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Exploring the Benefits of a Parent Partner Mentoring Program in Child Welfare

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In recent years, child welfare programs have focused on engaging families as partners in order to develop stronger family-centered practice and improve outcomes for children and families. Developing and implementing systematic approaches for working in concert with families is part of the Systems of Care approach adopted by the mental health system initially and then expanded to other family-serving systems. Systems of Care (SOC) refers to a coordinated service delivery approach that relies on community partnerships to develop an integrated approach for meeting the multiple complex needs of families whose children are at risk for child abuse and neglect (Child Welfare Information Gateway, 2010 Williamson & Gray, 2011).

The SOC approach was developed to address the unmet mental health needs of children who were not receiving the services they needed. SOC approaches were initially designed to improve access and availability of services for children with emotional and/or behavioral health issues and then were expanded by child welfare systems to meet the needs of families with multisystemic issues (Child Welfare Information Gateway, 2010). The Children's Bureau's Child and Family Service Reviews (CFSRs), which measure performance outcomes for state child welfare agencies, have demonstrated the need for integrated and collaborative approaches for improving safety, permanency, and well-being outcomes for families. They have also identified promising SOC strategies implemented in various states for agency and community collaboration, improving child well-being and engaging families (Children's Bureau, 2012)

One of the principles of SOC is working in authentic partnership with families to better identify and address their needs (Stroul & Friedman, 1996). Family engagement is a strengths-based approach that puts families at the center of casework practice and is the foundation of good social work practice. In this approach, the caseworker is charged with building a relationship with clients to help them recognize their own strengths and needs and to empower families to make their own decisions throughout the life of a case, from screening and assessment to case planning, service delivery, and case closure (Dawson & Berry, 2002). Caseworkers' abilities to engage with clients have been linked to lower rates of removal, higher rates of reunification, less court involvement, and greater service access (Altman, 2008; Berrick, Young, Cohen, & Anthony, 2011).

Partnering with families increases the likelihood that case service plans will align with families' needs and that families will be more committed to, and likely to comply with, plans they had a say in developing

(Nilsen, Affronti, & Coombes, 2009). Further, literature in family maintains that it is the responsibility of child welfare practitioners to think more creatively about how to use a diverse set of strategies to motivate families to follow through with case plans (Hooper-Briar, Broussard, Ronnau, & Sallee, 1995). Common strategies for increasing family engagement include teaching caseworkers skills for engaging families and fostering an agency culture that supports a strengths-based approach. Some agencies have developed family-focused practice models that include values, principles, and practice frameworks (Connelly & Tsujii, 2010). These plans often prescribe specific approaches for engaging families, such as developing individualized case plans and conducting family group meetings to better communicate with families and foster inclusion in the child welfare decision-making process.

This study describes a parent partner program in Colorado that has evolved over a period of years through support from two federally funded projects. It was first developed in 2004 through a federally funded Systems of Care (SOC) grant awarded from the Administration for Children and Families' Children's Bureau (ACF-CB) division. The parent partner program was then expanded with additional grant funding through ACYF-CB designed to enhance collaboration between Temporary Assistance for Needy Families and child welfare services from 2007 to 2012.

Parent Partner Programs
An emerging trend in family-centered practice is the use of parent partner mentors to support permanency and reunification (Cohen & Canan, 2006). Some public agencies have implemented parent partner programs to engage parents who have successfully exited the child welfare system as resources to support and mentor other parents with open cases. Programs recruit parent partners as paraprofessionals or volunteers to work with the public or private child welfare agencies to provide support to families with current child welfare involvement. Many agencies that are unable to hire parent partners for various reasons (e.g., financial/budget restrictions, agency policies, union rules, etc.) are sometimes able to reimburse volunteers with gift cards and pay for work-related expenses, such as mileage and gas (Williamson & Gray, 2011)

Parent partners generally provide social and psychological support to families and are intended to complement, not supplant, the work of child welfare professionals. Parent partners are expected to work with families in a much less structured and hierarchical way than child welfare workers (Anthony, Berrick, Cohen, & Wilder, 2009), connecting with families

informally and with no authority to intervene in their case. The premise of this approach is that parent partners are uniquely positioned to build trusting relationships with families because of their shared experiences with the child welfare system and associated stressors (Ireys, Devet, & Sakwa, 2002). Parent partners have "experiential expertise" (Borkman, 1976) and can inspire hope and optimism as an example of someone who has been through a similar situation with a successful conclusion.

Understanding the child welfare system can be burdensome and overwhelming, especially for families of color who may experience cultural misunderstandings that prevent good communication about the expectations of the child welfare agency and strengths of the family (Lorthridge, McCroskey, Pecora, Chambers, & Fatemi, 2012). Moreover, many families have involvement with multiple systems, including legal and judicial, substance abuse, and mental health (Farmer, 2000). To the extent that services are court-ordered, families must contend with a myriad of service providers, all with their own requirements for families with an open child welfare case and treatment plan. Having successfully navigated the child welfare system themselves, parent partners have much to offer families in way of advice and support for how to understand the government bureaucracy and the multiple systems and agencies. Another role for parent partners is to help connect families to additional services and bolster their connections to community and interpersonal networks (Anthony et al., 2009).

In addition to helping families navigate the system, parent partners can help families advocate for themselves (Frame, Conley, & Berrick, 2006) and find their voice. Advocacy has been defined in this context as helping people participate in decision making about their own welfare and making sure that their personal needs and desires are represented (Dalrymple, 2003). Self-advocacy can be a challenge for parents who are socially disenfranchised and trying to function in a situation with an inherent power differential. Parent partners sometimes assume the role of advocating on behalf of families and being the family voice for the agency even as they help build those skills in client families (Lorthridge et al., 2012). Parent partners are likely to understand the perspective of client families and empathize with their feelings of anger, fear, shame, and helplessness. At the same time, these families are no longer in a "power under" relationship with the agency and may have a new level of self-confidence, having successfully resolved issues that brought them into the child welfare system (Nilsen et al., 2009).

Challenges in Implementing Parent Partner Programs

While the potential benefits of a parent partner program as a vehicle for engaging families are well supported, there are also challenges associated with implementation. Studies show that in spite of increasing efforts to improve family-centered practice, parents still report that they do not feel included in decision making and that case plans often do not meet their unique needs (Marcenko, Brown, DeVoy, & Conway, 2010; Yatchmenoff, 2005). Family engagement is an oft-cited goal of child welfare agencies, yet public agencies that work in a regulatory capacity to enforce compliance struggle with models for sharing power and decision making with client families (Adams & Chandler, 2004). Agencies may also not be ready to support the idea of partnering with former clients as professionals. Welcoming former clients as parent partners presents an adaptive challenge for child welfare professionals who may be accustomed to viewing parents as clients and struggle with the idea of them as paraprofessionals. This is especially challenging for agencies without a strong culture of engaging with families throughout the case-planning process (Cohen & Canan, 2006).

Likewise, clients who are involved, usually involuntarily, with child welfare, may be reluctant to engage in a trusting relationship or take advantage of offers of assistance or professional services of government workers who have the power to remove their children (Fisher & Nadler, 1974; Williamson & Gray, 2011). Parents may have concerns about the motives of an agency that offers support and the potential negative personal consequences of accepting services. Parent partners provide a good solution to this obstacle, since offers of support are coming from someone outside of the child welfare system, someone who shares similar experiences resembling those of the recipient. However, parents may also be hesitant to accept offers of support from parent partners. Research indicates that people are likely to reject offers of assistance because of anticipated feelings of indebtedness, guilt, and shame (Scholte et al., 1999). Offers of help carry the implicit message that the recipient is inadequate or unable to cope with the current situation (Ireys et al., 2002). Parent partners can mitigate this challenge by emphasizing the reciprocal nature of the aid and emphasizing the fact that they had suffered similar hardships and perhaps also benefited from the support of others in a time of need.

Finally, families in the child welfare system benefit most from tangible supports, such as housing and employment, and families who receive these critical services in the first 90 days are less likely to have repeated maltreatment reports (DePanfilis & Zuravin, 2002). Because

their need for basic necessities (i.e., shelter, money, food) takes precedence over everything else, parents might be less attentive to offers of support or service delivery that address other needs, such as parenting or psychosocial or mental health that are either offered through voluntary services or mandated through a court order. For families in crisis, offers of support from a helpful stranger might be less salient and appealing than available services in more critical areas that address fundamental needs.

To the extent that parent partners may live in the same communities and share the same language, cultural background, and experiences as clients, they are well positioned to connect with families, build meaningful relationships, and provide support and hope. On the flip side, parent partners might not then closely resemble child welfare staff or other system providers. They are unlikely to hold advanced educational degrees or have strong writing or presentation skills. They might lack job experience and familiarity with dress codes and professional workplace conduct. Past system involvement also suggests that they might have criminal records and previous substance and/or mental health problems (Berrick, Young, Cohen, & Anthony, 2011). These challenges necessitate careful recruiting, screening, and training strategies. Many programs require that former clients wait at least six months and sometimes a year after case closure before being eligible to be a parent partner. Strong programs have written screening and interview tools as well as job descriptions that clearly define roles and responsibilities and require extensive training. Parent partners may receive training in a number of areas, including basic professional conduct around dress code and time management, along with job skills such as communication and presentation strategies (Williamson & Gray, 2011).

Parent partners may also receive extensive training on how to engage with families, provide social support, advocate appropriately, and help connect families to community services. In addition to the initial training, strong support and supervision of the parent partners themselves is critical for program success (Frame, Berrick, & Knittel, 2010). Parent partners need support as they transition from the role of client to that of helper, as they learn to develop a different perspective of the child welfare agency and understand a different set of agency cultural norms. They must strive to build new relationships with caseworkers whom they might be accustomed to viewing in an adversarial role. Supervisors might also need to provide social and therapeutic supports for parent partners to address secondary trauma that might be triggered by working with families. Finally, supervisors can provide coaching to parent partners to help them gain the necessary helping skills to engage with families and

provide support and advocacy. Personal experience with child welfare gives parent partners a unique insight, perspective, and perhaps empathy but does not alone confer the skills or understanding to guide someone else through the process.

Parent partner programs also work with child welfare leadership and staff to help them understand and accept the role of the parent partners. As mentioned earlier, agencies may not be accustomed to viewing former clients as paraprofessionals, and convincing staff to work collaboratively and inclusively with parent partners can be an adaptive challenge that requires buy-in and support from agency managers and supervisors. To the extent that parent partners are invited to participate in family group conferences or accompany parents to court, other system partners, such as legal and judicial, mental health and substance abuse providers, and law enforcement, need to also understand and sanction the parent partner program. It is clear, then, that the success of a parent partner program is dependent on strong program leadership and management who can work effectively to identify, train, support, and supervise parent partners as well as work collaboratively with agency and community partners to ensure strong implementation of the program.

Promising parent partner programs for child welfare have been established across the country, including in Contra Costa County, California; Mendocino County, California; Maricopa County, Arizona; the Iowa Department of Human Services; Pierce County, Washington; and the Child Welfare Organizing Project in New York City, among others (Berrick et al., 2010; Community Partnerships for Protecting Children, 2011; Frame et al., 2006; Marcenko, Orlando, & Barkan, 2009). There are a variety of ways to structure parent partner programs and define roles and responsibilities of parent partners (Frame et al., 2010). In some programs, parent partners provide informal social support to families upon request. In other programs, mentors are formally matched with clients and are expected to have a certain amount of structured contact, either through email, telephone, or face-to-face meetings. Parent partners often provide training and community outreach, serve on community and agency groups and committees, and provide input into agency policy and practice decisions. However, the primary responsibilities of parent partners usually include working closely with client families to promote engagement in case planning and services, connect families to resources and services, support families by attending family group meetings, court appearances, or services, advocate for children and family rights, facilitate training, and participate in speaking engagements and agency and community

meetings and/or committees (Anthony et al., 2009; Community Partnerships for Protecting Children, 2011).

Research on Parent Partner Programs
Few empirical studies have been done to test the effectiveness of parent partner programs, particularly in child welfare, although there are studies that support the effectiveness of parent mentor and support programs in related fields, such as substance abuse, mental health, and pediatrics. One of the earliest family mentoring programs, Parents Anonymous (PA), is the only one so far with a rating as a promising program, according to the California Evidence-based Clearinghouse. PA is a nationwide, community-based, family support group that facilitates strengths-based support groups for parents with maltreatment issues. Weekly meetings are co-led by a professional facilitator and a participating parent. A national longitudinal outcomes study of PA from the National Council on Crime and Delinquency finds that parents who participate in PA show improvement in child maltreatment outcomes and in risk and protective factors compared to those who dropped out (Polinsky, Pion-Berlin, Long, & Wolf, 2011). In a quais-experimental study of its parent partner program, Mendocino County, California, finds that parents who utilize the services of a parent partner have higher rates of reunification compared to a matched sample of families before the program began (Berrick et al., 2011).

In related fields, an overview of veteran partner (VP) programs in pediatric health suggests that they may be effective in improving families' coping skills, knowledge of their child's physical or socioemotional conditions, and perceived access to resources (Nilsen et al., 2009). Another study examining the effectiveness of substance abuse "recovery coaches" in Illinois finds that parents who receive peer coaching are more likely to access substance abuse treatment services than parents in a control group (Ryan, Marsh, Testa, & Louderman, 2006).

Expanding the Focus of Parent Partner Research
The primary goal of a parent partner program is to provide support to client families. However, as parent partners serve in this new role, they have the opportunity to forge a different relationship with the agency as a colleague and paraprofessional. Thus, it is important to consider the effects of serving as a parent partner as well. Few studies of parent partner programs in child welfare have examined the direct benefits to veteran parents who are serving as parent partners. In fact, parents with previous child welfare involvement in all likelihood still struggle with the

same risk factors that led to their involvement in the first place, such as poverty, lack of education, status as a single parent, substance abuse, mental health issues, and domestic violence, just to name a few. Even though parents are selected because they have experienced success in their treatment plan and overcome many obstacles, the risk of recurrence of maltreatment within six months of a report is still high at 13%, with an additional 14% estimated re-referral rate at 12 months (Connell, Bergeron, Katz, Saunders, & Tebes, 2007).

Theoretically, involvement in a parent partner program may serve as a protective factor against future maltreatment of their children and recidivism in general by building professional skills as well as socioemotional well-being, such as self-confidence and self-efficacy. One study involving interviews with parent partners in the Contra Costa County parent partner program (Anthony et al., 2009) shows that parent partners appreciate the support they receive from their supervisor and peers and find the work deeply rewarding.

Parent partner programs offer tangible benefits to parents who might have little previous job history or experience in a professional work setting. These programs provide parent partners with critical professional job skills that are transferrable to other settings, such as time management and organizational skills, appropriate attire, email and telephone etiquette, public professional conduct, and communication skills (Anthony et al., 2009). Many parent partners have a history of substance abuse or criminal records that are a barrier to employment. Being a parent partner may help open doors for them for other employment opportunities, not only by building their job skills and resumes but also by encouraging connections and relationships in the community. Parent partner programs are relatively new in child welfare, with very few studies of their effectiveness. Most of the literature focuses on outcomes for families receiving support and not on the direct benefits and outcomes for families with previous involvement who are serving as parent partners.

There might be psychological benefits for parent partners as well. According to social comparison theory, people tend to feel better when they compare themselves favorably to those worse off than themselves (Cottrell & Epley, 1977). In this case, parent partners may share the same socioeconomic and cultural background as well as the same negative experiences with child maltreatment that led to system involvement in the first place. Parents involved in the system are burdened by feelings of sadness, anger, guilt, fear, shame, and general powerlessness (Frame et al., 2006). Parent partners are those who have overcome their negative circumstances and successfully resolved issues. However, these

negative feelings and self-perceptions may persist and may be triggered by proximity to the child welfare system. However, now these parents have been approached by the agency and asked to assume the role of a helper, rather than a victim. Working closely with families who are in the throes of crisis invites social comparisons and increases the saliency of how far the parent partner has come in improving their own circumstances (Wills, 1981).

Simply providing assistance and support in the helper role is rewarding. Social equitable theory describes a social exchange process between the helper and the recipient where the helper provides caring and the recipient is grateful in return (Buunk, Schaufeli, & Ybema, 1994). This equitable relationship does not always manifest between families and child welfare workers, whose offered support is neither solicited nor valued; however, it is much more likely to develop between parent partners and the families. When parent partners feel that families appreciate, and even rely on, their support and guidance, this can be deeply satisfying. Finally, there is a rich literature in social psychology demonstrating that how a person presents him- or herself publicly influences self-perceptions and behavior (Bem, 1972; Tedeschi & Norman, 1985). Even though parent partners may not initially feel like knowledgeable experts, being asked to assume that role can have a powerful effect on how they view themselves. One experimental study with chronically ill patients shows that those who are asked to assume a teaching role for other patients demonstrate improved coping strategies themselves as well as less depression compared to a control group (Leake, Friend, & Wadhwa, 1999). Implications for parent partner programs is that former clients acting as expert advisors to other families might be more inclined to internalize that role and feel better about themselves, as well as try to model the positive behaviors they are recommending to others.

Purpose of the Study

This study presents findings from a qualitative examination of the experiences of those involved in a parent partner program in a large human services agency in Colorado that serves both urban and rural youth. We include the perspectives of parent partner mentors, client families, and agency personnel. The qualitative data analyzed for this paper were gathered as part of a larger program evaluation of the Parent Partner Mentoring Program. In this study, we focus on one primary research question: what are the experiences of those involved in the Parent Partner Mentoring Program?

Program Design

The Parent Partner Mentoring Program was managed by a full-time coordinator who was employed by the child welfare agency and supervised by a child welfare program manager. The Parent Partner Mentor (PPM) coordinator was responsible for recruitment and training, development and strategy, and PPM coaching and mentoring. The program developed standardized recruitment, screening, selection, and training tools for parent partner mentors. In addition, the PPM coordinator worked closely with agency leadership to better integrate the program with the Department of Human Services. Efforts included cross-systems training to education child protection and TANF staff about the Parent Partner Mentoring Program and to PPMs about agency policies and procedures. A referral system was also developed for caseworkers to nominate former client families to be PPMs and also request PPMs for current families on their caseload.

PPMs were recruited based on recommendations from caseworkers and posted job announcements. All applicants participated in a lengthy interview process and completed a questionnaire that asked comprehensive questions about their experience, motivations, and attitudes about the agency. PPMs participated in a 14-week training course with over 30 hours of training. PPMs also received training in child welfare mandatory reporting, informed supervision, court roles and responsibilities, and disabilities. PPMs received an hourly stipend for their work.

Once assigned to a family, PPMs contacted their family partners by telephone or email and offered support and guidance. They also attended family group meetings and other activities (such as court appearances) as requested by the family. Some PPMs developed close relationships with their family partners and were in frequent contact, while other matched pairs worked less closely together and had infrequent contact. Much depended on the needs and preferred style of communication of the families, as well the chemistry between the PPM and the family members.

PPMs served on numerous county and state committees associated with community partners and providers such as juvenile justice, domestic violence, substance abuse, and transportation, as well as workgroups for differential response and SOC implementation within the county. PPMs also participated in innovative projects to improve education about child welfare. For example, some of the PPMs were involved in the development of a Dependency and Neglect video for state courts, and others participated in training for new Children, Youth, and

Families caseworkers, new TANF case managers, new foster care parents, and new court-appointed special advocates (CASAs).

Method

The study utilized semi-structured interviews and focus groups, collected as part of a larger mixed methods study of services to engage families. Focus groups and interviews were conducted with agency and community stakeholders, parents, and PPMs in a large public child welfare agency.

In phase one, PPMs were invited through email by the program coordinator to participate in a focus group. One 90-minute, semi-structured focus group was conducted with PPMs. In total, 14 PPMs were invited, and a total of 9 (female) PPMs attended the focus group to share their experiences and thoughts on the program.

In phase two, 12 key stakeholders comprised of community providers (*n*=5), agency staff (*n=3),* and administrators (*n*=4) were identified by program staff as key partners and candidates for interviews. All stakeholders were invited by email and telephone to participate in a brief interview to identify global strengths and challenges of the program, benefits to families, and to share their perspectives on PPM components of the program. Researchers conducted 30- to 60-minute telephone interviews with each stakeholder.

For phase three, families who were enrolled with a PPM were invited to participate in an in-depth case study, and all four families agreed to participate. Families were selected using purposive sampling to obtain cases with different initial case characteristics. Case studies included semi-structured interviews with the family members themselves (*n=4),* their PPM (*n=4),* and the child welfare agency caseworker (*n=4).* Researchers conducted 60- to 90-minute, in-person interviews with all case study participants. The case studies allowed the evaluators to gain an in-depth perspective of the family's experience with the program within in the context of their own case and personal experience with the child welfare experience.

Analysis

Data were analyzed employing coding techniques characteristic of a grounded theory (Glaser, 1978; Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1990). Focus group and interview transcripts were manually coded using open coding to identify salient categories, their properties, and their dimensions (Bogdan & Biklen, 1992, Huberman & Miles, 1994; Wolcott, 1994). These emerging themes and their properties were then processed through axial coding to identify central themes.

Finally, selective coding was used to integrate the themes and describe the central experience.

Results

Analyses revealed three primary themes, two related to salient characteristics of the Partner Partner Mentoring Program (the importance of mutual understanding between PPMs and clients and the importance of PPM advocacy) and one theme related to benefits to PPMs themselves. Subcategories for the themes of advocacy and benefits to PPMS also emerged during analysis and are explored in greater detail to illustrate the intricacy of these broader themes.

Mutual Understanding

PPMs, agency stakeholders, and clients describe how mutual understanding between clients and PPMs was essential in fostering positive and effective relationships. As in previous studies (Anthony et al., 2009), clients in the current study identify mentors as empathic partners who are genuinely helpful and understand their circumstances. Clients repeatedly reference PPMs' similar experiences, noting that they "understand like no one else could." One mother recounts her relationship with her PPM in this way, "She knows what it is like. The best part about parent partners is you don't feel like you are alone. They have been there; they've been through it."

Agency stakeholders also recognize the crucial difference between mentors and other human service providers in terms of mutual understanding. An agency caseworker describes the function of the PPMs this way:

> Their knowledge, their expertise, it's the same reason why Alcoholics Anonymous works, because someone who has been in your shoes, someone that has felt your pain, and done what you've done, been on your journey, can really understand you better than no one else.

PPMs recognize that their link to clients is through their shared experiences and that their ability to provide genuine empathy to those they mentor is what sets them apart. Moreover, parent partners are purveyors of hope and serve as a salient example that parents can make it through this painful process:

> I think going through it and not knowing anything about what the next year of my life was going to look like was the most stressful part of the process. We, as parent partners, can come in and say to clients you are going to get a chance here.

Advocacy

Advocacy for specific clients. The Parent Partner Mentoring Program offers opportunities for PPMs to serve as advocates for families in the child welfare system through various channels. PPMs provide direct advocacy for their family partners in family group meetings and court proceedings. PPMs describe their confidence in advocating for individual families as well as representing the client voice within the human services agency and community. Stakeholders echo the belief that PPMs provide the perspective of the client for service development and other agency business. PPMs strongly identify with their role as family advocates. In interviews and focus groups, they frequently identify themselves as "helpers" and indicate their key role is to advocate for the clients with whom they are partnered. Families who are interviewed also describe advocacy efforts of their PPMs. For example, one mother strongly wanted to get her case closed (as many clients do). In her interview, she shares that she feels her mentor had played an instrumental role in helping her to achieve that goal:

> My case was closed and [my mentor] was a part of that. That was really important. She let [my caseworker] know that they were making the right decision by closing the case. I feel like her opinion was important in their decision.

However, it is not clear from the interview data in the current study that mentors encourage clients' advocacy for themselves. PPMs are much more inclined to give examples of their own actions on behalf of clients, rather than discussions about families finding their own voices. Moreover, in the interviews, clients in the family case studies are less inclined to talk about the advocacy behaviors of PPMs compared to the PPMs themselves. Instead, clients more frequently mention the friendly support that their PPMs provide. For example, one client says:

> We do a lot of talking. We talk about pretty much about how we're doing. We talk about the kids and about the parent partner program and different resources to different stuff. We talk about how each other is doing. Right after I moved and I texted that we moved, she was really happy for us, and she is really nice.

The role of advocate seems less important to the people who are matched with mentors than it does to the PPMs themselves. What seems to be most important to families is that their PPM acts as an empathic support. On the other hand, PPMs are more likely to downplay their similarities and "likeness" to their partner families and more likely to differentiate themselves as helpers, rather than supportive friends.

Representing family voice. In addition to advocating for their family partners, PPMs also act broadly on behalf of all system-involved families by encouraging agency staff to engage families in decision making regarding agency policy and practice. Many stakeholders confirm that PPMs serve as advocates for family voice across the agency by serving on committees, work groups, staffing, as well as mentoring families who are currently going through the system. One agency administrator describes the way PPMs help in developing differential response services:

> As we started taking a look at implementing differential response, we had parent partners start to participate in what we called our internal DR workgroup, which was our preparation for the start of differential response. So we included the parent partners in that process, and they were instrumental in providing feedback for example on the brochure we give to families to explain what differential or family assessment response is. That was really helpful. They helped us talk about what services might be helpful, how to coordinate those services, and so that was really beneficial.

PPMs agree that one of the greatest impacts they have been able to make in their role as advocates has been at the agency level. One PPM enumerates channels through which PPMs have been able to affect agency change:

> [We have helped with] treatment support meetings, team decision-making meetings, evaluate and direct teams, family group conferences, and Family Intensive Treatment Court. We sit on internal and community committees and on a couple of Systems of Care and community mental health committees. [We do] mentoring mostly, but we also sit on the Child Protection Task Force. Some of us sit on a project for how to help families spend their TANF dollars wisely. We sit on the internal workgroup for differential response and also assist with the Resource Fair.

These changes are not necessarily localized to the committees on which PPMs service but have a larger agency impact as well. There is a shared feeling among the stakeholders interviewed that the Parent Partner Mentoring Program has led to greater awareness across the agency of the need to engage families in more agency decision-making processes and the importance of considering family voice when making important practice changes. One PPM comments on changes in agency culture regarding attitudes about families since the Parent Partner Mentoring Program began: "We are more informed, the system is responding, and

the conversation is more civil. They don't have to defend themselves, and we can speak with a more informed voice."

Benefits to PPMs

Empowerment. PPMs feel that the mentoring program helps to build their own self-confidence and self-efficacy around fulfilling their role as PPMs. In addition to individually advocating for clients' needs and acting on behalf of families in the child welfare system, PPMs share that they believe the program helps them find and use their own voices inside and outside of the child welfare setting. Parent partner mentors shared:

> Our coordinator really encourages us to speak. I have spoken up at team decision meetings (TDMs) when needed, and I have even received some positive feedback in those situations from the caseworkers. It just made me feel like WOW! I really am doing something and they are listening to me.

Key stakeholders feel that the training and social support that the Parent Partner Mentoring Program provides offers a transition into full and functional participation as a parent and citizen. Stakeholders see a great potential in the Parent Partner Mentoring Program as an aftercare program for those who have exited the system. One community provider shares:

> It's a very good program to help parents that are exiting child welfare in the sense of it helps as a second step for them. It increases their confidence and their knowledge, which then again decreases their recidivism back into the system.

PPMs recognize that the program provides an experience of success upon which they can build. Suddenly being treated with respect and having their opinions sought out by agency caseworkers, who once viewed them as victims, is powerfully transformative for PPMs. One PPM shares that the program has helped her to overcome fears of social scrutiny and to engage in the community:

> I am an accountability chair and the crossing guard at my kid's school. I was afraid before I became a Parent Partner that someone would find out about my past. I felt lower than pond scum after going through the system. The Parent Partner Program helped me overcome that. It taught me "I was not a bad person; I had just made bad decisions." It allowed me to give back and feel good and confident.

Other mentors share similar thoughts, one stating, "It has taught us it is okay for us to be leaders and take more responsibility outside and in the community."

Support. The program also has the potential to serve in an aftercare capacity because of the strong social peer support network that develops among the participants. According to the project coordinator:

> [They don't just] support mentored families, [they also] support each other; they really have each other's backs. For instance, they have teenagers, and they might be struggling with a particular problem. They'll call up the parent-partner that has teenagers, and they brainstorm and help each other through the system, and that helps them continue their sobriety, to stay out of the system, to not fall back on the old ways of doing things, because they have that support of another person that's been through it, someone they can trust and share with and they believe in.

> PPMs agree that the program is a source of connection and support. One comments, "I skipped my class and came here tonight because I just felt I needed to be here. Being here with other parent partners rejuvenates me."

Discussion

The findings of the current study add to the growing knowledge base about the important role that parent partner programs play in the arsenal of strategies that child welfare agencies can use to engage families in the casework process. Previous research supports the notion that shared geographic, socioeconomic, cultural, and experiential background represents a key point of connection in helping relationships (Nilsen et al., 2009; Williamson & Gray, 2011) as well as the idea that social support is most effective if the helper is perceived to be similar in key ways to the recipient (Finfgeld-Connett, 2005). Because of the power differential in the relationship between caseworker and family member, worker assistance may be perceived as coercive and controlling (Thoits, 2006), rather than empathetic or understanding. However, parent partners are uniquely positioned to provide social and practical support to families, as well as advocate for family voice in the agency because of their similar backgrounds and firsthand experiences with the child welfare system.

The results presented here echo findings from preliminary studies of parent partner programs in California (Berrick et al., 2011; Frame et al., 2006; Frame et al., 2010) that families highly value the support of a parent partner and that parent partners also personally benefit from assuming a helper role. Focus groups with clients with parent partners in Contra Costa County identified three major benefits of working with a parent partner, including the value of shared experiences (encouragement, trust, and hope), communication, and support (Anthony et al., 2009). These

findings mirror the results of the current study, underscoring that parent partner programs in child welfare associated with different agencies in diverse geographic regions share remarkable similarities in the perceptions of families receiving services.

The current study gathered qualitative feedback from families, PPMs, agency staff, and community providers to try to gain a more nuanced view of perceptions of the Parent Partner Mentoring Program in a large county agency from the lenses of different stakeholders. These findings indicate that, while all stakeholders agree that the program is beneficial and worthwhile, there are subtle differences in their opinions about what is most effective. PPMs are most likely to emphasize their advocacy role in support of the families they mentor, while families themselves tend to focus on the social and emotional support they receive from their PPM. Interestingly, agency staff and community stakeholders acknowledge the importance of the helping relationship for families in the system, while also recognizing the larger role that the Parent Partner Mentoring Program played in supporting family engagement at the agency level.

The various perspectives of the stakeholders are informed by their relationship to the agency and their role in the system. The literature suggests that parent partners are well suited to provide social and emotional support to families, advocate for family voice in child welfare, help connect families to services, help families learn how to navigate the bureaucracy of the child welfare system, and advocate for themselves (Frame et al., 2006; Lorthridge et al., 2012; Nilsen et al., 2009). These findings suggest that PPMs are providing support to families and advocating for family voice in the agency and for individual families with whom they are paired. However, there is little commentary from any of the interviewed stakeholders about PPMs working individually with families to help them access services or better understand and navigate the system. The assumption is that parents who have successfully closed their own cases have an understanding of how to successfully navigate the systems and access services and can guide others through the process. However, these families have only their own experience to draw upon, and a PPM's case may be completely different from the case of the family with whom he or she is are partnered. Review of the training curriculum confirms that the mentoring program does not specifically train PPMs on community service array or access or on system navigation. If the agency expects PPMs to provide this level of support to families, then they will require specific training and support from the program to be able to do so.

While PPMs in the current study effectively advocate on behalf of families, there are no reports from interviewed PPMs or families that PPMs empower family members to find their own voice and advocate for themselves. Specifically, families acknowledge their appreciation for the advocacy that their PPMs do on their behalf with the agency but make no mention of efforts of PPMs to encourage or empower families to speak for themselves. There might be several reasons why PPMs do not work with families in this capacity.

First, it may be easier for PPMs to take on the role of advocate on behalf of families, rather than work with families to find their own voice. Secondly, it may be personally reinforcing for PPMs to embrace this advocacy role insofar as it distinguishes them from their family partners. They were selected to be PPMs because of their similarities in terms of culture, background, and experience to their families in the child welfare system. It is these very characteristics that help them connect to families and forge strong empathetic relationships. In fact, families emphasize the connections and similarities to their PPMs, and this gives them hope that if their PPM could come out of this experience successfully, so could they. However, emphasizing the similarities between PPMs and families in the system might be threatening to the self-esteem of the PPMs, who may be recently recovering from many of these same challenges and struggling to recast themselves in a different light. People under significant stress may be "fearful that something is seriously wrong with them" (Thoits, 2006, p. 420). Having the corrective experience of serving as a leader or mentor and being trained for useful work through the Parent Partner Mentoring Program can help the PPMs overcome these feelings.

PPMs are less likely to talk about their role as supporter, listener, and friend and instead emphasize their role as advocate in the agency and their work in the community. Assuming the role of champion and helper serves to reinforce the differences between themselves and their family partners. In this case then, being an advocate for families does not necessarily help empower the families as much as it empowers the PPM. Understanding the motivations and possible threats to PPMs is important in building a strong mentoring program with effective training and coaching that addresses these issues. Program developers should consider that, while social support may be most effective when offered by someone with similar contextual history and background, helpers might be motivated to downplay similarities between themselves and the families they are supporting to meet their own needs, rather than emphasizing shared personal history and background to aid the helping relationship.

Most of the literature focuses on outcomes for families receiving support and not on the direct benefits and outcomes for families with previous involvement who are serving as parent partners. Arguably, these programs may confer as much or more benefit to parent partners as they do for families in the system. Not only can these programs provide gainful employment to people who need jobs, but they also teach professional job skills, such as how to dress professionally, show up on time, speak in public, represent the agency on community committees, and provide support to others. PPMs in this program feel they have gained self-confidence because the agency respects and values their opinions and they feel appreciated by their family partners. Future studies are needed that focus on examining the influence of parent partner programs in preventing repeated maltreatment and ameliorating risk factors for parent partners that led to initial involvement in the child welfare system.

The effectiveness of a parent partner program depends on the structure, leadership, and management of the program. The program must be developed collaboratively with child welfare leadership and with full buy-in and support from agency partners and other family-serving systems. Program success relies on strong documented policies and procedures for identifying, recruiting, training, and supervising parent partners. As former clients may have a criminal record, involvement of human resources in the hiring of parent partners is critical. Some programs have developed screening and interview tools and questionnaires to ensure a good fit between the parent partners and the program needs.

Strong parent partners also have a rigorous training process as well as ongoing coaching and mentoring to ensure that parent partners learn the skills they need to work in a professional setting and engage with families. Parent partner programs need to have a process for helping finding a good fit for partner's skills and interests. For example, one person might be very skilled at public speaking and serving on agency and community committees and workgroups, while another might only be interested in working directly one on one with families. The various roles that parent partners can play in the agency as well as each partner's individual role must be clearly defined and mutually agreed upon by all stakeholders.

Finally, parent partner programs should consider implementing ongoing individual performance measures and feedback for parent partners, as well as a program-level evaluation for implementation and outcome assessment, to ensure that the program effectively meets the needs of the families, the agencies involved, and the parent partners

themselves. Parent partner programs can be a good investment for a child welfare program looking to find a ways for increasing family engagement and family voice in the agency.

References

Adams P., & Chandler, S. M. (2004). Responsive regulation in child welfare: Systemic challenges to mainstreaming the family group conference. *Journal of Sociology and Social Welfare, 31*, 93-116.

Altman, J. C. (2008). Engaging families in child welfare services: Worker versus client perspectives. *Child Welfare, 87*(3), 41-61.

Anthony, E. K., Berrick, J. D., Cohen, E., & Wilder, E. (2009). *Partnering with parents: Promising approaches to improve reunification outcomes for children in foster care.* Berkeley, CA: University of California at Berkeley, School of Social Welfare, Center for Social Services Research.

Bem, D. J. (1972). Constructing cross-situational consistencies in behavior: Some thoughts on Alker's critique of Mischel. *Journal of Personality, 40*, 17-26.

Berrick, J. D., Cohen, E., & Anthony, E. (2011). Partnering with parents: Promising approaches to improve reunification outcomes for children in foster care. *Journal of Family Strengths, 11.* Retrieved from http://digitalcommons.library.tmc.edu/jfs/vol11/iss1/14

Berrick, J. D., Young, E. W., Cohen, E., & Anthony, E. (2011). "I am the face of success": Peer mentors in child welfare. *Child and Family Social Work, 16,* 179-191.

Bogdan, R., & Biklen, S. K. (1992). *Qualitative research for education* (2nd ed.). Boston, MA: Allyn & Bacon.

Borkman, T. (1976). Experiential knowledge: A new concept for the analysis of self-help groups. *Social Service Review, 50*, 445-456.

Buunk, B. P., Schaufeli, W. B., & Ybema, J. F. (1994). Burnout, uncertainty, and the desire for social comparison among nurses. *Journal of Applied Social Psychology, 24,* 1701-1718.

California Evidence-Based Clearinghouse. (2012). Retrieved from www.cebc4cw.org.

Child Welfare Information Gateway. (2010). *Systems of Care.* Retrieved from http://www.childwelfare.gov/pubs/soc/

Children's Bureau. (2012). Promising Approaches. Retrieved from http://www.acf.hhs.gov/programs/cb/resource/promising-approaches

Cohen, E., & Canan, L. (2006). Closer to home: Parent mentors in child welfare. *Child Welfare, 85*, 867-884.

Community Partnerships for Protecting Children. (2011). *Iowa parent partner approach: Handbook* (Rev. June 2011). Des Moines, IA:

Iowa Department of Human Services, Iowa Parent Partner Program.

Connell, C. M., Bergeron, N., Katz, K. H., Saunders, L., & Tebes, J. K. (2007). Re-referral to child protective services: The influence of child, family, and case characteristics on risk status. *Child Abuse and Neglect, 31,* 573-588*.*

Connelly, M., & Tsujii, E. (2010). *Child welfare practice models: Literature review and implementation considerations.* Berkeley, CA: University of California, School of Social Work, California Social Work Education Center (CalSWEC), http://calswec.berkeley.edu

Cottrell, N. B., & Epley, S. W. (1977). Affiliation, social comparison, and socially mediated stress reduction. In J. M. Suls & R. L. Miller (Eds.), *Social comparison processes: Theoretical and empirical perspectives.* Washington, DC: Hemisphere.

Dalrymple, J. (2003). Professional advocacy as a force of resistance in child welfare. *British Journal of Social Work, 33*, 1043-1062.

Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare, 81*, 293-317.

DePanfilis, D., & Zuravin, S. J. (2002). The effect of services on the recurrence of child maltreatment. *Child Abuse and Neglect, 26*, 187-205.

Farmer, E. M. Z. (2000). Issues confronting effective services in systems of care*. Children and Youth Services Review, 22*, 627-650.

Finfgeld-Connett, D. (2005). Clarification of social support. *Journal of Nursing Scholarship, 37*, 4-9.

Fisher, J. D., & Nadler, A. (1974). The effect of similarity between donor and recipient on recipient's reaction to aid. *Journal of Applied Social Psychology, 4,* 230-243.

Frame, L., Berrick, J. D., & Knittel, J. (2010, Spring). Parent mentors in child welfare: A paradigm shift from traditional services. *The Source, 20*(1), 2-6.

Frame, L., Conley, A., & Berrick, J. D. (2006). "The real work is what they do together": Peer support and birth parent change. *Families in Society, 87*, 509-520.

Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory.* Mill Valley, CA: Sociology Press.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research.* New Brunswick, NJ: Aldine Transaction.

Hooper-Briar, K., Broussard, A., Ronnau, J., & Sallee, A. L. (1995). Family preservation and support: Past, present, and future. *Journal of Family Strengths*, *1.* retrieved from http://digitalcommons.library.tmc.edu/jfs/vol1/iss1/4

Huberman, A. M., & Miles, M. B. (1994). Data management and analysis methods. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 428-444). Thousands Oaks, CA: Sage.

Ireys, H. T., Devet, K. A., & Sakwa, D. (2002) Family support and education. In B. J. Burns & K. Hoagwood (Eds.), *Community treatment for youth: Evidence-based interventions for severe emotional and behavioral disorders* (pp.154-175). New York: Oxford University Press.

Leake, R., Friend, R., & Wadhwa, N. (1999). Improving adjustment to chronic illness through strategic self-presentation: An experimental study on a renal dialysis unit. *Health Psychology, 18*, 54-62.

Lorthridge, J., McCroskey, J., Pecora, P. J., Chambers, R., & Fatemi, M. (2012). Strategies for improving child welfare services for families of color: First findings of a community-based initiative in Los Angeles. *Children and Youth Services Review, 34*, 281-288.

Marcenko, M., Brown, R., DeVoy, P. R., & Conway, D. (2010). Engaging parents: Innovative approaches in child welfare. *Protecting Children, 25*(1), 23-34.

Marcenko, M., Orlando, L., & Barkan, S. (2009). Evaluation of the Parent to Parent Program, Pierce County, Washington: Final Report. Seattle, WA: University of Washington, School of Social Work, Partners for Our Children.

Nilsen, W. J., Affronti, M. L., & Coombes, M. L. (2009). Veteran parents in child protective services: Theory and implementation. *Family Relations, 58*, 520-535.

Polinsky, M. L., Pion-Berlin, L., Long, T., & Wolf, A. M. (2011). Parents Anonymous outcome evaluation: Promising findings for child maltreatment reduction, *Journal of Juvenile Justice*, 1(1). Retrieved from http://www.journalofjuvjustice.org/JOJJ0101/article03.htm

Ryan, J. P., Marsh, J. C., Testa, M. F., & Louderman, R. (2006). Integrating substance abuse treatment and child welfare services: Findings from the Illinois Alcohol and Other Drug Abuse Waiver Demonstration. *Social Work Research, 30*, 95-107.

Scholte, E. M., Colton, M., Casas, F., Drakeford, M., Roberts, S., & Williams, M. (1999). Perceptions of stigma and user involvement in child welfare services. *British Journal of Social Work*, *29*, 373–391.

Stroul, B., & Friedman, R. M. (1996). The system of care concept and philosophy. In B. Stroul (Ed.), *Children's mental health: Creating systems of care in a changing society* (pp. 1-22). Baltimore, MD: Paul H. Brookes Publishing Co., Inc.

Strauss, A. L. (1987). *Qualitative analysis for social scientists*. New York, NY: Cambridge University Press.

Strauss, A. L., & Corbin, J. M. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Thousand Oaks, CA: Sage.

Tedeschi, J. T., & Norman, N. (1985). Social power, self-presentation, and the self. In B. R. Schlenker (Ed.), *The self and social life* (pp. 293-321). New York, NY: McGraw-Hill.

Thoits, P. A. (2006). Personal agency in the stress process. *Journal of Health and Social Behavior, 47*, 309-323.

Williamson, E., & Gray, A. (2011). New roles for families in child welfare: Strategies for expanding family involvement beyond the case level. *Children and Youth Services Review, 33*, 1212-1216.

Wills, T. A. (1981). Downward comparison principles in social psychology. *Psychological Bulletin, 90*, 245-271.

Wolcott, H. F. (1994). *Transforming qualitative data: Description, analysis, and interpretation.* Thousand Oaks, CA: Sage.

Yatchmenoff, D. K. (2005). Measuring client engagement from the client's perspective in nonvoluntary child protective services. *Research on Social Work Practice, 15*, 84-96.