rock bottom, and you're scared to death - even the best facilitator isn't going to take that off the table. So it's a big help to have that other person there who's holding part of that info, maybe re-explaining things to the parent, maybe taking on part of those tasks at the meeting. So having the Parent Partners doesn't make my work easier necessarily, but it does make it better. It makes it more fair. It's not fair when you have 3 people from the</p>

department and one mom sitting across the table alone.

I do think it is wonderful that the parents involved in CFS have someone who has gone through the system because I don't feel that all the CFS workers have the desire, time, interest, etc. to sit down with the clients. Some do but many don't and for a parent who gets one of the workers who doesn't really sit down with them and take the long view about what needs to happen and have a real talk, it is pretty unfair and rough.

Connecting to
Resources/
Advocacy

Duties far exceed what is on paper! In general, to attend court hearings with the families, to be available to families by phone, to support and provide resource support, to help them in advocating for themselves and speaking with the assigned social workers that are involved. If a family is very needy- they give the families what they need. There is a lot of leg work to get the families on their feet sometimes and the Parent Partners provide what is needed. Cases are all different and sometimes this is really a lot.

I know that many times they're almost a liaison between the parent and the social worker at times. But they're really there as a support, like "I'll go with you to your first therapy session, to court, make sure this/that is working." A lot of them keep their cell phones on all the time to be able to be available as a sounding board/support person. Also they are really good with resources. They help make that link to resources.

Truly, they've been a very powerful program for me and for my staff. For my staff it's probably decreased their workload because the Parent Partners often know of resources in the community that sometimes we don't even know about it.

I mean, I work in this system and sometimes it's baffling to me. I don't know how these families ever find us, get us on the phone - it's a maze that's always changing, and unless you know the secret handshake, it can be difficult. The Parent Partners show you how to get over those barriers, walk around them, jump over them, move them out of the way.

Without a Parent Partner they are just sitting there [in court] and they may have more questions that I can't get to them and you know they must have some questions. I can't seek them out so those who have a Parent Partner have someone who is readily available and that is going to make them more successful.

Table 7.3. Selected Quotes from Key Informant Interviews: Facilitating Change

Facilitating Change	
Parent Partners' Growth	<p>The Parent Partners are a great example- they are just growing and developing skills that they probably wouldn't be able to develop without being involved in this program- traveling, speaking, going out, talking with politicians, etc. It is amazing. And, it is helping them to boost their self-esteem. And they are making good use of the opportunities and this helps them work with their clients. It is good for everyone.</p> <p>The main thing is the growth I have seen in the Parent Partners since the beginning. I had questions about how it would work with one Parent Partner in particular. Early in her experience (before she was a Parent Partner) she would walk out of meetings when she was frustrated as a defense. I wondered how this would work when she is a Parent Partner in similar meetings with a different role. Her growth since the beginning working as a Parent Partner is amazing; she has now really become an "advocate for change."</p> <p>They all have very different personalities but have all found their niche, and they work very well within that niche, and you just have to step back and appreciate how well they do what they do. They have positively affected their parents as they have worked with them. They've got great senses of humor. They really love what they do. They're so proud of themselves that they have succeeded to this point, when they look at themselves a few years ago when they were engaged on the other side, were maybe drug-involved or in jail, and I think they're just amazed at how far they have come.</p>
Professionals' Growth	<p>. . .sometimes when you're in the business that we're in every day we forget about how a client views the whole legal system when they come in for the first time - how daunting and complex it can be. And if they're by themselves and there are attorneys all over the place, it is quite confusing and hard for them. And that's the biggest thing that has enlightened me more that this is a really difficult process for clients to go into the juvenile court. The Parent Partners have shared their own experience about that and helped make it clear how confusing and hard it can be for our clients.</p> <p>Like what I said earlier, they affected my perception of my clients in that I was able to see a different side of my clients. That experience allowed me to take a step back and just <i>hear</i> from a client's point of view. So I was able to take a step back and transfer their point of view over to my clients. Hearing their stories and how they perceived social workers helped me.</p> <p>To a brand new foster parent they think they are coming to save these children from a parent who is a monster. So I bring the Parent Partner in to show a human face to this and share their experience. It makes such a difference for them to see these parents because it is not the same as their perception at all.</p> <p>One thing I learned from Parent Partners was that some of the things I was doing that I thought I was helping families actually wasn't. They really opened my eyes to various perspectives. At one point there was a comment made by a</p>

Parent Partner indicating that they thought our lives were perfect, and I thought that was such an interesting perspective to get. Also one of the major things that I learned from them that sticks with me is to say to our clients “you can do this;” they taught me to have a different level of encouragement. They’ve taught me a lot about what I do and my belief system. They’ve opened my eyes to the way services work and to how challenging things can be to our clients in the system. They bring to the table and make clear to someone who’s always had a car or at least access to a car that public transportation can be extremely complicated. I didn’t have a good sense of it before. I learn from every interaction I have with them. They’ve made me a better social worker.

One of the things I didn’t realize all these years when I gathered information (which I’ve been doing in various capacities for the last 10 years) is the importance of painting our clients as people. The Parent Partners have given me a better appreciation of making sure when I do written documents that I really paint who a person *is*, not just what they’ve failed at but who they are as a person, where they came from, what’s their culture, their religion, was corporal punishment a part of their family and no one ever taught them anything different. I didn’t always do that before.

Outcomes/Systems
Change

The program is working just the way it was supposed to work and is really helping families get reunified faster and more effectively. Parents are doing what they’re supposed to do more quickly and that moves things along better in the system.

I know anecdotally one situation where the Parent Partner got a client into an inpatient substance abuse treatment facility more quickly. And if you tease that out, because they got treatment more quickly, they probably reunified more quickly, etc. The whole process was probably affected by that Parent Partner’s advocacy.

They’re [social workers] all unanimous in their assessment that they receive far less crisis calls now, with the assumption that the Parent Partner is fielding those calls instead, and the Parent Partner is able to explain the situation in a way that calms the parents and allows them to not need to call the social worker. We’re seeing less contest; it’s a smoother, less contentious process because we’re able to come to the table and be able to get some kind of amended language or the parents will go forward with the existing language, so there are fewer contests. The Parent Partners get the parent calmed down and are able to explain to them and get them to understand the process. When they’re not in that irritated, upset, confused, crisis state of mind, they get it and that allows them to be able to go forward quicker.

They’ve [Parent Partners] really helped in some of our recent efforts in improving cultural competencies. They have talked about how it is that language/ communications can offend clients when you’re talking about them. They’re helping us as an agency to improve upon the way we look at things, the way court reports are written; they point out that some of the language we use really is demeaning if you were a client reading that. So as we are looking at improving and being sensitive to cultural awareness and how clients read this or understand this, that there are things clients perceive in a different way from

how we intend them. So the Parent Partners are part of an oversight group on improving cultural competency, and they're instrumental in helping us improve some of the language, reports, communication styles, etc.

Since the Parent Partner program has started, I've seen a significant shift towards seeing many more families exiting the court in family maintenance rather than family reunification. And I think it's specifically because of the Parent Partner helping and supporting parents and getting them engaged in services quicker so that we can get kids home quicker. . . Also, workers are receiving a lot less crisis-oriented calls - the families benefit, the social workers benefit. In 17 years one of the things that has always been interesting to me is that we expect parents to change overnight but social workers are always resistant to change (laughs). But as a new program the social workers have just jumped right on this one because they could immediately see the benefits for their clients and for themselves. The program really has been very well received.

CHAPTER 8

DO PARENT PARTNERS CONTRIBUTE TO POSITIVE CHILD WELFARE OUTCOMES?

... she says to us, "Have patience," and we used to say to her, "No, we're going to do this or that." But she says, "No sweetie, look forward. Look forward," she tells us. "And never lose the struggle for what is yours," she tells me. (She) says, "Follow through and move ahead." And that is what we're trying to do now. And she says, "Don't do it for yourself or for him (motioning towards her husband). Do it for your children."

- parent client

The Parent Partner program was birthed and sustained by a grant from the federal Administration for Children and Families "System of Care" grant entitled, "Partnering for Permanence." The central goal of the larger county effort, therefore, was to develop strategies to better support families in their efforts to remain together, safely, or to reunify when safe and appropriate.

We have identified many strengths of the Parent Partner program to date. Parents participating in the program attest to its value in offering encouragement, motivation, guidance, information, and support. Allied professionals attest to the importance of Parent Partners in supporting their work with families, yet doing so with a unique set of tools and strategies. And Parent Partners, themselves, speak to the transformative experience they regularly enjoy working with parent clients and county professionals. For families who are ready to engage in services, the Parent Partner appears to offer an important life-line. Since the original program objectives were directly linked to successful reunification, we were also interested in determining whether the program succeeded in reunifying children with their parents. The analysis undertaken for this portion of the study tests the hypothesis that parent clients who engage with a Parent Partner are more likely to reunify with their children than similar parent clients who do not have the services of a Parent Partner. Below we summarize our findings to date.

Methods

Data Sources

Data were collected by county staff from the county's child welfare database, the Child Welfare Services Case Management System (CWS/CMS). The preliminary analysis matched a sample of children whose parents utilized the services of a Parent Partner with similar children from previous years whose parents did not have the opportunity to have a Parent Partner because they entered the child welfare system prior to the program's existence.

Sample

The outcome study includes a total of 291 children involved in the child welfare system. Two hundred and thirty-six of the children, whose parents utilized the services of a Parent Partner, were separated from their parents between July, 2005 and March 15, 2008. There may have been other families who also received the services of a Parent Partner, but early efforts to document and track the parents receiving services were not always systematic. By focusing on a sample of children who entered the system no later than March 2008, we were able to examine reunification data 12 months after the child's removal from the home.

The comparison group is a sample of 55 children who were removed before 2004, who were proportionally matched with the 236 children in the Parent Partner group on ethnicity (i.e., African-American, Latino, Caucasian), case intervention reason (defined as the reason an emergency response referral was promoted to "case" status), substance use of the parent (i.e., was substance use identified as a problem for the parent or not?), and gender and age of the child who was removed. The 2004 date was chosen because that date is well enough before the initiation of the Parent Partner program that the researcher can be sure that no families in the comparison group used the service of a Parent Partner. These variables were included in the

match because they have been identified as significant to reunification likelihood and because the data are regularly collected within the extant child welfare data archives.

Since there were a very small number of Asian, Pacific Islander, and Native American families in this sample (total $n = 16$) we excluded these groups from the analysis since they were unevenly represented in both groups, and statistical testing including these groups would not have affected the results. The final sample size for analysis was 275 (221 Parent Partner families and 54 comparison group families).

Variables and Analytic Strategy

The dependent variable in the analysis is reunified vs. not reunified, as measured by the CWS/CMS case episode termination reason of “reunified with parent or guardian.” The independent variable is the presence or absence of a Parent Partner in the families’ lives. The matched design controlled for other differences that have been linked to reunification outcomes. Table 8.1 includes a description of sample demographics with the variables available for the multivariate analysis and confirmation of the similarity in background of families participating in Parent Partner program and comparison families.

Parents in both groups were more likely Caucasian than they were members of other ethnic/racial groups. These data mirror data for the county as a whole. Children were quite young. On average, children in both groups were under the age of 5. The average age at removal for the comparison group (2.8) was younger than that of the Parent Partner group (4.9), $p = .005$.

Results

Based upon chi-square tests, the data suggest that children whose parents were involved in the Parent Partner program were more likely to reunify by 18 months than children whose parents were not involved in the Parent Partner program [$\chi^2 (1, N = 136) = 19.36, p < .001$].

Specifically, 58.9% of children whose parents were involved in the Parent Partner program reunified, compared to 25.5% of children whose parents were not involved in the Parent Partner program.

Multivariate logistic regression confirmed the chi-square test. Controlling for age at removal, ethnicity, and gender, reunification was more than four times as likely to occur for Parent Partner families than families in the comparison group, $\text{Exp}(B) = 4.25$, $p < .001$. In this sample, neither age at removal, ethnicity, nor gender had any effect on the likelihood of reunification.

Discussion

The difference in outcomes between families who made use of a Parent Partner and families who did not are significant. In general, reunification rates from this county have hovered around 50% for the past several years (see: <http://cssr.berkeley.edu/ucb%5Fchildwelfare/Exits.aspx>). Although rates vary by ethnic group, the rate of reunification for Caucasian children has remained relatively stable around 50% for the past ten years. These rates vary little from national figures, and are slightly higher than rates for the state as a whole (see: <http://cssr.berkeley.edu/ucb%5Fchildwelfare/Exits.aspx>) Rates of reunification for substance involved families have been found, in other studies, to be especially low. The fact that families receiving services from a Parent Partner had reunification rates of almost 60% is especially impressive.

While these data are intriguing, they do not necessarily indicate that the program spawned these differences in rates of reunification. In addition to the significant data limitations noted above, the Parent Partner program relies on parents' self-selection into the program. Those parents who are ready to take advantage of services, those most motivated to see their children's

return, and/or those parents who are inherently resourceful may be the ones who accept Parent Partner services. Even without the program, they might have been the parents to see higher reunification rates. Although we attempted to match our comparison sample with the Parent Partner sample along a number of variables, it is entirely possible that other factors not captured in the data explain a good deal of the difference in parent attributes. Future analyses, using a larger sample, a comparison sample using propensity matching, or a controlled clinical trial with random assignment might better answer questions about the attribution of causality.

Table 8.1. Sample Demographics (n= 275)

Sample Demographics	Parent Partner Involved n = 221	Not Parent Partner Involved n = 54	Total
	Mean (SD) or %	Mean (SD) or %	
Caucasian	44.8%	57.4%	47.3%
African American	32.6%	22.2%	30.5%
Latino	22.6%	20.4%	22.2%
Age of child at removal*	4.9 yrs (5.2)	2.8 yrs (3.6)	3.8 yrs (4.4)
Child is male	52.9%	50%	52.4%

*Age difference significant between groups, $t = -2.86, p = .005$

Note: Chi-square tests of significance were insignificant at $p < .05$ level.

CHAPTER 9

DISCUSSION

“There are many people with so many problems, problems like our problems...and they need the support. They [the County] need more people like her [parent partner].”

- Parent client

The Parent Partner program is one of a number of recent innovations in child welfare that draws upon the strengths of families and engages family and community members in program planning. As a departure from previous initiatives, the Parent Partner program seeks to enlist as staff, mothers and fathers who have experienced child removal, services, and reunification. These individuals are trained and supported to provide direct services to parent clients seeking reunification with their children. The program design in Contra Costa County encourages Parent Partners to serve as mentors, guides, and advocates for current parent clients. Parent Partners can be flexible in the roles they play and in responding to a range of needs parent clients might present. The principal goal of their work, however, is to help parent clients gain awareness of their rights and responsibilities, and to assist parents toward reunification with their children. Because of their unique experience as former clients of the child welfare system, Parent Partners offer a perspective to parent clients that differs from that of social workers and other allied professionals. As one staff member indicated, “The message is the gift of hope: If I can do it, you can do it, too.”

When parents are separated from their children, courts usually require evidence of significant change in parents before recommendations to reunify are offered. The path to facilitate parental change is assumed to occur via the parent’s engagement in services including parenting education, drug and alcohol treatment, mental health counseling, or other supports. In

fact, according to Smith, (2001), parental compliance with services is one of the most important predictors of reunification. Yet little is known about the factors that help parents engage in services. Acting largely as brokers of services, social workers attempt to offer referrals to services; sometimes time permits social workers to actively assist parents in connecting to services. But there is an acknowledged social distance between the social worker and the parent client. Differences of class, education, parenting status, or prior contact with the child welfare system may contribute to parent clients' feelings of isolation and helplessness as they face a steep set of externally imposed requirements.

Parent Partners, selected because of the successes they have experienced in overcoming significant obstacles, in changing patterns of personal behavior that diminished their parenting skills, and in acknowledging the role of child welfare in motivating them to re-prioritize their family, are viewed as important allies in the Contra Costa County Child and Family Service Division. Because of their shared experience with the child welfare system, Parent Partners may be uniquely positioned to reach out to parent clients, gain their trust, and help them access services and negotiate the complicated child welfare bureaucracy.

This study, while not conclusive, suggests the promise of Parent Partners in supporting parents' efforts to reunify with their children. These findings are summarized below:

Client surveys validated that the Parent Partner program was implemented with high fidelity to its intended objectives. Responses from the client surveys indicated an exceptionally high degree of satisfaction with the services received. Clients felt supported and informed about their experience with the child welfare agency, and empowered to take control of their circumstances and make needed changes in their lives. They believed that their experience with

their Parent Partner gave them a voice in decision making, and helped to support their relationship with their children.

Focus groups with parent clients suggested that Parent Partner services were not only viewed as beneficial, but also as necessary. Parent clients' responses clustered into three main areas of importance: the value of shared experiences, communication, and support.

Shared experience. Parents participating in focus groups indicated that their Parent Partners were uniquely capable of helping, because they'd "been there" and could fully understand and appreciate the parents' experiences of child removal. Parents articulated the difference between a Parent Partner and a social worker: "*The parent partner is still more ... they're on your level and they've experienced what they have experienced; they went through what you went through. And the CPS workers haven't went through it; they just went through the school. Most of the CPS workers are just school smart—they're not experienced and went through it.*" Parents described their Parent Partner as offering encouragement, trust, and hope, compelling them to believe in themselves and in their ultimate success.

Communication. Parents spoke of the availability of their Parent Partner, often accessible during nights and weekends. Parent Partners were also admired for their plain talk, absent jargon and legal terminology; they were described as frequently in contact with parents, serving to encourage them in meeting their goals, and also in contact with other professionals and foster parents, acting as a kind of bridge and a role model for their own actions.

Support. Parents indicated that the key intervention offered by Parent Partners was that of support, including emotional support, material support, support in developing self-reliance, and support regarding recovery from substance abuse.

Interviews with Parent Partner staff indicated that the program not only had important effects for parent clients, but that the opportunity to serve as a Parent Partner was personally redemptive as well. All of the Parent Partners indicated that they continue to learn new strategies for parenting their own children thoughtfully, that they have grown in confidence through their work, and that their understanding of whom they are and what they can achieve is regularly fortified through their role as a Parent Partner.

Allied professionals were very positive about the value of this program, attesting to the promise of Parent Partners for inspiring behavioral change in birth parents, for reducing parents' anxiety, and increasing parents' understanding of the child welfare system.

Finally, results from the outcome study indicated that reunification may be more likely for children whose parents were served by Parent Partners. Specifically, approximately 60% of sample children whose parents were served by a Parent Partner reunified within 12 months of removal, compared to 26% of children whose parents were not served.

The program is admired by allied professionals, appreciated by parent clients, and valued by Parent Partner staff. The outcome analysis suggests the potential of the Parent Partner program, but should be cautiously interpreted before the program is widely adopted based on the outcome data alone. Further analyses that can better tease out the unique effects of the program above parents' intrinsic motivation to engage in services and change their personal circumstances are warranted before one can state, with confidence, the effects of the Parent Partner program on reunification. Nevertheless, if program administrators are sufficiently funded that they can develop a Parent Partner program based upon the process study outcomes, then they should be encouraged to do so. The fact that the program is so widely enjoyed by various actors in the county might be sufficiently strong evidence of its value as a child welfare program component.

The principles upon which the program stands – partnership, family engagement, joint decision making, and empowerment to change – indicate an important paradigm shift for child welfare.

There is no doubt, based upon the comments of a range of parents participating in focus groups, that Parent Partners offered hope to many who might otherwise have felt hopeless, and essential information at a time of great confusion. For vulnerable families deeply concerned about reuniting with their children, the Parent Partner program may be a vital opportunity to help parents see the path for change.

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