Birth Parent Involvement at a System Level in Child Welfare: Exploring the Perspectives of Birth Parents in Parent Partner Programs

By

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Birth Parent Involvement at a System Level in Child Welfare: Exploring the Perspectives of Birth Parents in Parent Partner Programs

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Abstract

Promoting child welfare services improvement and reform through the system level involvement of birth parents is an emerging national trend, but little is known about how this type of involvement is reflected in practice and what involvement achieves. One approach to involving parents is through parent partner programs, where parents with prior child welfare service experience provide direct services to families currently receiving child welfare services, and often serve as representatives to the child welfare agency. This exploratory qualitative study uses a pragmatic paradigm to examine birth parent involvement at the system level through parent partner programs. In-depth telephone and focus group interviews were conducted with 28 birth parents in parent partner and parent partner coordinator roles at two nationally recognized parent partner programs in the U.S. Interviews explored the perceptions and experiences of parent partners, including the factors that led to parent partners becoming involved at a system level, what they hope to achieve from this involvement, their experiences of involvement activity, and how their involvement may contribute to service improvement and reform. Findings indicate that birth parents' life experiences are a substantial factor in their decision to become a parent partner, and that considerable development is required to prepare them for their system level involvement role. Parent partners are involved in a wide range of involvement activities that include varied roles and processes. Parent partners also identify child, family, system, and community outcomes they hope to achieve or perceive are being achieved through their system level involvement. This study develops new knowledge of birth parent involvement at the system level in child welfare and offers practice, policy, and research implications to inform the continued development of meaningful involvement practices in child welfare.

Keywords: birth parents, parent involvement, parent engagement, parent partner, parent representative, parent mentors, child welfare

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For my blue-eyed son and daughter,
"I saw ten thousand talkers whose tongues were all broken…
Heard ten thousand whispering and nobody listening."
Bob Dylan (1963). A Hard Rain's A-Gonna Fall

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Chapter One: Introduction

Birth parent involvement at a system level is an emerging national trend intended to promote child welfare services improvement and reform (Child Welfare Information Gateway, 2014). This trend has been influenced by allied fields such as health (Nilsen, Affronti, & Coombes, 2009), and disabilities (Higgins, Santelli, & Turnbull, 1997). In child welfare, this trend has been advanced through federal initiatives (National Technical Assistance and Evaluation Center for Systems of Care [NTAECSC], 2008) and policy (Brodowski, Hernandez, Brown, & Lamble, 2012). The field increasingly recognizes the system level involvement of birth parents as valuable and essential to child welfare practices (Corwin, 2012; Williamson & Gray, 2011).

System level involvement supports the inclusion of parents in the strategic work of the agency to share their perspectives and integrate parents' voice into policies and services (NTAECSC, 2010). One approach to involving parents is through parent partner programs where parents with previous child welfare experience provide peer mentor services and may also serve as a parent representative within the agency (Leake, Longworth-Reed, Williams, & Potter, 2012; Williamson & Gray, 2011) through service on various committees or forums.

Despite this shift towards broader inclusion, little is known about how system level involvement functions and how, if at all, it contributes to services improvement and reform. The purpose of this study is to build knowledge regarding birth parents' involvement at a system level through their role as parent partners and to determine what their involvement accomplishes with regard to child welfare system improvement and reform. In particular, this study seeks to explore: (a) how birth parents are involved at a system level and how birth parents perceive this involvement including their motivations and goals; and (b) birth parents' perceptions of how this

potentially transformative involvement reflects opportunities for birth parents to contribute to child welfare services improvement and reform. This study uses in-depth qualitative interviews to capture the perspectives and experiences of birth parents in parent partner roles across two sites in the U.S. to inform the continued development of meaningful system level involvement practices and policies in child welfare.

This chapter begins by introducing birth parents with experience of the child welfare system as the population of interest. Following this, the chapter provides an overview of what is meant by involvement in child welfare as a form of participation and introduces parent partner programs as a model that promotes system level involvement. This chapter closes with a brief description of the proposed study, its relevance to social work, and a summary of the structure of this proposal.

Birth Parents Receiving Child Welfare Services

This section defines birth parents in receipt of child welfare services and birth parents with previous experience of child welfare services. National data are presented to establish the proportion of adults receiving child welfare services who are birth parents. Data on birth parent demographics and characteristics are also offered to highlight the challenges faced by parents in engaging with child welfare services and addressing presenting concerns.

Population of Birth Parents Defined

The literature on birth parent involvement in child welfare services typically encompasses approaches that involve both parents who are currently receiving services, and parents who have previously received child welfare services (Corwin, 2012). As such, these two groups of parents are defined separately but addressed as a single population of *birth parents* for purposes of this study.

Birth parents receiving child welfare services. Birth parents receiving child welfare services are those who are biological parents with primary caregiving responsibility and are receiving child welfare services (e.g., investigation, assessment, case management, intervention, or treatment) due to maltreatment concerns for which they are perceived to be directly or indirectly responsible. These parents are not always the perpetrators of abuse but, for various reasons, are deemed to pose risks to their children.

Birth parents with previous child welfare service experience. Birth parents with previous service experience are those biological parents with closed cases in the child welfare system either because concerns have been resolved or alternative care arrangements for reasons of child safety have been put in place. These parents may or may not have maintained legal parent rights depending on their circumstances. Some birth parents who have had their parental rights terminated go on to make positive life changes and later participate in system level involvement activity.

Data prevalence on birth parents receiving child welfare services. Birth parents who receive child welfare services are a relatively under-studied group. Studies of parents with child welfare experience typically include biological parents but also include other types of parents such as step parents, adoptive parents, and in some cases, foster parents. Alternatively, studies address caregivers involved in the child welfare system broadly, which also include kinship or fictive kin caregivers. The peripheral focus on birth parents in research, coupled with limited national data on these parents, contribute to an insubstantial understanding of this population.

National statistics. National data on child maltreatment investigations, perpetrator characteristics, and foster care provide limited information on the size of the birth parent population. The most recent national child maltreatment data show that in 2016, there were an

estimated 4.1 million referrals to child welfare services concerning 7.4 million children and, of these total referrals, approximately 58% were investigated or received an alternative response by child protective services involving 3.5 million children. Of those children investigated, 17.2% were determined as victims involving an estimated 518,136 perpetrators (77.6% of whom were parents) and 676,000 children (Children's Bureau, 2018). The provision of services typically follows the substantiation of referrals, and national data indicate that 22.6% of child victims receive foster care services (Children's Bureau, 2018). For children in out-of-home care, most (55%) have reunification as their case plan goal, and of this group of children with a reunification goal, about half (51%) leave the foster care system to be reunified with a parent or primary caregiver (Children's Bureau, 2017).

In summary, these data suggest that, annually, more than one million birth parents could be subject to a child maltreatment investigation, and just under a half million are substantiated as perpetrators of maltreatment. In addition to parents who are the subject of child maltreatment investigations, well over 100,000 birth parents may be working towards or achieving reunification in a single year (Children's Bureau, 2017). These figures reflect a substantial population of birth parents with whom the child welfare system seeks to engage as a key stakeholder group.

Birth parent demographics and characteristics. Demographic data indicate some trends among birth parents receiving child welfare services. Most birth parents are women (Casanueva, Cross, Ringeisen, & Christ, 2011; Children's Bureau, 2016; Sedlak et al., 2010), and of child-bearing age (Casanueva et al., 2011). With regard to racial/ethnic background, the largest proportion of birth parents are non-Hispanic Whites (47.8%), followed by African Americans (21.6%) and Hispanics (25.7%) (Casanueva et al., 2014).

Studies suggest that birth parents experience a range of unique and diverse challenges including poor mental health, alcohol and substance abuse, domestic violence, and poverty. Rates of depression, alcohol use, illicit drug dependence, and domestic violence are higher for parents receiving child welfare services than the national average. Data from the National Survey of Child & Adolescent Wellbeing (NSCAW) indicate that 46.4% of female caregivers to young children, most of whom were birth parents rather than other types of caregivers, reported a major depressive symptom at some point during the period of data collection (Administration for Children and Families, 2007). Parents, most of whom were birth parents rather than other types of parents, also scored higher than the national average for self-reported alcohol use disorders and illicit drug dependence, although the latter varied by age and race/ethnicity (Dolan, Casanueva, Smith, Lloyd, & Ringeisen, 2012). The rate of domestic violence among caregivers (mostly birth parents) has been reported as twice as high as national prevalence estimates with 45% of birth parents experiencing domestic violence at some point and 29% experiencing it in the past 12 months (Hazen, Connelly, Kelleher, Landsverk, & Barth, 2004). One in 10 parents with substantiated maltreatment cases were currently experiencing domestic violence as reported by their caseworker (Casanueva, Ringeisen, Smith, & Dolan, 2013). Further, parental physical or cognitive disability and parents' own experiences of childhood trauma are increasingly recognized as concerns among birth parents (Lightfoot & Slayter, 2014; National Council on Disability, 2012; Smithgall, DeCoursey, Yang, & Haseltine, 2012; Toohey, 2013; U.S. Department of Health and Human Services & U.S. Department of Justice, 2015). These parent characteristics reflect the presence of debilitating and sometimes intractable concerns.

Parents who require child welfare services may experience additional challenges associated with economic and resource deprivation. NSCAW data indicate a mean family

income of $17,500 for caregivers (including birth parents) with over half living below the federal poverty line (Hazen et al., 2004). Additionally, opportunities for advancement may be restricted due to low educational attainment with the majority of female caregivers experiencing a high school education or less (Hazen et al., 2004). These resource limitations present concrete barriers for birth parents and highlight the need for a thoughtful and planned approach to birth parent involvement activities.

The management or resolution of presenting conditions can be a substantial challenge for birth parents, and experience with the child welfare system can compound parent difficulties. Contact with the child welfare system for reasons of maltreatment can be traumatizing for parents (Burford, Pennell, & Edwards, 2011; Darlington, Healy, & Feeney, 2010; Michalopoulos, Ahn, Shaw, & O'Connor, 2012) as they may experience a punitive and authoritarian response (Center for the Study of Social Policy, 2010). Receipt of child welfare services also has the potential to further isolate parents in their community due to the stigma associated with being a "bad" or failing parent (Schofield et al., 2011). Birth parent involvement at a system level provides an opportunity to address these barriers and identify more effective approaches to engaging with families to promote child safety and wellbeing.

Birth Parent Involvement in Child Welfare

Birth parent involvement at a system level in child welfare is increasingly recognized as a practice requirement and consistently endorsed through policy; however, knowledge to support this practice has yet to be developed. The 1994 program instructions for Family Preservation and Support Services was the first policy guidance to require parent consultation in service development and implementation (Children's Bureau, 1994). Since then, child welfare policies have continued to require a family engagement and involvement component (Brodowski et al.,

2012). While policy increasingly expects the presence of parents at a strategic level, federal initiatives are just beginning to articulate the potential benefits of this type of involvement (Williamson & Gray, 2011). This section provides an overview of current conceptualizations of birth parent involvement in child welfare and the perceived benefits. Highlighted within this section is the current lack of knowledge in the field to drive practices intended to achieve these benefits.

The Meaning of Involvement in Child Welfare

Child welfare literature has given limited attention to how birth parent involvement is defined and, more specifically how it contributes to positive outcomes. Birth parent involvement and related participatory terms are used broadly in the field to describe a diverse range of activity (e.g., service attendance, parent/worker relationship quality, case plan decision making, case plan compliance, and peer support) across multiple levels in the child welfare system (NTAECSC and Evaluation Center for Systems of Care, 2008). Some attempts have been made to develop consistent conceptualizations or measures of involvement-related terms such as collaboration, engagement, participation, partnership, and co-production (Alpert & Britner, 2009; Bovaird, Fleming, Loeffler, & Oxborne, 2017; Littell, Alexander, & Reynolds, 2001; Thoburn, Lewis, & Shemmings, 1995b; Yatchmenoff, 2005) but inter-related concepts continue to be used in the field.

In the case of system level involvement, definitions typically focus on the type of strategic work in which the parent is expected to participate (e.g., planning, implementation, review, evaluation) or the format (e.g., meeting, committee, training attendance) of the work (NTAECSC, 2010; Williamson & Gray, 2011). Limitations in current conceptualizations of involvement are a likely consequence of the recent development of involvement in the field. As

Brodowski et al. (2012, p. 23) note in their overview of federal efforts to promote engagement, "[t]here is still much more work to be done to generate greater knowledge and ensure the meaningful involvement of parents and families regarding their own case planning, program planning, and policy development." This study provides a first step to develop this knowledge base.

Comprehensive Conceptualization of Involvement

To examine birth parent involvement practices more specifically, involvement as a construct needs to be better operationalized. Beyond the field of child welfare, the literature on involvement is diverse and encompasses disciplines such as public planning, political science, environmental studies, public administration, health, education and social care. Terminology across these disciplines is consistent, but the meaning of involvement may differ substantially based on context. Literature from these fields provides insights that are relevant to child welfare. However, this interdisciplinary literature may not adequately address the complexities of birth parent involvement given the often involuntary nature of child welfare service receipt and the vulnerable status of many parents.

Theories of involvement or participation typically address broader citizen involvement in local government or public interest concerns (Arnstein, 1969). These theories have relevance to birth parent involvement in child welfare given its role as a public institution and the status of most birth parents as citizens. These theories recognize citizen rights and responsibilities and, while these exist for parents receiving child welfare services, the topic is complex given additional considerations for the rights of the child (Goldstein, Freud, & Solnit, 1973). However, the potential exists for these theories to inform the application of system level involvement practices.

Limited attention has been given to involvement practices in social work education and practice generally (Itzhaky & Bustin, 2005; McLaughlin, Sadd, McKeever, & Duffy, 2016; Mizrahi, 2006; Mizrahi, Humphreys, & Torres, 2009; York & Itzhaky, 1991), although approaches in adult social care services such as mental health and disabilities are more established (Beresford, 2012; Beresford & Croft, 1993). Social work involvement strategies in child welfare services have typically focused on the involvement of the whole family (e.g., extended family) in case planning and decision making such as family group decision making; however, increasing attention is given to the involvement of individuals. For example, children's participation has received recent attention by promoting the involvement of youth in foster care in child welfare system improvements (Bell, 2011; Houghton, 2015; Mitra, Serriere, & Kirshner, 2014).

With regard to parent involvement, allied and related fields offer some insight to guide child welfare involvement practices. The field of community-based child abuse prevention has integrated parent involvement and leadership practices through its prevention programs for parents in the community (FRIENDS National Resource Center for Community-Based Child Abuse Prevention, 2007). Further, allied fields such as education and child mental health are more established than the field of child welfare in the area of parent involvement and leadership.

System Level Involvement Defined

This study uses the term *involvement* to describe the participation of birth parents in the child welfare system at a system level. As an introductory definition, involvement is viewed as both a process and a goal. As a process, involvement is interpersonal, with both parents and professionals having a role in ensuring its effectiveness (Mirick, 2013; Roose, Roets, Van Houte, Vandenhole, & Reynaert, 2012). This means that involvement is not limited to a birth parent

sharing their story, but instead this sharing is a part of an interpersonal process whereby parents provide their perspectives, insight, and experiences, and professionals are open, transparent, and receptive (Healy, 1998) to validating, and where possible acting in response (Mirick, 2013; Roose et al., 2012). In this way, involvement as a process is interpersonal (Healy, 1998), dynamic (Levin, 2011), and synergistic (Turnbull, Turbiville, & Turnbull, 2000). When viewed in this way, involvement is a process that creates a paradigm shift in the child welfare system (Williamson & Gray, 2011). As a goal, involvement may be to invite birth parents to sit at the metaphorical table, but it is of equal importance to understand what occurs at that table for involvement to be considered active, meaningful, and sustained (Kirby, Lanyon, Cronin, & Sinclair, 2003; Sinclair, 2004). It is also essential to know the outcomes of such involvement.

Benefits of Birth Parent Involvement

Birth parent involvement is intended as a corrective measure in response to the chronically low levels of parent engagement identified nationally (Child Welfare Information Gateway, 2012). By addressing inadequacies, increased levels of involvement can inform child welfare services improvement and reform intended to result in more family-friendly child welfare approaches (NTAECSC, 2010).

Birth parent involvement also provides insight into what works, and how child welfare responses can be made more effective. Parent involvement at a system level also provides valuable insight into child maltreatment prevention and the ingredients for successful outcomes based on parents' experiences of child welfare services (Frame, Berrick, & Knittel, 2010). Further, parents may offer new and crucial perspectives to guide services improvement aimed at preventing maltreatment occurrence and recurrence among vulnerable and high-risk families (National Alliance of Children's Trust & Prevention Funds, 2009).

These benefits provide a strong rationale for birth parent involvement practices, yet the child welfare field knows little about whether current involvement practices are sufficient to achieve these benefits, or how involvement practices may need to be strengthened to achieve a greater impact. Limited attention to what involvement means further complicates this lack of knowledge about current involvement practices, and how these practices can be best applied to a child welfare services setting to achieve anticipated benefits.

Parent Partner Programs

Many child welfare agencies use specific practice models to promote involvement (Child Welfare Information Gateway, 2010). Few of these models exist at the system level, but parent partner programs are gaining attention as a mechanism for promoting the birth parent voice at a more strategic level. Parent Partner Programs are a relatively new practice model in child welfare that includes parents with previous child welfare experience in direct service delivery roles. Parent partners work with birth parents receiving child welfare services as mentors, advocates, and supportive peers to help families navigate the system and achieve their case plan goals (California Evidence-Based Clearinghouse for Child Welfare). Importantly, parent partners often serve a dual role in child welfare that includes both working with families and functioning as a parent representative for the agency by engaging in services improvement activities such as organizational decision making, planning, and staff development (Leake et al., 2012; Williamson & Gray, 2011). The structure of these models may vary substantially (Clara, 2009), but this dual role is relatively consistent across programs.

Limited research exists on these programs given their early stage of development. However, of the limited research that has been conducted, studies focus primarily on the direct service aspects of this role (Berrick, Young, Cohen, & Anthony, 2011b; Leake et al., 2012;

Midwest Child Welfare Implementation Center [MCWIC], 2014). Minimal attention has been given to how birth parents are impacting the work of the agency (Lalayants, 2015; Rosenblum, 2010), and no studies have examined how birth parents are involved at a system level through their role as parent partners, or what their involvement accomplishes with regard to child welfare services improvement and reform.

A Study of Birth Parent Involvement at the System Level

The promotion of system level involvement approaches that elicit parents' perspectives given their unique, first-hand experience of both maltreatment and the child welfare system is increasingly evident in policies and practices. Perspectives from parents as stakeholders have value to the field because they offer additional insight that can contribute to services improvement and reform efforts. However, clarity is lacking about how the involvement process can, should, and does achieve this goal. This study seeks to clarify how birth parent involvement at a system level is perceived and reflected in practice, and the contribution it makes to services improvement and reform. Presently, a lack of knowledge exists about how system level involvement functions in practice, how birth parents perceive this process, how they are involved in beneficial ways to provide a real opportunity for change, and how they can be best supported. Developing a new and deeper understanding of system level involvement provides an opportunity to strengthen the child welfare field's approach to involving birth parents to ensure meaningful opportunities capable of generating services improvement and reform.

This qualitative study addresses this gap by exploring birth parent involvement through parent partner programs. An exploratory research design (Padgett 2008; Patton, 2015) was used to undertake in-depth interviews with birth parents in parent partner roles across two U.S. sites. This study explored parent perceptions and experiences of their involvement at a system level

including the process, their motivations and goals, and their contribution to services improvement and reform.

Relevance to Social Work

The mission of social work promotes the wellbeing and empowerment of vulnerable people (National Association of Social Workers, 2008). In child welfare, a field closely aligned to the social work profession, the wellbeing and empowerment of vulnerable people includes supporting vulnerable children, parents, and families. In theory, birth parent involvement represents a mechanism for achieving positive change for children and families, with public recognition of the need for child welfare services improvements to better meet the needs of families (American Public Human Services Association, Alliance for Children and Families, & National Organization for State Associations for Children, 2014; Children's Bureau, 2013; General Accounting Office, 1997). In addition to supporting vulnerable people, The NASW Code of Ethics establishes a commitment to social justice, which includes improving the responsiveness of social institutions and promoting meaningful participation in decision making (National Association of Social Workers, 2017). This study promotes social justice by contributing to the development of knowledge of meaningful birth parent involvement practices informed by the perspective of parents with child welfare service experience, an often marginalized and vulnerable group within society. This knowledge development also reflects principles of social justice with its focus on promoting services improvement and reform.

Further, the dignity and worth of individuals and the importance of human relations are values set out in the Code of Ethics (National Association of Social Workers, 2008). The development of meaningful involvement practices has the potential to promote human dignity through a greater mutual understanding between birth parents and child welfare staff, and these

relationships may be used as vehicles for change. This study has implications for social work practices in child welfare, social policies targeting children and families, and social work research related to children and families involved with the child welfare system.

Organization of the Dissertation

This dissertation study is organized into seven chapters. Chapter One introduced readers to the importance of birth parents' involvement in the child welfare system and the limited understanding of its use in child welfare. Chapter Two reviews the literature in detail by examining the child welfare field's response to birth parents which have shaped the current approach to birth parent involvement in the child welfare system. The chapter also reviews the conceptual and empirical literature concerning parent involvement and parent partner programs, which forms the basis for the study's conceptual framework. Chapter Three details the methods used in this study and presents the inquiry paradigm, research questions, key concepts, study methods, and quality criteria. Chapters Four, Five, and Six reports study findings directly related to the study's research questions. Chapter Seven summarizes the main research findings, discusses these findings in the context of relevant literature, and identifies the practice, policy, and research implications related to these study findings.

Chapter Two: Literature Review

This chapter reviews the historical, theoretical, empirical, and policy-practice literature relevant to the system level involvement of birth parents in child welfare. The historical review charts the evolution of birth parent involvement from early to current child welfare services to establish the primary drivers that inform birth parent involvement and contextualize current involvement practices. Next, parent partner models in child welfare are presented, which are relatively new models that provide birth parents with system level involvement opportunities. The literature on parent partner programs is reviewed to establish current knowledge of this developing program. The review of the literature on birth parent involvement and parent partner programs provide the background to discuss the conceptualization of system level involvement of birth parents in parent partner roles. This chapter concludes with a rationale for the current study.

Past and Present Birth Parent Involvement in Child Welfare

This section begins with a review of early child welfare system approaches to working with birth parents and the relevant theories that guided this work. Next, the family support movement and the introduction of a family-centered approach in child welfare are explicitly addressed, given their influence in shifting to more inclusive practices with birth parents. Additionally, efforts in child welfare to develop a community response to maltreatment are highlighted for their contribution to current thinking on how birth parents should be involved. This section concludes with an overview of the current child welfare system's approach to working with birth parents.

Historical Perceptions of Parents

The child welfare field did not recognize the involvement of parents until the mid-20th century. Before this, parents were generally deemed feckless and irresponsible for requiring the state to assume the care of their children (Abbott, 1938a, 1938b), and were consistently portrayed in the child welfare literature as weak, pathetic, and feeble in character (Glickman, 1954; Hayes, 1956). These negative perceptions were primarily based on ideology and remain pervasive today. Earlier the emphasis was on morality, piety, and the importance of self-sufficiency and rehabilitation of the child from the parent's immoral and dependent ways was the priority (Brace, 1872). Today, dominant neo-liberal discourse continues to promote self-sufficiency and individual responsibility and eschews support to undeserving and dependent parents (Lonne, Parton, Thomson, & Harries, 2008)

Dominant theory shift. Dominant theories in child welfare supported negative perceptions of birth parents with psychodynamic theories emphasizing parent deficiencies as an explanation for family difficulties. Parents were recognized in the context of their pathology, and child welfare professionals had little reason to engage for purposes other than analysis or diagnosis (Pelton, 1982). Bowlby's attachment theory (Bowlby, 1952; 1958) provided the first meaningful shift in the child welfare field's approach, recognizing parents as playing a role in the emotional health of the child. Psychoanalytic theories and the medical model became increasingly less valuable in explaining and responding to family difficulties as research in the 1960s and 1970s highlighted the complexities of family difficulties and inadequacies of the child welfare system (Garbarino, 1976). The theoretical shift to general systems theory and an ecological perspective (Bronfenbrenner, 1979; Germain, 1973) signified an end to the era in which parent pathology was the primary factor explaining child maltreatment. Parent

involvement provided the opportunity to better understand the resources and challenges in a family's broader system (Aldgate, 1991; Maluccio, 1979a; Thoburn, Lewis, & Shemmings, 1995).

Despite these new theoretical developments, a shift in practice was less immediate, with professional judgments continuing to shape the child welfare response to families. The historical literature presents a consistent theme of the devaluation of parents within morality-dominated child welfare practice. Curran and Pfeiffer (2008, p. 72) note, "[to] justify child removal…workers portrayed mothers as unfit, drawing on a combination of moral, medical, eugenics, and rudimentary psychological discourses to explain abusive, and more typical, neglectful behaviors."

The Family Support Movement

The family support movement began in the early 20th century (McGowan, 2005), but crucial to its later rise in the 1980s was research identifying poor outcomes for children in substitute care and inadequate support for parents. Prior to the 1960s, the child welfare system's primary response to maltreatment was the provision of substitute care, based on a general assumption that children were better off when removed from an abusive or neglectful parent. However, research findings called into question the value of this unilateral approach (Blome, Bennett, & Page, 2010; Curran & Pfeiffer, 2008). The seminal work of Maas and Engler (1959) identified poor levels of parent involvement as well as poor rates of placement stability, reunification, and permanency. These results provided a persuasive case for promoting case level parent involvement to prevent substitute care and improve permanency for children.

The 1960s signified a shift toward agency accountability and service effectiveness with child welfare researchers investigating these areas through a parent perspective. The work of

Mayer and Timms (1970) provided the first comprehensive study of the experiences of parents receiving services from family welfare agencies and drew attention to the dearth of research in this area. Researchers in the field followed suit with further studies addressing the parent perspective (Beck & Jones, 1973; Magura, 1982; Maluccio, 1979b; Pelton, 1982; Shapiro, 1979). Eliciting the views of parents and promoting their involvement gained credence during this period beyond the field of research. The Children's Bureau identified parent involvement as a critical focus for future child welfare agencies (Grotberg, 1977), and participatory approaches such as worker-client contracts were introduced in child welfare (Maluccio & Marlow, 1974). The views of parents during this period enhanced understanding of the worker qualities and approaches valued by parents and would later influence a practice shift to more concrete forms of family support.

Federal family support policy was established in the late 20th century, though subsequent policies have reprioritized child welfare's historical child saving approach. The Adoption Assistance and Child Welfare Act (AACWA) of 1980 (P.L. 96-272) was the first family support legislation and clarified the relationship between parents and child welfare services. The Act introduced "reasonable efforts" and defined "child welfare services" as the provision of assistance to *both* children and their families. Although valued for its intentions, AACWA's goals of preventing unnecessary separation, improving service quality, and ensuring permanence were not fully realized. In addition to increasing social problems (Children's Bureau, 1994), AACWA implementation challenges hampered success (Children's Bureau, 1994; Karger & Stoesz, 1998) and resulted in, at times, unsafe practices of leaving children in abusive or neglectful circumstances. The Omnibus Budget Reconciliation Act (OBRA) of 1993 (P.L. 103-66) and its Family Preservation and Support Services Program attempted, albeit insufficiently, to

remedy these concerns by introducing capped funding and a family support strategy requirement (Children's Bureau, 1994). Enthusiasm for further pursuit of a family support approach was dampened during this time due to a continued crisis in the child welfare system (General Accounting Office, 1997; U.S. Advisory Board on Child Abuse and Neglect, 1990), the questioned effectiveness of family preservation models (Lindsey, 1994; Littell, 1995; Rossi, 1992; Schuerman, Rzepnicki, & Littell, 1994), and national public outcry in response to child maltreatment fatalities (Ingrassia & McCormick, 1994; Kantrowitz, King, Witherspoon, & Barrett, 1987). The Adoption and Safe Families Act (ASFA) of 1997 (P.L. 105-89) reasserted child saving as a priority with its emphasis on child safety and permanence. The family support movement experienced a marked decline in the 1990s and the passage of the AACWA ultimately concluded the family support movement as it was known. Nonetheless, AACWA's reasonable efforts requirement continues to be a fundamental safeguard for birth parents, and family support and preservation services remain an essential component to child welfare services today.

In recent months, Congress enacted the Family First Prevention Services Act (FFPSA; P.L. 115-123) as part of the Bipartisan Budget Act of 2018 in February 2018. This new legislation is likely due, in part, to increasing calls for policies to better support families as an alternative to foster care (American Public Human Services Association et al., 2014; Casey Family Programs, 2015; United States Senate Committee on Finance, 2015). The FFPSA represents the first substantial shift in legislation toward family support in over two decades by allowing states to use federal funds for programs and services for children and parents to prevent foster care, including substance abuse and mental health treatment services for parents. The FFPSA also strengthens services to support reunification efforts by eliminating time limits for reunification services while a child is placed in foster care (Casey Family Programs, 2018). The

FFPSA suggests a shift may be underway to achieve a greater balance between family support and child safety, but careful implementation based on lessons learned from the previous legislation will be essential to make greater service availability for parents a reality.

Family-Centered Practice

Although the family support movement and family-centered practice are largely symbiotic, each has its historical development that together has influenced birth parent participation in the field of child welfare. When viewed separately, the family support movement addressed the chronic lack of access to parent support and services, and ultimately secured fundamental rights for parents in the form of reasonable efforts, and targeted preservation and reunification services. The introduction of a family-centered approach in the child welfare system concurrently promoted an ideological shift that recognized parents as having strengths, expertise, and value. In the context of parent involvement, the introduction of family-centered practice has promoted the value of parent involvement in making decisions related to services or support that are available as a result of the family-support movement.

Scholars identify family-centered approaches as originating in the field of pediatrics with the establishment of parent-child visitation in response to research highlighting the adverse effects of separation due to hospitalization (Davies, 2010; Robertson, 1959). This initial work led the way for the development of a broader set of family-focused principles adopted by various education and health fields. These principles were incorporated into reform efforts to improve service access and availability through parent involvement. In the healthcare field, greater parent involvement sought to better meet the needs of the increasing number of children with serious health care needs due to medical advancement (Johnson, 2000). In the field of special education, parent-led organizations and scholars were influential in achieving legislative changes that

promoted joint decision making and a collaborative approach to working with parents (Johnson, 2000; Skrtic & Sailor, 1996; Turnbull et al., 2000). In early education, the Head Start program addressed problems of social inequality through its strong parent involvement to empower disenfranchised parents (Turnbull et al., 2000). In child mental health, the Systems of Care approach incorporated a strong parent involvement component and sought to improve service access and availability for children requiring mental health treatment (Stroul, 2002). These family-centered initiatives that spanned the latter half of the 20th century informed the development of a participatory approach in the child welfare system and coincided with its reform efforts.

Definitions of family-centered approaches vary within and across fields, but consistent among these definitions is the recognition that the family is the "unit of attention" (Allen & Petr, 1998, p. 8) in order to promote the health, development, and welfare of the child (Turnbull et al., 2000). In this context, both the needs of families and their strengths and resources are recognized (Johnson, 2000; Turnbull et al., 2000). Amongst these varying definitions are principles central to a participatory approach, which endorse parents as collaborators, joint decision makers, and recipients of unbiased information (Allen & Petr, 1998; Johnson, 2000).

The advancement of the family-centered approach is often recognized as an external movement initiated by parents demanding services improvements. The 1960s and 1970s influenced the development of parent-led advocacy groups (Johnson, 2000; Tower, 1994), but in the case of the child welfare field, these organized efforts focused primarily on the needs of foster and adoptive parents (McGowan, 2005).

The implementation of the 1993 OBRA Family Preservation and Support Services (FPSS) Program endorsed family-centered principles through its parent involvement

requirements. Although not explicit in the legislation, the FPSS program instructions mandate parent involvement in the design and delivery of family support and preservation services (Children's Bureau, 1994). How States consulted and involved parents at this stage is relatively unknown (James Bell Associates, 2002), but its mandated inclusion would set a standard for future programmatic changes at a federal level.

Creating and sustaining community resources to respond to family difficulties is an essential component to the child welfare field's family-centered approach (Annie E. Casey Foundation, 2005; National Child Welfare Resource Center for Family-Centered Practice, 2000). This notion of eliciting community support was further driven by the child welfare system crisis in the 1990s with the effectiveness of a single-agency response to child maltreatment called into question (James Bell Associates, 2002). Various state-level child welfare systems developed partnerships with community members and organizations to promote shared responsibility in responding to and preventing child maltreatment (Annie E. Casey Foundation, 2005; General Accounting Office, 1997). These community-based efforts provide an additional route for the involvement of community members, including birth parents, in the development of a more coordinated and individualized approach to community services and supports (Daro & Dodge, 2009).

The Current Child Welfare System

The family support movement and the family-centered approach have established the expectation in the child welfare field that birth parents have valuable insight to share and should have a say about the services that affect them. More recent initiatives have not only reinforced these expectations but have also further developed child welfare's approach to birth parent involvement. In addition to these initiatives that have served as facilitators to birth parent

involvement, barriers to involvement continue to persist in the current child welfare system. These barriers are highlighted in current research that identifies the challenges experienced by birth parents when encountering the child welfare system. These facilitators and barriers in the current child welfare system are presented in this section and serve as a backdrop for a detailed examination of the current approach to birth parent involvement in child welfare.

Involvement facilitators in child welfare. The most notable facilitators that have continued to strengthen birth parent involvement in the current child welfare system are the Child and Family Services Review, the Child Welfare Systems of Care Initiative, and ongoing federal policy directives.

Child and family services review (CFSR). The CFSR process was introduced as a form of federal monitoring and focuses on both outcome achievement and the experiences of children and families receiving child welfare services. The Child and Family Services Review incorporates a continuous quality improvement component that requires states to develop Program Improvement Plans (PIPs) in response to identified deficits in outcome achievement. The Child and Family Services Review is currently in its third round (2015-2018) with the previous rounds occurring from 2001 to 2010. Review findings from the first two rounds have emphasized the need for states to improve their efforts to engage with birth parents. According to Mitchell, Thomas, and Parker (2014):

> "In the area of Well-being Outcome 1, [*Families have Enhanced Capacity to Provide for Their Children's Needs*], states show continuing challenges in assessing the needs of birth parents and providing services to them and in engaging birth parents and children in case planning. Additional continuing challenges have been identified in conducting frequent and quality worker visits with birth parents and children…Despite many states' efforts to develop a family-centered approach to practice, both rounds of CFSR results show continuing challenges in working with birth parents – particularly fathers." (p. 572)

The Child and Family Services Review drew attention to the large-scale inadequacies that persist in involving birth parents and reaffirmed the importance of birth parent involvement as an essential component to positive outcome achievement. States responded accordingly with CFSR final reports, and Program Improvement Plans to reference a range of family involvement or engagement activities from general approaches to the use of specific models to promote involvement (Munson & Freundlich, 2008).

Child welfare systems of care initiative. The 2003 Children's Bureau demonstration initiative, *Improving Child Welfare Outcomes through Systems of Care*, sought to improve child and family wellbeing outcomes, and to address substandard practice identified in early Child and Family Services Reviews (Children's Bureau, 2004). Guided by the Systems of Care principles in child mental health, the Children's Bureau funded the development of child welfare services to strengthen parent involvement practices. These were services that "engage families as partners in developing their case plans; recruit and work with families in developing peer support services; [and] empower families to participate in decision making and apply their experiences as service recipients to system change activities" (NTAECSC, 2010, p. 2).

These expectations redefined birth parent participation in the child welfare system by articulating a multilevel approach at the case, peer, and system levels (NTAECSC, 2010). In addition to family involvement in case planning and decision making, the initiative funded programs that placed parents with previous child welfare experience, or parent partners, in service delivery and strategic planning roles, thereby extending the boundaries of birth parent involvement.

Williamson and Gray (2011) assert:

> "Systems of Care grant communities broke new ground by engaging families at the systems level. Grant communities recognized that families that have been

> involved with child welfare possess valuable firsthand knowledge about the agency, and often have great passion for and investment in making child welfare better for others. As a result, grant communities invited family members to serve on decision making bodies; inform the development of agency policies, procedures, and practices; and lead trainings for agency staff on issues related to consumer involvement and client satisfaction, or co-train with agency staff on family engagement and inclusion." (p. 1213)

In addition to articulating a role for birth parents at a strategic level, the Systems of Care initiative built on the earlier work of Annie E. Casey's Family to Family Initiative which promoted the use of parents as community mentors and advocates intended to reduce the use of foster care (Annie E. Casey Foundation, 2005). The Systems of Care initiative promoted peer level involvement where birth parents and other family members, who have experience of the child welfare system serve as peer mentors. Williamson and Gray (2011) describe:

> "Family members who had been involved in the child welfare system served as mentors, partners, or resource guides to help other parents navigate the system and meet their case plan goals. In general, peer mentors connected families to resources, educated family members about their rights and responsibilities, and in some communities, offered appointment and court accompaniment. Peer mentors also often attended family teaming meetings, where they provided support to family members and advocated for services on their behalf." (p. 1213)

The Systems of Care initiative expanded the peer advocacy and support concept from community-based prevention in the child welfare field to core child protection and response work in the child welfare system. Further, the work of these partners was elevated from providing mutual support to also promoting involvement through the inclusion of family members in the work of the agency.

Federal child welfare policy mandates. Child welfare policies continue to prioritize participation with most child welfare policies relevant to birth parents now requiring some level of involvement. These policies encourage increased levels of involvement and specify particular forms of involvement. For example, the Child and Family Services Improvement and Innovation

Act of 2011 (P.L. 112-34) requires peer mentoring for parents as part of family reunification services (Corwin, 2012). Through these policies, family involvement is promoted across all areas of child prevention maltreatment from early childhood and community-based prevention to child welfare's family finding and after-care support (Brodowski et al., 2012). These current policy drivers and recent policy shifts continue the historical trend of recognizing the need for family support within a family-centered child welfare system that values birth parent involvement.

Involvement barriers in child welfare. The promotion and expansion of parent and family involvement in child welfare policy and initiatives are occurring alongside research findings that continue to identify substantial challenges for birth parents when encountering the child welfare system's agencies and services. Research findings reflect a consistent account of some common service and system level barriers that may inhibit a birth parent's ability to be sufficiently involved and engaged in child welfare system planning, services, and supports.

Barriers at the direct service level. Research findings indicate that child welfare workers may have difficulties prioritizing parent engagement due to time and resource constraints (Michalopoulos, Ahn, Shaw, & O'Connor, 2012; Mirick, 2013; Smith, 2008). Further, when workers do engage, their approach, for various reasons, may be dismissive, punitive, blaming, or negative towards parents (Altman, 2008a, 2008b; Michalopoulos et al., 2012; Smith, 2008; Sykes, 2011; Zell, 2006). Research findings suggest that parents may lack an understanding of child welfare system requirements and expectations due to inadequate worker engagement or communication (Ayón, Aisenberg, & Erera, 2010; Bundy-Fazioli, Briar-Lawson, & Hardiman, 2009; Reich, 2005). These findings reflect some similarities to the child welfare system's historical approach to birth parents and reinforce the need for both birth parent involvement and

services improvement and reform. Alongside these historical challenges, new barriers for birth parents exist due to the changing demographics of the families coming to the attention of the child welfare system, such as new barriers for immigrants and longstanding barriers and biases toward other ethnic minorities.

Barriers at the child welfare system level. The child welfare literature increasingly draws attention to the system level barriers that hinder a parent's ability to engage with the child welfare system. Inadequate legal representation for birth parents is a concern and a current focus of improvement efforts (American Bar Association Center on Children and the Law, 2009, no date). Permanency timescales require parents to begin work to address case plan requirements promptly, but parents report difficulties with the child welfare system's ability to be equally responsive in providing timely access to services (Altman, 2008b; Smith, 2008). When case plans specify community services, parents also find these services to be out of reach due to ineligibility, cost, or waiting lists that exceed permanency timescales (Altman, 2008a; Center for the Study of Social Policy, 2012). Parents also report a struggle with securing and maintaining gainful employment, a typical case plan goal, while complying with additional case requirements (Center for the Study of Social Policy, 2012). These case requirements that involve meetings, visitation, and services during work hours may also include substantial travel (Center for the Study of Social Policy, 2012) that may be difficult to achieve for parents lacking transportation, time, or financial resources.

In addition to obstacles in accessing services and achieving case plan expectations, there is some indication that case plans may at times be a poor fit with the needs of the family (Pelton, 2008; Smith, 2008). Where case plans do respond to family need, these plans may give inadequate attention to the chronic social issues that contributed to child welfare concerns such

as material hardship and social isolation (Bolen, McWey, & Schlee, 2008; Marcenko, Lyons, & Courtney, 2011).

Research suggests that these barriers may be pervasive in the child welfare system structure. The Center for the Study of Social Policy (2012) found in an institutional analysis of a public child welfare agency in a major metropolitan area that organizational purpose, values, and practices were incongruent with supporting the reunification of families and achieving permanency and provides some evidence of the systemic nature of these barriers.

These facilitators and barriers reflect a current child welfare system that has made incremental progress in birth parent involvement. The policies and initiatives that serve as facilitators, such as the CFSRs, Systems of Care, establish clear expectations of birth parent involvement across multiple levels from the case level to the system level. Alongside these facilitators, fundamental barriers to birth parent involvement continue and reinforce the need for birth parent involvement to promote services improvement and reform.

Parent Partner Programs

As the child welfare field's expectations of birth parent involvement have increased, so have the range of programs, models, and approaches that are framed as promoting greater involvement (Capacity Building Center for States (CBCS), 2016; Child Welfare Information Gateway, 2012; Children's Bureau, no date; Corwin, 2012). These programs typically focus on the case level such as family group decision making or family team meetings, with few programs specifying opportunities for system level involvement. However, one established model that does incorporate system level involvement and is gaining attention in the child welfare field is the parent partner program. This section begins with a definition of the model and a brief overview of its development in child welfare. Following this, the structure and current

conceptualizations of parent partners programs are presented. This section concludes with a research review of parent partner programs with attention to how they are being studied as an approach to birth parent involvement.

Definition and Terms

As stated, parent partner programs recruit parents with previous child welfare service experience in direct service roles to provide mentoring, advocacy, and support to families receiving child welfare services (California Evidence-Based Clearinghouse for Child Welfare, no date). Many child welfare agencies with parent partner programs also involve these parents as parent representatives at a system level to provide the parent perspective in services improvement activity (Bossard, Braxton, & Conway, 2014; CBCS, 2016). Terms used to reference these models include *parent advocates*, *parent mentors*, *parent leaders*, *veteran parents*, *family coaches*, *family leaders*, *life-trained paraprofessionals*, and *birthparent-to-birthparent mentors* (Berrick et al., 2011b; Bossard et al., 2014; Clara, 2009; Cohen & Canan, 2006).

Parent Partner Program Development

Peer mentoring and advocacy have existed for some time in the child welfare field (Briar-Lawson, 1998; Clara, 2009; Tobis, 2013), but parent partner programs in the field of child welfare draw most heavily from parent support, leadership, and advocacy approaches in allied fields. Peer mentors have been used for decades in the field of health (Nilsen et al., 2009) and disabilities (Higgins et al., 1997) in the form of veteran parents to provide peer support to parents of children with complex health and developmental needs. The concept of peer mentoring is also

heavily endorsed in community-based child abuse prevention with organizations such as Parents Anonymous promoting peer support as a critical component to their work (Reed, 1975).

In addition to the peer mentor function of parent partner programs, the parent representation component, often referred to as parent leadership, is also adopted from allied fields including early education (Sabol & Chase-Lansdale, 2015), education (National Association for Family, no date), special education (Shepherd & Kervick, 2016), child mental health (Hoagwood et al., 2010), and child health (American Academy of Pediatrics, no date). The Head Start program has been instrumental in promoting parent leadership principles by elevating parents from recipients of services to decision-makers and service providers (National Head Start Association, 2010). Most closely linked is the field of child abuse prevention (Falconer, Haskett, McDaniels, Dirkes, & Siegel, 2008; FRIENDS National Resource Center for Community-Based Child Abuse Prevention, 2007; Polinsky, Pion-Berlin, Williams, Long, & Wolf, 2010) where there is a long history of parent leadership.

In addition to these influences, community organizing has had a more discrete but equally important role in the development of parent partner programs in the child welfare field. Parent advocacy organizations, such as the Child Welfare Organizing Project (CWOP) in New York City, have achieved success in child welfare services improvement as they have transitioned from external to internal advocacy (Tobis, 2013).

Approaches in allied fields are likely to have influenced initial child welfare involvement efforts in community-based child abuse prevention through the Annie E. Casey Foundation and Casey Family Programs (Annie E. Casey Foundation, 2005; James Bell Associates, 2002). These early approaches were intended to provide opportunities to involve families in new ways and to improve outcomes for families receiving child welfare services (Clara, 2009; The

Commonwealth of Kentucky Cabinet for Health and Family Services Department for Community Based Services, 2007). The Child Welfare Systems of Care initiative strengthened the development of this work through federal funds (NTAECSC, 2008) and strengthened its connection with similar work in community-based child abuse prevention.

These peer mentoring, and parent representation influences from allied fields and the broader child welfare field that includes community-based prevention have shaped the way in which parent partner programs are defined. Parent partner programs promote mentorship, leadership, and advocacy but how these diverse functions translate to a birth parent role within the field of child welfare is not yet fully understood.

Parent Partner Program Structure

Parent partner programs in child welfare agencies that include both a peer mentor and parent representative function operate within a range of structures that have important implications for birth parent involvement. Parent partner programs vary based on their size, staffing, integration, and position within the child welfare structure. Some parent partner programs are internal to the statutory child welfare agency or external through funding agreements, including court-based programs (Sankaran, Rideout, & Raimon, 2015; Summers & Darnell, 2015; Summers, Wood, Russell, & Macgill, 2012). Programs are integrated in a range of ways from full integration in which parent partners and child welfare agency workers are part of the same team, to minimal integration in which an external referral is made for parent partner services (NTAECSC, 2010). Some parent partner programs recruit only birth parents with previous child welfare system experience, while others open recruitment to other caregivers, including extended family members and foster or adoptive parents (NTAECSC, 2008). Staffing terms vary across programs with some parent partners in full-time positions with opportunities

for career progression, while other parent partners are in part-time or as needed arrangements (NTAECSC, 2010). Program size varies with statewide programs operating in some states, and other states operating small-scale programs. Parent partner programs have been widely implemented across states with at least twelve operating some type of parent partner program (Birth Parent National Network, 2017). Child welfare literature has yet to reflect this expansion with most conceptual and empirical child welfare literature focusing on programs in only a handful of states (Clara, 2009; Corwin, 2012; Rauber, 2010). Further, there is some indication that rapid growth is underway with more states interested in incorporating some form of parent partner program (MCWIC, 2014).

Parent partner programs currently encompass a range of structures within the child welfare system. Regardless of these structural differences, these parent partner programs are rooted in the notion of both peer support and parent involvement, the latter of which is the focus of this study.

Current Conceptualizations of Parent Partners

Descriptions of parent partners in child welfare typically address the peer mentor role with little attention to the parent partner's role of parent representative. This emphasis relates primarily to the importance of social support and the added value of the supportive relationship of a peer. Social support and empowerment theories are the dominant theories used to describe this aspect of the work (Berrick et al., 2011b; Cohen & Canan, 2006; Lalayants, Baier, Benedict, & Mera, 2015). This focus on social supports and empowerment anticipates that parents receiving services are more engaged in efforts and empowered to address concerns and improve family functioning, in part due to the support they receive from their peer mentor.

The theory of change that underlies this process from receipt of peer mentor support to improved family functioning centers on the parent partner as a catalyst for change. Parents perceive a parent partner as someone in a similar position who has made positive life changes and can provide the necessary support, hope, optimism, inspiration, motivation, and modeling make positive life changes (Leake et al., 2012). These changes are reflected in both short and long term outcomes.

In the short term, more substantial levels of engagement are anticipated with parents more motivated to engage with workers and to engage earlier (Berrick, Cohen, & Anthony, 2011a; Cohen & Canan, 2006). The quality of engagement is improved as relationships with the caseworker are more effective and reflect compliance rather than resistance (Marcenko, Orlando, Barkan, & Orme, 2009). Further, parent and family improvements are anticipated through an increase in social support (Cohen & Canan, 2006; Marcenko et al., 2009), decrease in isolation (Marcenko et al., 2009), increase in hopefulness and motivation to address child welfare concerns (Berrick et al., 2011a; Berrick et al., 2011b; Marcenko et al., 2009), and an increase in parent self-advocacy and system navigation skills (Cohen & Canan, 2006; Marcenko et al., 2009; The Commonwealth of Kentucky Cabinet for Health and Family Services Department for Community Based Services, 2007). This improved self-advocacy and navigation arise from greater knowledge of system expectations and limits (Berrick et al., 2011b) and the services available (Berrick et al., 2011b; Marcenko et al., 2009). These short-term achievements are expected to contribute to the longer term, distal child and family outcome achievement. The long term outcomes include improved parenting and family functioning (Marcenko, Brown, DeVoy, & Conway, 2010), increased reunification (Berrick et al., 2011b; Chambers & Cooper, 2017; Marcenko et al., 2010; Marcenko et al., 2009; Rosenblum, 2010), more timely

reunification (Marcenko et al., 2010; MCWIC, 2014), increased child safety, and greater placement stability (Chambers & Cooper, 2017; Cohen & Canan, 2006; Marcenko et al., 2010; Marcenko et al., 2009).

Parent Partner Programs – An Empirical Review

Parent partner program research is limited and primarily concerned with outcome achievement. As yet, there is little empirical research on how parent partners are contributing at a system level in their role as a parent representative. Among the research on parent partner programs, variations in terminology and approaches present challenges in identifying those programs that recruit birth parents with prior child welfare service experience and who provide services to families currently involved with the child welfare system.

Parent partner studies have been undertaken in at least six states (California, Kentucky, Colorado, Washington, New York, and Iowa) with findings that are preliminary and primarily focused on peer mentoring and support. Most studies examine the benefits and value of the program as perceived by parents, parent partners, or key stakeholders (Berrick, 1988; Berrick et al., 2011b; Leake et al., 2012; Marcenko et al., 2009; Rosenblum, 2010; The Commonwealth of Kentucky Cabinet for Health and Family Services Department for Community Based Services, 2007). Two studies used quantitative methods to evaluate outcome achievement. Berrick et al. (2011a) found children who received parent partner services were four times more likely to achieve reunification than children who received service as usual. Chambers and Cooper (2017) examined statewide outcome achievement as part of an implementation evaluation across multiple sites. Propensity score matching was used to compare rates of reunification, foster care re-entry at 12 and 24 months, and length of placement over a four-year period. A statistically

significant difference was found between program participants (62.4%) and matched non-participants (55.8%) in reunification rates and foster care re-entry at 12 months post-discharge (program reentry = 13.4%; non-participant reentry = 21.8%). However, this difference in re-entry rates was no longer significant at 24 months post-discharge, and no difference was observed between groups in length of placement. (Chambers & Cooper, 2017).

The system level involvement of parent partners has yet to be addressed in theories of change or related research despite program descriptions that indicate parent partners are involved in system level planning and decision making (Leake et al., 2012; Marcenko et al., 2009). Where system level involvement is recognized, evaluation is limited to a frequency count of parent partner attendance at various meetings or training events (MCWIC, 2014). Some studies address this more generally by examining in varying depths the qualitative change in staff or stakeholder perceptions resulting from the integration of parent partners (Lalayants, 2012a, 2012b, 2013, 2015; Marcenko et al., 2009; Rosenblum, 2010). While system level involvement is not typically addressed in the research, limited and preliminary findings of the case level involvement of parent partners suggest that they may be having an impact at the system level. For example, some studies acknowledge a qualitative or quantitative increase in the importance of family engagement among staff and strengthening of family-centered attitudes (Lalayants, 2015; Leake et al., 2012; MCWIC, 2014). There is also some evidence of services improvement with the development of new parent partner-initiated resource guides and services (MCWIC, 2014; Rosenblum, 2010).

System level involvement of birth parents in parent partner roles. In this section birth parent involvement and parent partner programs are analyzed together to conceptualize system level involvement of birth parents through parent partner roles. This section begins with

an examination of how system level involvement of birth parents in parent partner roles is described in the parent partner program and the child welfare involvement literature. Theories used to support the work of parent partners in their system level involvement will also be discussed. Lastly, additional theories borrowed from child welfare involvement and the involvement literature more broadly will be introduced to strengthen the conceptualization of system level involvement through parent partner roles for this study.

System Level Involvement of Parent Partners Defined

Both birth parent involvement at a system level and parent partner programs in child welfare are in their formative stages so robust definitions, and conceptualizations of how these intersect have yet to be developed. Parent partner programs promote the involvement of parents in two ways. First, the theory of change associated with this program anticipates more substantial case-level involvement on the part of parents receiving child welfare services as a result of the support they receive from a peer mentor who has "walked in their shoes" (Bossard et al., 2014). Second, the parent partner serves as a parent representative to the agency functioning as the "parent voice." The literature on parent partner programs gives limited attention to this type of birth parent involvement at a system level, although it is considered a vital element of the role (Bossard et al., 2014; Williamson & Gray, 2011). Descriptions of the system level involvement of parent partners are limited, and when addressed, are often restricted to parental attendance at a particular activity (e.g., meeting, training, committee forum) or to parental contributions to agency policies or procedures (Marcenko et al., 2010; MCWIC, 2014; Rosenblum, 2010). In addition to these thin descriptions of system level involvement among parent partners, there is a general lack of theory to guide this work.

When taking into account definitions from both the literature on parent partner programs and birth parent involvement, system level involvement of parent partners refers to the inclusion of parent partners in the strategic work of the agency. This level of involvement encompasses planning, implementation, review, and evaluation activity and requires the presence of parent partners in meetings, committees, and events to share their perspective and integrate the parent voice into policies and services (NTAECSC, 2010) intended to promote improvement and reform. This level of involvement sometimes referred to as system or program level involvement (Child Welfare Capacity Building Collaborative, 2015; Williamson & Gray, 2011), is distinguished from involvement focused on the case level.

Theories to Support System Level Involvement of Parent Partners

Some of the complexity in examining the system level involvement of parent partners is the general lack or insufficient use of theory to guide the work of parent partners (Nilsen et al., 2009) or birth parent involvement in child welfare. Although limited, theoretical explanations for parent partner models typically rely on mutual or social support. These theories offer insight into the peer mentor function of the role but are inadequate for understanding the parent representative role of parent partners. For example, peer support requires collective support in line with the self-help approach for participants to be meaningfully involved (Andrews, 2014), which has less relevance to the system level involvement of parent partners. Leadership theories (Chrislip, 2002; Chrislip & Larson, 1994; Kouzes & Posner, 2000, 2002) are applied to a limited extent (Bossard et al., 2014; Bossard, 2011) and provide a strong rationale for stakeholder involvement, in the form of inclusive or shared leadership, to improve the quality of decisions. These theories have influenced parent leadership in community-based child abuse prevention programs (FRIENDS National Resource Center for Community-Based Child Abuse Prevention,

2007; FRIENDS National Resource Center for Community-Based Family Resource and Support Programs, 2002), but may have limited utility when applied to the role of birth parents in matters of statutory child protection.

To explore how parent partners are involved at a system level and what their involvement aims to achieve, tentative theories are needed to guide this inquiry. Specifically, theories are needed to consider why parents choose to become involved at a system level, what agency involvement is and what it achieves, and how parent involvement may contribute to services improvement and reform. In addition to leadership theories, empowerment and involvement theories offer a more thorough conceptualization to guide this study.

Leadership theories. Leadership theories (Chrislip, 2002; Chrislip & Larson, 1994; Kouzes & Posner, 2000, 2002; Senge, 2006) support shared management approaches that enlist the involvement of key stakeholders to create innovation and change and replace traditional leader/follower approaches with those that emphasize collaboration and inclusion. Leadership theories are useful in making a case for system level involvement in child welfare agencies to improve decisions (Kouzes & Posner, 2002; Senge, 2006). However, they have some relevance to this inquiry because they can provide insight into system level factors that are important in achieving effective, or meaningful, involvement.

Collaborative leadership provides context, principles, and characteristics of success in collaboration (Chrislip & Larson, 1994) and a "micro-view" of these concepts (Chrislip, 2002) that offer a guide to the process of establishing effective involvement strategies. For this study, this guide provides a gauge to the implementation status of birth parent involvement at a system level and explains the initial phase (analyze context; choose collaborative strategy); the set up phase (identify and convene stakeholders; construct process; define information needs; define

roles; manage process; secure resources); the work phase (build capacity; engagement methods; information access; decision making); and action (extending engagement; managing action) (Chrislip, 2002). Collaborative leadership theory provides a roadmap for establishing greater collaboration, and this provides further insight into potential system level barriers that may hinder opportunities for meaningful involvement.

Empowerment theories. Empowerment theories provide insight into why birth parents may choose to become involved in system level activity to promote services improvement and reform. According to Gutiérrez (1995), developing critical consciousness (Freire, 1974) involves the process of group identification, group consciousness, and efficacy in self and as a collective. In the case of birth parents, group identification is developed through an awareness that they share similar experiences, struggles, or successes with other birth parents receiving child welfare services. Group consciousness is an iterative process with birth parents developing an awareness of their disadvantaged position within the child welfare system and their general lack of voice. Birth parents may increasingly recognize the structural conditions that impacted their family, which contributed to child welfare concerns as well as those that helped or hindered successful life changes. Self-efficacy means that birth parents recognize the unique insight and expertise they bring to system level involvement activities based on their child welfare system experience, including what was needed and what worked for their family. Birth parents begin to recognize their potential as agents of change in these involvement activities. This empowerment lens provides an understanding of how birth parents may perceive their path to achieving social change and the personal, interpersonal, and child welfare system factors and processes that contributed to their empowerment (or powerlessness) on their pathway to critical consciousness.

Empowerment is intimately related to involvement, but disagreement exists as to whether this relationship is causal, reciprocal, or dialectical (York & Itzhaky, 1991). With regard to involvement, empowerment is defined as both a process (involvement is empowering) and an outcome (involvement contributed to a state of empowerment) (Perkins & Zimmerman, 1995). It is a "process of increasing personal, interpersonal, or political power so that individuals, families, and communities can take action to improve their situations" (Gutiérrez, 1995, p. 229). As an outcome, birth parents may achieve collective empowerment through services improvement in the form of reductions to service barriers and better quality of services.

In the child welfare literature on birth parent involvement, the language of empowerment is prevalent with *family empowerment* (Child Welfare Capacity Building Collaborative, 2015) often used synonymously with *involvement*. Despite its reference to empowerment, practice models that promote involvement are typically more aligned to family-centered rather than empowerment principles.

Involvement theories. The child welfare literature has paid limited attention to involvement or participation theories to inform family involvement practices, though these theories are increasingly used to address the participation of children and youth in foster care. These theories are crucial to understanding involvement as a process and what might constitute meaningful involvement. As such, it is essential that these theories guide an examination of birth parent involvement practices in child welfare that aims to develop knowledge about the involvement process.

Theories on involvement in the context of social work are generally categorized by either a consumerist or democratic approach (Beresford & Croft, 1993). Though the consumerist language in child welfare is often used when referring to birth parent involvement, the services

these parents consume are of a personal nature and relate to public matters involving families and the state. Birth parent involvement in child welfare aims to promote services improvement and reform that pertains to this public intervention. As such, a democratic approach that reflects the influence of citizens on public systems rather than a market-based, consumerist perspective has more relevance to this type of involvement. Further, a democratic approach is rooted in empowerment (Beresford & Croft, 1993) making it well-aligned to family-centered principles in child welfare.

Involvement theories use the consumerist or democratic perspectives to address the complexity of what involvement means and what it achieves in the context of public systems that typically address the needs of disadvantaged citizens. Involvement literature reflects a continuous struggle between the expectations of citizens and those of the system (Arnstein, 1969; Beresford, 2012; Roose et al., 2012). In social work, this is reflected in the system's interest in involvement informing policies and the client's interest in involvement making a difference and achieving change (Beresford, 2012).

Involvement as a process. To deconstruct the process of involvement to understand how it is reflected in practice and what it achieves, various frameworks of participation have been constructed to clarify the levels of participation, dimensions of participation, and outcomes of participation.

A multi-level process. Levels of participation (Table 1) are viewed on a spectrum with the lowest order of participation reflecting tokenism and the highest order reflecting citizen control. The *Ladder of Citizen Participation* developed by Arnstein (1969) forms the basis for the limited frameworks that have been referenced in child welfare involvement literature, including the adaptation by Thoburn et al. (1995b), which was applied to family involvement,

and by Bell (2011) concerning children's participation. These frameworks describe participation at each level for broad measurement on a continuum. For example, the *informing* and *consultation* rungs of the Arnstein (1969) *Ladder of Citizen Participation* are categorized as a form of tokenism. Arnstein defines tokenistic participation in which the "have-nots" are given voice and are heard, but "they lack the power to ensure that their views will be *heeded* by the powerful. When participation is restricted to these levels, there is no follow through, no 'muscle,' hence no assurance of changing the status quo" (Arnstein, 1969, p. 217).

Table 1

Levels of Participation

Level of Involvement	**Arnstein (1969) Public planning**	**Thoburn et al. (1995b) Child welfare – family involvement**	**Bell (2011) Child welfare – children's participation**
Optimal Involvement (Highest Level) ↑	Citizen Control	Delegated power involvement in service design	Level 3: Partnership to citizen control
	Delegated power		
	Partnership	Partnership Participation	
	Placation	Involvement consultation	Level 2: Informing, consulting, placation
	Consultation		
	Informing	Keeping fully informed	
Tokenistic Involvement (Lowest Level)	Therapy	Placation	Level 1: Manipulation & Tokenism
	Manipulation	Manipulation	

Source: adapted from Bell (2011); Sinclair and Franklin (2000)

According to Arnstein, power redistribution is a central function of involvement. She asserts, "Participation without redistribution of power is an empty and frustrating process for the powerless. It allows the powerholders to claim that all sides were considered but makes it possible for only some of those sides to benefit" (Arnstein, 1969, p. 216). Power redistribution in the context of child welfare, and specifically child protection, can be problematic (Doolan, 2007), and most likely viewed as an unacceptable means of achieving services improvement and reform. However, these classifications of participation provide the opportunity to recognize and

acknowledge the presence of power in child welfare involvement practices to begin to understand how power is used and its potential to be shared in certain aspects of the work (Beresford, 2012; Levin, 2011). According to Van Kriekan, understanding how power operates within specific contexts and the forms it takes (e.g., dominant/cruel/self-serving or human/accountable/just) may be more important than its actual presence (as cited in Healy, 1998).

A multi-layered process. In addition to these levels, involvement is understood as having multiple layers (York & Itzhaky, 1991), with involvement levels accounting for one of these layers. York and Itzhaky (1991) provide a structure for involvement to understand the effectiveness or productivity of the involvement process. The model has been applied to children's participation in the child welfare system (Kirby, Lanyon, Cronin, & Sinclair, 2003; Sinclair, 2004) but also has direct relevance to birth parents involved at a system level. These multi-layered models (Table 2) establish the value or quality of involvement by various factors including frequency and duration; nature, type, or scale of activities; involvement techniques used; decision making focus; decision making content; 'clients' involved and their representativeness; and agency attitudes towards involvement (Kirby et al., 2003; York & Itzhaky, 1991). These characteristics of multi-layered participation provide a more robust framework for examining how birth parents are being involved at a system level beyond attendance in meetings or forums and in interpreting facilitators and barriers to their perceived contribution to services improvement efforts.

Table 2

Key Dimensions of Multilevel Involvement

York & Itzhaky (1991)	Kirby et al. (2003)	Description
Level of participation	Level of participation	Power – how it's held, distributed Influence, Authority
Representativeness of client participants	Individuals involved	Who parent represents, representativeness of population or subgroup, Number in attendance
Type and scale of activities	Nature of participation activity	Type or form of activity, including duration and frequency
	Frequency or duration of participation	
	Content of decision-making	Subject matter, topic of focus
	Focus on decision-making	Decisions related to the personal (individual) or public (group)
Origins of participation		Who organized, authorized participation (e.g. voluntary, involuntary)
Techniques of participation		Methods to achieve participation
Attitudes of participation		How participation is perceived by those in power

Anticipated outcomes. The system level involvement of birth parents in child welfare focuses on services improvement and reform. This focus poses some questions about the type of improvements and reforms parent involvement contributes to and whether other outcomes are being achieved that have yet to be identified.

Literature on involvement and practice theory (Bell, 2011; Bossard, 2011; FRIENDS National Resource Center for Community-Based Family Resource and Support Programs, 2002; Kirby et al., 2003; York & Itzhaky, 1991) provide some anticipated outcomes across multiple levels that may have relevance to child welfare and its approach to system level involvement. These anticipated outcomes (Table 3) are organized by individual (child, parent), family, agency, child welfare system, community, and societal level. This outcome framework serves as a guide to the identification of anticipated and actual impacts of involvement across multiple levels.

Table 3

Anticipated Impacts and Outcomes of Involvement

	Child Level	Parent/ Personal Level	Family Level	Worker Level	Agency Level	CW System Level	Community Level	Society Level
Bell (2011) on Children's Participation	Skills (partnership and negotiation), self-worth, identity & self-esteem, voice and choice				Enhanced skills, better services, better decisions	Contribution to other orgs		Influence in national and international policies
Bossard (2011) & FRIENDS (2002) on CBCAP and Child Welfare Involvement			Outcome achievement, increased ability to use services and help others, skill building		Services better, more cost effective, more culturally sensitive; improved customer service	More responsive system	Healthier communities, parents model being involved to children	
Kirby et al. (2003) on Children's Participation	Personal development (child participation)				Practical benefits to services			Increased citizenship, social inclusion
York and Itzhaky (1991) on Client Participation		Client involvement, legitimization, recognition, influence; better outputs			Leadership development of change agents, leadership development, long term independent, better preserved outputs			Political and administrative benefits (saving resources, public support, legitimization)

Rationale for Current Study

The literature on birth parent involvement in child welfare suggests that involvement practices are not a cutting-edge innovation but rather a response to decades of exclusive practices towards birth parents. The goal of parent involvement in child welfare is not merely to have parents present but rather to have parents involved to achieve a more substantial purpose. Birth parent involvement, and particularly involvement at a system level, promotes a paradigm shift from a historically authoritarian and punitive child welfare system approach to one that is more family-friendly and inclusive (Williamson & Gray, 2011).

In addition to this paradigm shift towards more inclusive and stakeholder-informed practices, the literature also indicates that birth parent involvement is rooted in the belief that involvement can improve the quality of decision making. Having birth parents "at the table" at a system level may enhance decision making by incorporating additional perspectives on how to improve and reform child welfare services that positively impact children and families.

Despite these anticipated benefits of birth parent involvement, this review highlights knowledge gaps in the child welfare field about what involvement looks like in practice and the contribution it makes to child welfare services improvement and reform. The historical, empirical, and theoretical literature reflects diverse influences that have yet to be consolidated to inform a clear and consistent approach to birth parent involvement in child welfare. Further challenges exist in developing meaningful involvement given the historical lack of voice of these parents in child welfare system policies and practices.

An in-depth understanding of current system level involvement practices, as in the case of parent partner programs, is needed to advance involvement practices that are meaningful to birth parents and contribute positively to needed services improvement and reform. This study

begins to address this gap by exploring how birth parents in parent partner roles are involved at a system level and whether this involvement reflects opportunities for birth parents to make real change through child welfare services improvement and reform.

Summary

This chapter has provided an overview of the evolution of birth parent involvement in child welfare from early child welfare services to current involvement efforts. This historical review provided context for current involvement conceptualizations and established the primary influences that have informed birth parent involvement. The literature on parent partner programs was then reviewed to establish current knowledge of this developing program. This overview of birth parent involvement and parent partner programs set the stage for a discussion on current conceptualizations of system level involvement among birth parents through parent partner programs. This chapter concluded with a rationale for the current study. The following chapter provides the methodology for a qualitative study to conduct in-depth interviews with birth parents involved in parent partner programs across multiple sites nationally.

Chapter Three: Methods

This chapter presents the research methods in four sections. The chapter begins with an overview of the paradigm used for the inquiry. The next two sections present the research questions and key concepts of the study and their definitions. The final section discusses study methods organized by study preparation, data collection, data analysis, and quality criteria.

This exploratory qualitative research design (Padgett, 2008; Patton, 2015) uses in-depth telephone and focus group interviews with birth parents in parent partner and parent partner coordinator roles to explore their perceptions relating to system level involvement in child welfare to promote services improvement and reform. The study of this type of birth parent involvement in child welfare presents challenges due to a dearth of knowledge available on the topic and a reliance on complex and subjective terms such as involvement, participation, and engagement (Beresford, 2012; Levin, 2011).

Lincoln and Guba (1985) assert:

> "[a] major distinction must be made between types of studies in which the investigator '*knows what he or she doesn't know*,' and therefore can project means of finding it out, and situations in which the investigator '*does not know what he or she doesn't know,*' in which case a much more open-ended approach is required" (p. 209).

Qualitative research provides the opportunity to gather rich descriptions of both what one knows and what one does not know through an emergent design. This provides the necessary flexibility to adapt methods as new knowledge is gained and understanding develops (Patton, 2015).

Inquiry Paradigm

A paradigm is a worldview held by the researcher (Creswell, 2009), and "these beliefs shape how the qualitative researcher sees the world and acts in it" (Denzin & Lincoln, 2005, p. 13). Pragmatism provides an alternative to paradigms structured on an ontological, epistemological

and axiological continuum from positivist to post-modernism. Pragmatism recognizes that the inquiry process may unfold and require adaptation in data collection. The extent of practical fluidity in pragmatism provided the necessary freedom to initiate this new line of inquiry and consistent with the study's emergent design.

Pragmatism, the paradigm used for this study, provides a framework that "directs us to seek practical and useful answers that can solve, or at least provide direction in addressing concrete problems" (Patton, 2015, p. 152). This study seeks to understand how birth parent involvement at the system level is reflected in child welfare practice, and what it achieves to advance involvement policies and practices. This pragmatic inquiry recognizes the importance of the research context including the researcher as an instrument for data collection. In addition to prioritizing context in research, pragmatism is action focused (Patton, 2015). These pragmatic principles of context and action reflect a social justice concern with its recognition of research in context, including the social, political, and historical (Creswell, 2009, p. 10), and "seeks practical and useful insights to inform action" (Patton, 2015, p. 152). A pragmatic approach was used in this study with a focus on action. This includes action related to the exploration of perceived changes, or outcomes, resulting from the system level involvement of birth parents and in the development of action-focused practice, policy, and research implications. These implications are further framed within a social justice context and include the identification of involvement practices that are perceived by birth parents as valuable and that advance meaningful involvement practices and policies.

Research Questions

This study seeks to develop the social work profession's understanding of birth parent involvement at the system level in child welfare as well as parent perceptions regarding the

contribution of their involvement to child welfare services improvement and reform. Further, this study explores the motivations and goals of parents involved in parent partner programs and the anticipated impact on the child welfare prevention and response spectrum.

The study's research questions, which were further refined as the study progressed in line with its emergent design, are as follows:

(1) What personal, interpersonal, and child welfare system factors and processes contribute to participants' decision to become involved at a system level in child welfare services?

(2) How are participants involved at a system level in child welfare services? Specifically, what are participants' experiences with birth parent involvement at a system level in child welfare?

    a. What do participants hope to achieve through parent involvement at a system level in child welfare services?

    b. How do participants perceive their system level involvement in child welfare services contributes to services improvement and reform intended to prevent child maltreatment occurrence or recurrence?

(3) What recommendations do participants have for addressing services improvements and reforms through parent involvement in child welfare services for the future?

Key Concepts and Definitions

The key concepts for this study are organized and defined by the research question. Key concepts about the population of interest and sample are also defined. Key concepts pertinent to the research questions include personal, interpersonal, and child welfare system factors and processes; birth parent involvement at the system level; power; voice; agency's approach; achieve; services improvement and reform; child maltreatment occurrence or recurrence. Key

concepts that describe the population of interest and sample include parent partners; parent partner roles as mentor and parent representative; parent partners and parent partner programs among members of the Birth Parent National Network (BPNN).

Key Concepts – Research Questions

The first research question examines the multi-level factors that might contribute to a birth parent becoming involved at a system level. Key concepts are *personal, interpersonal, and child welfare system factors and processes* and *birth parent involvement at the system level*.

Personal, interpersonal, and child welfare system factors and processes. Personal, interpersonal, and child welfare system factors and processes are characteristics, conditions, influences or processes that function at three distinct levels. The personal level is that which relates to the parent as an individual such as personal interests, motivations, and experiences. The interpersonal level relates to the interaction between the parent and others such as staff, other birth parents, or the agency. The child welfare system level relates to the system in which child welfare operates such as policies, procedures, and approaches that define how families are served.

Birth parent involvement at a system level. The term birth parent involvement at an agency level was used in the early stages of the study. As reflected in the study's emergent design, it became apparent that participants were more comfortable with the term system level involvement, or involvement beyond a case level. The term system level was also more representative of the meeting attendees as described by participants. Therefore, the term agency level involvement was replaced with system level involvement, though the definition as outlined here remained unchanged. The term system level, rather than agency level involvement, is used throughout this dissertation.

Involvement is an active, meaningful, and sustained process (Kirby, Lanyon, Cronin, & Sinclair, 2003; Sinclair, 2004) that is interpersonal. Involvement is typically viewed on a spectrum with the lowest order reflecting tokenism and higher orders providing increasing opportunity for shared power and influence (Arnstein, 1969; Bell, 2011; Thoburn, Lewis, & Shemmings, 1995a).

Birth parent involvement. The interpersonal processes and the approaches used by child welfare agencies to purposefully include birth parents who have, or who have had, a child welfare case open due to child maltreatment concerns is referred to as birth parent involvement. This study addresses biological parents with child welfare cases that have been closed.

System level involvement. Birth parent involvement at the system level is distinguished from case level involvement and refers to the inclusion of birth parents in the strategic work of child welfare services such as planning, implementation, review, and evaluation activity. This type of involvement requires parent attendance in meetings, committees, and events to share their perspective, which is integrated into policies and services (NTAECSC, 2010) to promote services improvement and reform.

The second research question seeks to understand the process of involvement at a system level. Key concepts include the *experiences* of involvement. As part of these definitions, concepts including *power*, *voice*, and the *agency's approach* are addressed.

Experiences. Experiences mean "what has been experienced; the events that have taken place within the knowledge of an individual, a community, mankind at large, either during a particular period or generally" ("Experience," Oxford English Dictionary Online, 2018). Experiences include participants' perception of the purpose of their involvement activity, the

relevance to decision making, the use of power, the role of the parent in achieving the goal and in representing birth parents.

Power. Although the term power is worthy of in-depth description, a relatively simple definition borrowed from empowerment is used for this study to examine its presence in the forms and functions of involvement. Gutiérrez, Oh, and Gillmore (2000) build on the work of others to define power as personal, interpersonal, and political.

> "Personal power involves experiencing oneself as an effective and capable person. One means of increasing personal power is to identify and understand the power one already has…Interpersonal power is the ability to influence others with social power… [derived] from such things as one's social position, role, interpersonal skills, credibility, or attractiveness…Political power is the ability to influence the allocation of resources in an organization or community through formal or informal means…most commonly gained through collective action and collaboration with others." (p. 586)

Voice. The phrase, voice of birth parents, is used in the study to describe the birth parents perceived authority to represent the perspective and interests of birth parents with current or previous child welfare services involvement.

Agency's approach. Approach means "a way of considering or handling something, especially a problem" ("Approach," Oxford English Dictionary Online, 2018) and, in this context, relates to the method adopted by the agency to promote and implement birth parent involvement.

A sub-question of the second research question explores what participants hope to achieve through parent involvement at a system level. The key concept for this research question is *achieve*.

Achieve. To achieve means "To succeed in gaining; to acquire or attain (a desired objective, result, etc.) …" ("Achieve," Oxford English Dictionary Online, 2018). Participants' anticipated achievements may pertain to both outcomes (the difference or change) and outputs

(quantifiable products) and across various levels including individual (parent, agency staff), groups (birth parents, agency staff group), system (agency, child welfare system, community).

A second sub-question of the second research question addresses the perceived contributions of birth parent involvement to improvement efforts intended to prevent child maltreatment. Key concepts used include *services improvement and reform* and *child maltreatment occurrence or recurrence*.

Services improvement and reform. Improvement is "the result of making something better or of becoming better; an advance *on*, *upon*, or *over*; a better version *of*" ("Improvement," Oxford English Dictionary Online, 2018). Reform is "the action or process of making changes in an institution, organization, or aspect of social or political life, so as to remove errors, abuses, or other hindrances to proper performance" ("Reform," Oxford English Dictionary Online, 2018). Services improvement and reform means those improvements and changes to child welfare service delivery including investigation, assessment, case management, intervention, and treatment to achieve better outcomes for children and their families.

Child maltreatment occurrence or recurrence. Child maltreatment refers to all types of child abuse and neglect including neglect, physical abuse, emotional abuse, and sexual abuse (National Center for Injury Prevention and Control, 2014). Child maltreatment occurrence means an incident of child maltreatment that has come to the attention of the public child welfare agency (i.e., child protective services). Child maltreatment recurrence means a further incident of child maltreatment that has come to the attention of the child welfare agency involving a family with whom a previous maltreatment incident occurred.

Key Concepts – Population and Sample

In addition to the key concepts addressed in the study's research questions, additional key concepts are used to describe the population of interest and sample. These include *parent partners, parent mentors,* and *parent representative.* The Birth Parent National Network (BPNN) and its relationship with the study sites and participants are also addressed as a key concept.

Parent partners and their roles as mentor and parent representative. Parent partners are birth parents with previous child welfare experience in direct practice roles through Parent Partner Programs. The parent partners in the study served a dual role that includes both working with families as a parent mentor and as a parent representative for the agency. As parent mentor, parent partners work with parents receiving child welfare services as mentors, advocates, and supportive peers (California Evidence-Based Clearinghouse for Child Welfare, no date) to help families navigate the system and achieve their case plan goals. As a parent representative, parent partners engage in system level activity to inform child welfare services improvements and integrate the parent voice.

Parent partners and parent partner programs as BPNN members. The Birth Parent National Network (BPNN) is a national network of birth parents and organizations (http://bpnn.ctfalliance.org/). Parent members are birth parents with previous child welfare system involvement or parents at risk of involvement and who are interested in sharing their perspective with policymakers. Organizational members are those agencies "committed to identifying and supporting parents as strategic partners in system reform" (National Alliance of Children's Trust & Prevention Funds, 2014, p.1). The BPNN provides the opportunity for birth parents and organizations to influence the child welfare system through identifying opportunities

to influence positive change by increasing awareness of the challenges faced by families and the supports needed to strengthen families (National Alliance of Children's Trust & Prevention Funds, 2015).

Many BPNN organizational members have parent partner programs, but whether these organizations comprise a substantial proportion of parent partner programs operating nationally is not known. While data are not available on the number of parent partner programs nationally, anecdotal evidence suggests that most of the fully implemented parent partner programs in child welfare agencies are BPNN members.

Birth parents who are parent partners in a parent partner program may or may not be a BPNN parent member, even if their agency is a BPNN organizational member. BPNN parent members are those parents with interest in engaging in policy work and who have the time to commit to this endeavor, which may not be the case for all birth parents working as parent partners. As such, this study worked with BPNN member organizations to identify study participants rather than with BPNN parent members directly.

Study Methods

Research methods used in this study are informed by the work of Patton (2015). Strategies presented by Padgett (2008), and Lincoln and Guba (1985) also guide the methods. Methods are organized by study preparation, data collection, quality criteria, and data analysis. The study preparation section provides an overview of the necessary permissions obtained to conduct the study, the steps undertaken to finalize initial methods and study documentation, and the process of site identification. The data collection section includes the researcher as instrument, the study sites, the study sample, the use of key informants and consultant panel, interview methods, and document review. The quality criteria section addresses trustworthiness

as reflected by credibility, transferability, dependability, and confirmability. The data analysis section outlines the method of analysis undertaken and the write-up of the dissertation.

Study methods were designed to be sensitive to issues of race, ethnicity, and culture to both ensure adequate attention to issues of diversity and recognize how these issues likely contribute to how parents perceive and experience involvement (Kalyanpur, Harry, & Skrtic, 2000). In addition to referring to available guidance (Council of National Psychological Associations for the Advancement of Ethnic Minority Interests, 2000), issues of cultural sensitivity were examined through the consultant panel, peer debriefing activity, and the reflexive journal, which are addressed later in this chapter. Further, it was anticipated that intersecting issues of gender, race, ethnicity, poverty, and child welfare involvement would further shape perspectives and experiences and influence study findings, and as such were attended through sampling strategies. Despite these methods, the final sample lacked diversity in the areas of race and ethnicity, which is addressed as a study limitation.

Study Preparation

The study preparation phase of the study included dissertation proposal defense, submitting an Institutional Review Board (IRB) application, identifying sites, convening a consultant panel, conducting pilot interviews, and finalizing study methods and documentation per consultant panel recommendations.

Human subjects' approval. Following dissertation committee approval to conduct the study, three Institutional Review Board (IRB) permissions were obtained from the University of Kansas, Human Subjects Committee Lawrence (HSCL) to ensure necessary safeguards were in place for research participants, and to ensure all legal and ethical requirements were met. Given the study's emergent design, IRB approvals were also obtained for subsequent modifications

(Appendix A). Written informed consent forms were developed in accordance with HSCL requirements, and included study procedures, risks, benefits, payments, confidentiality, and participants' right to terminate the agreement (see Appendix B). Further safeguards to protect participant confidentiality included the secure storage of all research documentation; the use of a transcriptionist confidentiality agreement (Appendix C); and the removal of all identifiable site or participant information, which was replaced with pseudonyms.

Sites. The Birth Parent National Network (BPNN) provided support to identify relevant sites for the study. The BPNN is facilitated by the National Alliance of Children's Trust and Prevention Funds and funded through Casey Family Programs. The BPNN is comprised of over 150 birth parents and organizations "working to promote and champion birth parents as leaders and strategic partners in prevention and child welfare systems reform" (National Alliance of Children's Trust & Prevention Funds, 2015). Amongst its members are organizations with parent partner programs at various stages of implementation from newly implemented to well-established programs. The Center for Children and Families (CCF) at the University of Kansas, School of Social Welfare, has been a BPNN member organization since May 2014. I established this membership, have served as the primary CCF contact, and have been an active participant in several BPNN activities, initiatives, workgroups, and the BPNN Parent Council.

Sites were identified with the support of BPNN leadership staff, who hold in-depth knowledge of the national parent partner program landscape. BPNN staff assisted with identifying, and later facilitating connections to potential study sites. As the parent partner program is an emerging practice, reputational sampling was used to identify those parent partner programs that are perceived by the BPNN as being leaders in the field. Sites also needed to have

birth parents with prior child welfare experience in parent partner roles, and for this role to include both peer mentoring and representing birth parents at the system level.

Initially, four sites were identified, and BPNN leadership made initial contact with the respective parent partner programs. Following this initial contact with sites, one site was no longer considered due to an extensive departmental process for study approval of at least 18-months, which could not feasibly be accommodated within study timescales. BPNN staff facilitated an email introduction between the researcher and leadership in the remaining three sites, and conference calls were arranged by the researcher to share information on the study and to discuss the program's feasibility to participate in the study. Based on these discussions, one site was no longer considered as the program structure differed from the defined parent partner program structure. A final two sites were invited by letter (Appendix D) to participate in the study. Both sites agreed and provided a written agreement to participate in the study. The two sites are referred to throughout this dissertation as Site S (S = Small) and Site B (B = Big).

Site S characteristics. Site S is a parent partner program located in a suburban region of a large metropolitan city in the western United States. According to the most current population data, the program serves an 804 square-mile area with an estimated population of 1.14 million. The population is predominantly non-Hispanic, White (45%), followed by Hispanic or Latino (25.6%), with other racial groups including Asian (17%), and African American (10%). Data on birth parents receiving child welfare services is not available. However, based on current child welfare services data in Site S, 9,853 children were referred to child welfare services for alleged maltreatment in 2017, a rate of 39.2 per 1,000 children. Of these, 883 children were substantiated victims of maltreatment, a rate of 3.5 per 1,000 children. These child victims were

primarily non-Hispanic, White (32%), Black (30%), and Hispanic or Latino (27%). No data was available on the race and ethnicity of the birth parents receiving parent partner program services.

The Site S Parent Partner Program began in the mid-2000s with the support of funds supporting new initiatives and is considered one of the early programs in the U.S. The program's development was rooted in the concept of peer support programs as reflected in programs such as Parents Anonymous and Alcoholics Anonymous. Like Parents Anonymous, the program was also developed with a parent leadership component with parent partners representing the parent voice on advisory committees or at other public speaking engagements. The goal of the program is to support parents in the child welfare system to gain an awareness of their rights and responsibilities and to promote reunification as a case outcome.

The program was initially developed in child welfare services, but the administration of the program has since transferred externally to a nonprofit organization within the broader child welfare system structure. Program staff is employed through the organization under full-time, permanent employment contracts with partial benefits. The program covers the service area for child welfare services, which includes three child welfare services offices. Parent partners are co-located in each of these offices. The Site S program currently consists of one parent partner program coordinator and eight parent partners, with three having more senior status as team leads.

Site B characteristics. Site B is a parent partner program located in a large midwestern region of the United States. The program serves a 56,272 square-mile rural and urban area with an estimated population of 3.15 million, according to recent population data. Data on race and ethnicity indicate a population that is predominantly non-Hispanic, White (86%), with Hispanic/Latino (6%) and Black or African American (4%) representing the next largest racial

and ethnic groups. Data on birth parents receiving child welfare services is not available. However, based on current child welfare services data in Site B, 33,418 children were referred to child welfare services for alleged child abuse and neglect. Of these children, 8,558 children were confirmed or founded victims of child maltreatment. Child victims were primarily non-Hispanic, White (72%), African-American (16%), and Hispanic (9%). With regard to the parent partner program specifically, 1,185 birth parents received peer mentoring services from a parent partner. Of these parents receiving services, 86% reported as White, Non-Hispanic, 6% Black or African American, and 5% Hispanic/Latino.

The Site B Parent Partner Program was initially developed in response to areas identified in the 2003 Child and Family Services Review as requiring improvement. These efforts were intended to improve reunification rates and engagement with fathers and to reduce re-abuse rates and time in out of home care. The program was also viewed as an opportunity to integrate the experiences and recommendations of parents across child welfare services. The program was implemented in pilot sites in the late 2000s and was informed by existing programs, including the Site S program. Since then, a continued expansion plan has led to region-wide implementation.

As with Site S, the Site B program was initially located in child welfare services but was subsequently outsourced to a nonprofit organization. Parent partners are employed as independent contractors and receive fixed rate reimbursement. Parent partners are not eligible for employee benefits. The key informant reports an hourly rate equivalent of approximately $10 per hour. Birth parents in supervisory positions (parent partner coordinators, service area coordinators) are employed directly by the organization. The program is organized by service

areas with parent partners, parent partner coordinators, and one service area coordinator in each area.

The Site B program consists of one parent partner program coordinator, five service area coordinators, 15 parent partner coordinators, some of whom are birth parents with prior child welfare service experience. At any one time, the program has approximately 80 parent partners at varying stages of mandatory training. During the study recruitment period, 68 parent partners had completed all necessary mandatory training.

Key informants. A key informant was identified in each site and is an individual with knowledge on the topic of interest and a willingness to share this knowledge about the object of study rather than necessarily about their personal experiences (Padgett, 2008). The program coordinator from each site was identified as a key informant given their program oversight responsibility and based on their in-depth understanding of their agency's program and staff. Both key informants had been with the program since its implementation, with one of the key informants having a primary role in operationalizing one of the first parent partner programs. The key informant served as the researcher's primary contact for the site and an additional source of information to provide necessary context, including program documentation described later in this section. Both key informants were non-Hispanic, White.

Consultant panel. A consultant panel comprised of birth parents with prior child welfare service experience and professionals working in the interests of birth parents and their families served in an advisory capacity for the duration of the study. A consultant panel of four members was initially planned (2 parents; 2 professionals), but the panel eventually consisted of six members in total. Two professionals agreed to share one position to accommodate scheduling conflicts, though both maintained active roles on the panel. An additional birth

parent was added after some unexpected health issues arose with one of the birth parent members. The three birth parent consultants were known by the researcher through prior BPNN activity and had experience as national family consultants working with various entities on birth parent-related topics. Birth parent consultant panel members included Sherry Tomlinson (Casey Family Programs Birth Parent Advisory Council; Family Consultant, Children's Bureau Capacity Building Center for States), Angela Braxton (Authenticus LLC; Family Consultant, Children's Bureau Capacity Building Center for States); and Timothy Phipps (BPNN Parent Council; Peer recovery mentor, Morrison Child and Family Services). Most participants (n = 5) were female. Five panel members were White, Non-Hispanic and one member was African-American. Birth parent consultants were provided a $50 debit MasterCard payment for each meeting as compensation for their time when alternative compensation through their work time was not provided.

Two of the three professional consultants were BPNN leadership staff with responsibility for facilitating and convening the BPNN. The third consultant was invited on the recommendation of the BPNN. Professional consultant panel members included Teresa Rafael (Executive Director, National Alliance for Children's Trust and Prevention Funds; BPNN), Meryl Levine (Senior Consultant, BPNN and National Alliance for Children's Trust and Prevention Funds), and Ruth Taylor (Former Program Director, Parents Anonymous of Oregon, Morrison Child and Family Services). Consultant panel members were selected for their expert knowledge gained through their national activity related to birth parent involvement in child welfare and their understanding of its potential role in guiding services improvement and reform.

The consultant panel was convened at the planning, data collection, and analysis phase of the study and provided insight and context to inform the emerging methods and to support the

researcher's understanding and interpretation of the data. Study methods were revised based on consultant panel member feedback and consultant panel discussions contributed to a greater depth of exploration with study participants. Changes recommended by the consultant panel included revisions to the recruitment documentation to add further clarity and the use of telephone rather than Skype interviews.

Data Collection

This section provides an overview of the study's data collection methods. The section is organized by the researcher's role as study instrument; participant recruitment efforts, interview and focus group procedures, and document review.

Researcher as study instrument of data collection. As researcher I recognize the influence my worldview and experiences have on my research, making it essential that my assumptions and biases be transparent and that self-reflection or reflexivity, are used to challenge my preconceptions, values, and opinions (Feilzer, 2009; Lincoln & Guba, 1985; Padgett, 1998; Patton, 2015). This section addresses what I bring to the study in my role as researcher as instrument (Patton, 2015) as recognition and declaration of the value-laden nature of this inquiry (Denzin & Lincoln, 2005). As researcher, my practice knowledge and experience inform this inquiry, and my understanding of involvement as a concept has framed the data collection process.

My interest in birth parent involvement is informed by my social work education and practice in both England and the U.S., where I recognized some fundamental differences in the child welfare system's approach to birth parent engagement and involvement with strengths and weaknesses evident in both countries. I was interested in developing a deeper understanding of the meaning of involvement in child welfare, how this is applied to birth parents, and to what

end. My interest in developing a deeper understanding of involvement is well aligned with my belief that public systems that support vulnerable populations must be fair, humane, and just. In child welfare, meaningful parent involvement opportunities are even more important given the high stakes involved for families such as the potential for termination of parental rights.

My professional and personal experiences have provided me with valuable insights into the intricacies of stakeholder involvement. Through my practice experience, I have an in-depth professional understanding of both the opportunities and challenges associated with involving parents in a complex and resource-limited child welfare system. These experiences have contributed to a more restrained perspective on the potential for power sharing, and for opportunities for meaningful involvement among all parents receiving child welfare services.

As the parent of a child with Down Syndrome, I also understand how other human service systems seek to involve me as a parent. My experiences of health, allied health, early education, and special education system involvement have led me to understand the complexity of involvement as a construct, and the weight and multiple meanings of statements such as "promoting parent involvement." I have participated in involvement efforts that have been effective and meaningful, as well as those that have been neither effective nor meaningful. I have experience with professionals who have, and have not, involved me in their work with my child. The bias I bring to this study due to these experiences is high regard for the importance of parent involvement as an essential component to effective service provision. The variability across involvement opportunities and professionals has also honed my focus on the importance of developing and diffusing knowledge on meaningful parent involvement to achieve greater consistency in practice and approach. These personal, as well as professional, experiences have

also contributed to an appreciation for parent involvement as a conduit to achieving a more effective system response.

Study methods sought to maintain an awareness of my biases and to address these biases. Rather than these assumptions and biases restricting my exploration, I sought to challenge and refine my thinking, particularly concerning the more contentious areas of involvement. Care was also taken not to restrict the opportunity for multiple perspectives to emerge during the study that may fundamentally differ from my perceptions of what meaningful involvement is or its contributions. In addition to being fully present and listening openly to participants' perspectives, the use of a reflexive journal and peer debriefing discussed later in this chapter, also provided opportunities for me to gain insight and to better manage my influence on the research process and the interpretation and representation of the study findings.

Participant recruitment. The primary sampling unit for the study was parent partner programs given the study's primary focus on how birth parents are involved at the system level through these programs. This sampling unit provided the opportunity for within and between program contrasts to develop a more in-depth understanding of the shared characteristics of system level involvement as perceived by birth parents.

Parent partner recruitment. Purposeful sampling ensured that "typical" parent partners involved at a system level were identified for an in-depth interview in these leading parent partner programs. Typical case sampling (Patton, 2015) provided the opportunity to better understand the shared characteristics of system level involvement as an emerging practice. Given its early stage of development, a more heterogeneous group risks disparate rather than in-depth findings. Typical case sampling "involves selecting and studying several cases that are average to understand, illustrate, and highlight what is typical and normal." (Patton, 2015, p.

284). The criteria used to determine inclusion in the study were that birth parents must have previous child welfare service experience, and have at least six months experience as a parent partner to ensure they were sufficiently knowledgeable about their role as parent representative at the system level. The study criterion of previous child welfare service experience means the birth parent has at least one prior referral to child protective services with an indicated or substantiated finding resulting in access to child welfare services to address concerns identified, which may or may not include foster care services. A sampling matrix was used to achieve a sample of participants with diversity in the areas of gender, race/ethnicity, marital status, age of parent, age of children, and child welfare experience (length & type). Participants were offered an incentive payment in the form of a $35 debit MasterCard as compensation for their willingness to participate and time spent for the study, though not all participants accepted payment.

A letter of invitation (Appendix E) with consent form (Appendix B) was emailed by the key informant to all parent partners in the program. The key informant sent further reminders on the instruction of the researcher and as needed to promote the study across program staff. Parent partners who met the eligibility criteria were asked to contact the researcher directly to express an interest in taking part in the study. An initial telephone screening was undertaken using the matrix to achieve a final sample. During the call, potential participants were given a brief description of the study, ethical considerations including consent and confidentiality, and incentive payment details. Interviews were scheduled with interested parent partners, who were advised to provide their formal consent before the interview date.

Given the study's emergent methods, some revisions to the initial sampling strategy were required. First, in the early stages of participant interviews, it became apparent that participants

with less than 12 months experience had an insufficient understanding of their parent representative role to provide the necessary depth of information. Therefore, the length of parent partner experience was revised from 6-months to 12-months. Second, the intention was to select participants based on the demographics and characteristics in the screening matrix. Because of a lower response rate than anticipated, all participants that expressed an interest in the study and who met the criteria were interviewed.

All eligible parent partners in Site S, except for one, expressed an interest in participating in the study (n = 7) with an 88% response rate. In Site B, 23 parent partners were eligible to participate in the study, and 12 parent partners expressed an interest with a 52% response rate. This lower response rate may be due to a range of factors. First, due to the more geographically dispersed staff team, efforts to promote the study may have become diluted. Second, Site B staff payment conditions are based on direct contact hours. This may have resulted in a need for parent partners to prioritize their direct service hours over study participation. Last, given the status of birth parent involvement at the system level as an emerging practice and the general lack of knowledge available, parent partners may have viewed their knowledge as insubstantial and underestimated their potential contribution to the study.

Parent partner coordinator recruitment. Following the identification of the two sites, one of the sites indicated that their program structure included a tier of coordinators (parent partner coordinators, service area coordinators) who were also birth parents with prior child welfare service experience and participated in system level involvement activities as a parent representative. These coordinators began as parent partners in the program and were internally promoted within the agency. The parent partner coordinator roles involved parent partner supervision and some, although more limited, direct work with families. The service area

coordinators involved the supervision of coordinators and oversight for specified geographical areas. The key informant for the site perceived these birth parents as being information-rich. (Patton, 2015), with a detailed understanding (Palinkas et al., 2015; Patton, 2015), and who were able to provide rich descriptions of their involvement experiences through skilled and reflective communication (Padgett, 2008). Due to the limited resources available to support a substantial increase in participant interviews, study methods were revised to include focus group interviews with this additional tier of birth parents to add further depth to study findings.

Following IRB approval of the study modification and focus group recruitment documentation, focus groups were scheduled with the key informant to coincide with a monthly coordinators meeting. The key informant emailed a letter of invitation (Appendix D) with consent form (Appendix B) to all parent partner coordinators and service area coordinators in the program. To be eligible to participate, coordinators needed to be birth parents with prior child welfare service experience and in the parent partner program for at least twelve months. Of the ten coordinators eligible to participate, eight participants were available on the focus group dates. The remaining two coordinators who were unavailable were invited to participate in telephone interviews, one of whom accepted this invitation.

Participant characteristics. The final sample consisted of twenty-eight (28) participants from the two sites. Telephone interviews were conducted with twenty (20) participants (Site S = 7; Site B = 13). Due to the structure of the Site B program, two focus groups were conducted with 8 birth parents in supervisory roles (parent partner coordinators = 5; service area coordinators = 3). Focus group participants had experience in system level involvement activities.

A comparison and contrast of the two sites reveal that participants in Site S reported fewer years of experience than in Site B. In Site S, forty-three percent (43%; n = 3) of telephone interview participants reported three (3) or more years' experience in the program compared to seventy-seven percent (77%; n = 10) of participants in Site B. Fifty percent (n = 4) of focus group participants in Site B also reported 3 or more years of experience.

Participants were assigned pseudonyms to maintain confidentiality. Site S participants included Angela, Christina, Eric, Karen, Rebecca, Stephanie, and Tammy. Site B telephone interview participants were Andrew, Daniel, Erin, Gary, Jackie, James, Kyle, Nicole, Patti, Sandy, Sarah, Susan, Tiffany. And finally, Site B focus group participants were Alicia, April, Bruce, Deanna, Gregory, Lori, Misty, Robin. In addition to the use of pseudonyms, extraneous information that might reveal participant identity has been removed or modified to protect the identity of participants.

Participant demographics and characteristics. There were similarities in participant demographics and characteristics across the two sites (Table 4). In Site S, among the eight parent partners, seven participated in the study. Three of these parent partners were designated as the team lead for their locality. Participants were eighty-six percent female (86%; n = 6) and fourteen percent male (14%; n = 1). All were non-Hispanic, White. Participants ranged in age from 34 to 56 years (mean = 43). Twenty-nine percent of participants (29%; n = 2) reported no formal educational qualification, and the remaining participants (71%; n = 5) reported some college. Most participants (71%; n = 5) reported an annual household income between $25,501 and $50,000, and two participants (29%; n = 2) reported household income between $50,001 and $75,000.

In Site B, among the 68 parent partners who had completed mandatory training, 23 had been with the program for at least 12 months and, therefore, met the study criteria. Of the 23 eligible parent partners, 12 expressed an interest in participating in the study. Site B included both female (67%; n = 14) and male (33%; n = 7) participants. Most participants (90%; n = 19) self-reported as non-Hispanic, White. One participant (5%; n = 1) identified as non-Hispanic, Black, African-American, and another participant (5%; n = 1) as Non-Hispanic, Other. The participants' age ranged from 32 to 60 years (mean = 41). Interview participants reported education of varying levels. One participant (8%; n = 1) reported no formal educational credential, two (16%; n = 2) reported receiving a high school diploma/GED, six participants (45%; n = 6) reported some college with no degree, and the remaining four (31%; n = 4) reported being educated to degree level (Associate, Bachelors). Annual household income for this group also varied widely. Three participants (23%; n = 3) reported income between $5,001 and $10,000. Six participants (45%; n = 6) reported income between $10,001 and $25,000. Three participants (32%; n = 3) reported household income more than $25,001. Focus groups were comprised of parent partner coordinators (62%; n = 5) and service area coordinators (38%; n = 3). The majority (75%; n = 6) of participants reported being educated to degree level, and the remaining two participants (25%; n = 2) reported some college. Annual household income for most of this group (75%; n = 6) was reported as between $25,001 and $50,000, and two participants (25%; n = 2) reported income between $50,001 and $75,000. Coordinator positions require higher educational qualifications and offer better pay than parent partner positions, with many coordinators having returned to their education while they were parent partners. This may explain the difference in educational and income levels between parent partners and coordinators.

With regard to the diversity of parent partner program staff, no national data exists on the demographics of birth parents as parent partners. In both sites, eligible parent partners were predominantly non-Hispanic, White indicating over-representation within the program. In Site S, seven of the eight eligible parent partners participated in the study, all of whom were non-Hispanic, White. In Site B, of the 23 parent partners eligible to participate based on the study criteria, 20 (87%) were non-Hispanic, White two parent partners were African American (9%), and one parent partner was Hispanic (4%). Demographics of the final sample in both sites indicate an over-representation of non-Hispanic, White participants (Site S = 100%; Site B = 90%).

Males (Site S = 14%; Site B = 33%) are also over-represented given that women are predominantly clients of child welfare services. In Site S, there was one male parent partner who participated in the study. In Site B, five of the 23 eligible parent partners were male, all of whom participated in the study. Although unintended, this over-representation in the final sample is beneficial given the current emphasis within child welfare to improve how the system engages and involves fathers.

Table 4

Participant Demographics by Site and Interview Method

Site, Interview Method	Position	Gender	Race	Ethnicity	Age	Education	Household Income
Site S (n = 7) Telephone interviews only	Parent Partner = 4 Parent Partner Team Lead = 3	Female = 6 (86%) Male = 1 (14%)	White = 7 (100%)	Non-Hispanic = 7 (100%)	34-56 (M = 43)	<HS Diploma = 2 (29%) Some College (no degree) = 5 (71%)	$25-50K = 5 (71%) $50-75K = 2 (29%)
Site B (n = 21)	Parent Partner = 12 (57%) PP Coordinator = 6 (29%) Service Area Coordinator = 3 (14%)	Female = 14 (67%) Male = 7 (33%)	White = 19 (90%) Black, African American = 1 (5%) Other = 1 (5%)	Non-Hispanic = 21 (100%)	32-60 (M = 41)	<HS Diploma = 1 (5%) HS Diploma = 2 (10%) Some College (no degree) = 8 (38%) College degree = 10 (47%)	$5-10K = 3 (14%) $10-25K = 6 (29%) $25-50K = 8 (38%) $50-75K = 3 (14%) $75-100K = 1 (5%)
Site B by Telephone Interviews only (n = 13)	Parent Partner = 12 (92%) PP Coordinator = 1 (8%)	Female = 8 (62%) Male = 5 (38%)	White = 11 (84%) Black, African American = 1 (8%) Other = 1 (8%)	Non-Hispanic = 13 (100%)	35-60 (M = 41)	<HS Diploma = 1 (8%) HS Diploma = 2 (16%) Some College (no degree) = 6 (45%) College degree = 4 (31%)	$5-10K = 3 (23%) $10-25K = 6 (45%) $25-50K = 2 (16%) $50-75K = 1 (8%) $75-100K = 1 (8%)
Site B by Focus Groups only (n = 8)	PP Coordinator = 5 (63%) Service Area Coordinator = 3 (38%)	Female = 6 (75%) Male = 2 (25%)	White = 8 (100%)	Non-Hispanic = 8 (100%)	32-49 (M = 41)	Some College (no degree) = 2 (25%) College degree = 6 (75%)	$25-50K = 6 (75%) $50-75K = 2 (25%)

Participants' family composition. In Site S, participants reported their marital status as married (43%; n = 3), separated or divorced (43%; n = 3), or widowed (14%; n = 1). In Site B, participants from both telephone interviews and focus groups reported their status as single (24%; n = 5), married or common law (47%; n = 10) or divorced (29%; n = 6). Site S participants reported having from 1 to 6 children (mean = 3.1), and Site B participants reported having 1 to 8 children (mean = 4.1), living in and out of the home.

Participants' prior and current child welfare experience. Most participants reported between one and three reports to child welfare services, with one participant reported to child welfare services four times due to child neglect concerns. Most participants (93%; n = 26) reported substance abuse (Table 5) as contributing to their child welfare service involvement, either alone or in combination with domestic violence (n = 7) and/or mental health difficulties (n = 3). One participant reported domestic violence only. Maltreatment reports primarily related to neglect including denial of critical care, lack of supervision, endangerment, and failure to protect. Reports to child welfare services often resulted from drug-related arrests, children testing positive for substances at birth, or incidents related to inadequate child supervision. One participant reported physical abuse in utero, another reported unfounded physical abuse. Most participants' last child welfare services report was founded or substantiated. Most participants experienced child removal, and placement types were evenly distributed across foster care, relative care, or both. Two participants reported no removals, and some participants reported that their children were eventually placed with them in treatment. Most case outcomes resulted in reunification or case plan completion. Some participants described how prior reports of maltreatment contributed to their children's long term residence with the other parent. Length of

child welfare involvement ranged from six months to six years, with 18 months as the median length of involvement.

Participants' years of experience in the parent partner program ranged from less than 12 months to more than 7 years (Table 5). Of the 28 participants, 8 had seven or more years' experience, 11 had three to five years' experience, 5 had between one and three years' experience, and 4 had less than one years' experience in the program.

Table 5

Participants' Parent Partner Program Experience and Characteristics by Site

Site, Interview Method	Participant	Length of Service with Program (years)	Demographics, Characteristics
Site S: Telephone Interviews	Angela	7+	White, Non-Hispanic, female, substance abuse
	Christina	<1	White, Non-Hispanic, female, domestic violence, substance abuse
	Eric	7+	White, Non-Hispanic, male, substance abuse
	Karen	7+	White, Non-Hispanic, female, substance abuse
	Rebecca	<1	White, Non-Hispanic, female, substance abuse
	Stephanie	<1	White, Non-Hispanic, female, domestic violence, substance abuse
	Tammy	1-3	White, Non-Hispanic, female, substance abuse
Site B: Telephone Interviews	Andrew	3-5	White, Non-Hispanic, male, substance abuse
	Daniel	1-3	Other, Non-Hispanic, male, substance abuse
	Erin	3-5	White, Non-Hispanic, female, substance abuse, mental health
	Gary	1-3	White, Non-Hispanic, male, substance abuse
	Jackie	7+	African-American, Non-Hispanic, female, domestic violence, substance abuse
	James	3-5	White, non-Hispanic, male, substance abuse
	Kyle	3-5	White, Non-Hispanic, male, substance abuse
	Nicole	3-5	White, Non-Hispanic, female, domestic violence, substance abuse, mental health
	Pattie	7+	White, Non-Hispanic, female, domestic violence, substance abuse
	Sandy	3-5	White, Non-Hispanic, female, substance abuse, mental health
	Sarah	1-3	White, Non-Hispanic, female, substance abuse
	Susan	3-5	White, Non-Hispanic, female, substance abuse
	Tiffany	3-5	White, Non-Hispanic, female, domestic violence
Site B: Focus Groups	Alicia	7+	White, Non-Hispanic, female, substance abuse
	April	3-5	White, Non-Hispanic, female, substance abuse
	Bruce	3-5	White, Non-Hispanic, male, substance abuse
	Deanna	1-3	White, Non-Hispanic, female, substance abuse
	Gregory	<1	White, Non-Hispanic, male
	Lori	7+	White, Non-Hispanic, female, substance abuse
	Misty	3-5	White, Non-Hispanic, female, substance abuse
	Robin	7+	White, Non-Hispanic, female, substance abuse

Interviews. Initial study methods were to conduct interviews through Skype online teleconferencing given the geographical dispersion of participants and the ability to establish greater rapport than telephone interviews. However, study methods were revised from Skype to

telephone interviews based on consultant panel feedback that parents may be intimidated using technology and may lack the required equipment (e.g., computer camera and microphone). The consultant panel was also concerned that participants' confidentiality might be compromised if they had to resort to using office space due to a lack of personal computer equipment.

A general interview guide approach (Patton, 2002) was used to provide some structure to support discussions because of the complexity of the subject matter and to provide enough flexibility to probe more deeply as needed. A semi-structured interview guide was developed (see Appendix F), and the necessary approvals obtained (i.e., dissertation committee, IRB). The interview guide was further revised based on consultant panel feedback and used for both telephone and focus group interviews. Two birth parent members of the BPNN, Toni Miner and Timothy Phipps (before his role on the consultant panel), piloted the interview guide and were provided a $35 debit MasterCard payment as compensation for their time and willingness to contribute to the study. Pilot interviews contributed to improvements in the delivery of the information to promote understanding among participants and to make the best use of limited time.

The interview questions focused on birth parents' experience with system level parent involvement including a detailed account of how they became involved in this way, what their involvement looked like in practice, and how parents perceived their contribution towards services improvement and reform. Questions prompted participants to discuss their motivations, what they hoped to achieve, and how these motivations and hopes were reflected in their involvement practices. Perspectives on both current and past experiences were invited to understand better the nature of the process of meaningful involvement and how it varied among participants.

Telephone interviews took place between November 2016 and February 2017 and interviews ranged from 54 to 96 minutes (mean = 81 minutes), with interviews with newer parent partners typically being shorter in duration. Adjustments were made to procedures and questions based on the ongoing interaction and interpretation of the researcher (Patton, 2015). Follow-up interviews, lasting approximately 90 minutes, were conducted with two select, information-rich, telephone interview participants. Attempts were made to contact two other information-rich, telephone interview participants but were unsuccessful as participants had left the program. These follow-up interviews were conducted to obtain additional information and clarifications to help make sense of the data.

Focus group interviews in Site B were conducted on January 31, 2017. Two focus group interviews were held with each focus group consisting of four participants (n = 8). Focus groups coincided with the monthly coordinators meeting held in a single location. While this ensured most coordinators were in attendance, focus group time was limited with interviews each lasting 87 and 91 minutes (mean = 89). Despite these time constraints, valuable information was obtained from focus group participants that helped to add further depth to study findings.

Interview data were digitally recorded and supplemented by field notes. Field notes were taken in real time during and immediately following the interview, and included descriptive observations, interview content, and researcher reactions and insights (Patton, 2015). Audio-recorded interviews were transcribed into written text, with the majority being transcribed by the researcher (telephone interview = 13; focus groups = 2). Transcribing data helped me to connect with the interview content more deeply, which proved valuable in later coding and analysis. The remaining seven transcriptions were completed by a professional transcription service with the researcher reviewing the transcriptions against the audio recording to verify accuracy.

Document review. A document review was planned as part of the study methods to examine how the perceptions of parents align with descriptive and performance related information about parent involvement activities of these programs. However, insufficient program documentation on involvement related activities was available to conduct a comprehensive review. Site S maintained limited program documentation and none on involvement related activities. Site B collected monthly data on meetings attended including meeting details (date, meeting name, meeting local or regional), role (e.g., attended, presented), and the number of parent partner staff in attendance. These documents were obtained electronically from the key informant and reviewed to corroborate data obtained through telephone and focus group interviews.

Quality Criteria

Research methods incorporated various measures to establish trustworthiness to persuade readers that study findings are worthy of attention (Lincoln & Guba, 1985). The trustworthiness criteria to establish rigor were credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985).

Credibility. The credibility criterion refers to the complex interplay of factors that represent the real world and the importance of understanding this as a whole rather than to parse out particular variables (Guba, 1981). Methods need to provide opportunities to gather, and most importantly, interpret this holistic view of these interrelated patterns without distortion to achieve plausible, credible findings (Guba, 1981). Techniques to establish credibility include prolonged engagement, persistent observation, triangulation, member checking, and peer debriefing (Lincoln & Guba, 1985). All of these techniques were used, to varying extents, with some emphasized more than others.

The study methods posed some limitations regarding prolonged engagement and persistent observation. Prolonged engagement minimizes risks of data distortions arising from bias on the part of participants and researchers (Padgett, 2008). Despite these limitations, opportunities existed through member checking with each respondent, follow-up interviews, document review, peer debriefing with consultant panel, and comprehensive member checking with participants after draft findings were developed. Follow up interviews with selected participants and comprehensive member checking with participants increased the likelihood that findings are credible. The draft findings received strong support from participant involved in follow up interviews and study participants involved in comprehensive member checking, as well as birth parent members of the consultant panel, indicating the authenticity of findings. The study does not include direct observation of involvement activities for reasons of feasibility, and as such persistent observation to achieve depth in understanding was not possible. However, focus group interviews provided additional forms of data collection to triangulate the data and provide a more comprehensive understanding of system level involvement among parent partners. The study included a document review as a further method of data triangulation, though only limited information was available at Site B and no information on involvement activities was available at Site S.

Finally, peer debriefing was used to promote credibility. Peer debriefing requires the researcher to expose "oneself to a disinterested peer in a manner paralleling an analytic session and for the purpose of exploring aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind" (Lincoln & Guba, 1985, p. 308). Peer debriefing encourages transparency and provides opportunities to explore bias, test potential hypotheses arising from the data, and formulate emerging methodological next steps (Lincoln & Guba, 1985). Both the

consultant panel and the methodologist assumed the role of peer debriefers through the duration of the study.

Transferability. Transferability refers to the extent to which findings are located within their specific context, and addressed through great details. The researcher "cannot specify the external validity of an inquiry; he or she can provide only the thick description necessary to enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility" (Lincoln & Guba, 1985, p. 316). I have attempted to provide thick descriptions in Chapters Four, Five, and Six about birth parent involvement at the system level. These thick descriptions should allow others to decide what applies to their parent partner program(s).

Dependability and confirmability. Dependability refers to the "stability of the data" arising from the use of consistent processes (Lincoln & Guba, 1985); the idea that procedures and findings make sense to others (Padgett, 2008). Confirmability refers to the traceability of the results to the data (Lincoln & Guba, 1985), meaning the findings are not "imagined or concocted but, rather, firmly linked to the data" (Padgett, 2008, p. 181). Dependability and confirmability were established through a comprehensive audit trail (Table 6) conducted with the methodologist of both the research process and its conclusions. A detailed audit trail of study phases including preparation (study proposal, instrument development, recruitment materials, Institutional Review Board approvals and modifications), data collection (raw data), data analysis, and write up (findings and conclusions), provides a record of the inquiry steps to ensure they accurately correspond with the data and the study findings as well as any interpretations and recommendations of the researcher (Lincoln & Guba, 1985, p. 318). The study's audit trail

includes a record of activities and output from these phases such as raw data, coding, and analysis (Padgett, 2008).

A reflexive journal and methodological log were also maintained as an additional method to ensure confirmability. “Reflexivity implies a shift in our understanding of data and its collection – something that is accomplished through detachment, internal dialogue, and constant (and intensive) scrutiny of ‘what I know’ and ‘how I know it’ (Hertz, 1997, p. viii). In addition to a reflexive approach being integrated throughout the inquiry process, the reflexive journal writing process provided an opportunity to record thoughts, emotions, insights, understandings, reactions, and observations to generate greater self-awareness of the researcher (Probst & Berenson, 2014) and tracked my evolution in understanding. The document linked memo function in NVivo 11 (Bazeley & Jackson, 2013) was used to add understandings as they emerged during the data analysis process. A methodological log (Lincoln & Guba, 1985) was also maintained as a separate document recording the inquiry process including any changes to areas such as the sample, sites, research questions, coding, and analysis.

Table 6

Comprehensive Audit Trail

Audit Trail Category	Supporting Documentation
Study Proposal	Dissertation Proposal
Instrument Development	Interview Guide Revised Interview Guide
Recruitment Materials	Recruitment Letter (Parent Partners, Parent Partner Coordinators) Written Informed Consent (Parent Partners, Parent Partner Coordinators)
Institutional Review Board Approval & Modifications Approval	HSCL Applications and Modifications Supporting Materials
Raw Data	Transcriptions
Data Analysis	Emerging and Final Codes
Findings & Conclusion	Findings (Initial to Final) Write up Outline Initial and Final Write Up Versions

Data Analysis

In qualitative research, data collection and analysis is an iterative rather than linear process with analytical insight developed as data are collected (Patton, 2015). The development of an analytical understanding of the data began during the interview process. This understanding was further developed through a responsive interviewing approach that allowed me to refine and modify the focus of my questions to "explore what [I] was hearing, not what [I] thought before [I] began the interview" (Rubin & Rubin, 2005, p. 36).

This study relied on established data analysis methods to reduce, make sense of the data, and present the data in a useful way. While the study used a predominantly inductive approach, a deductive approach was initially used alongside this to identify emergent codes based on

conceptualizations of participatory practices in child welfare. This was followed by an inductive approach that then generated descriptive and explanatory categories and subcategories from data (Patton, 2015).

The transcripts were first proofread for accuracy and consistently formatted while listening to audio recordings. As a second step, transcripts were reread with the audio recording to listen carefully to interview content and inductively connect with the data. During this reading, I sought to put aside any assumptions or preconceptions and openly hear the data. Through this reading, I could hear pieces of data that I had missed at the time of the interview and understand interview content in a new way. During this reading comments and reactions were noted on the electronic document. Text that seemed particularly salient or meaningful was highlighted, as was any text that produced a reaction that required later reflection. Transcripts were also shared and discussed with the methodologist to reflect on meaning. After the second reading, transcripts were uploaded to NVivo 11 software (Bazeley & Jackson, 2013) for coding and further analysis. Data analysis sought to identify over-arching themes that relate to the meaning participants place on birth parent involvement. The method of constant comparison guided this coding-analysis phase which involved within and between category comparisons of codes, categories, and subcategories to establish relationships in the data. While constant comparison is often associated with grounded theory studies (Glaser & Strauss, 1999), it is used with other methods to generate insights, rather than theory development. These insights pertain to areas such as properties (theoretical and otherwise); categorical dimensions and relationships; and necessary conditions, and implications (Lincoln & Guba, 1985).

Structural coding was the first cycle of coding to categorize large portions of the data for later analysis. Structural coding involves applying “a content-based or conceptual phrase to a

segment of data that relates to a specific research question to both code and categorize the data corpus" (Saldana, p. 297). This deductive categorization was based on topics related to interview questions. This process was useful in organizing data in smaller, more manageable segments.

Following categorization of the data, *In-Vivo* coding was used in the initial stage of coding, which involves coding using participants own word as well as inductive coding while reading transcripts (Bazeley & Jackson, 2013). An analysis that reflects the birth parent voice was essential given the study's focus on involvement. *In-vivo* codes were applied to multiple lines, rather than line by line coding, which helped to focus on the most salient content and that was relevant to the research questions.

During the coding process, constant comparison was used to identify patterns and relationships in the data. Initially, this related to the comparison of individual codes to construct sub-categories and categories that further emerged through the coding process, and later comparisons involving more conceptual sub-categories and categories. NVivo 11 software tools were used to query patterns in the data, which helped to identify relationships. Memo writing formed a crucial part of data analysis as a method to process ideas and to reflect on content and possible meaning. NVivo 11 annotations, memos, and sets were used to understand the properties of individual text, codes, and categories. Participant data on demographics and characteristics, including their child welfare experience, were also categorized and developed into a classification sheet in NVivo 11 for data analysis. These categories were used to explore patterns and themes in the data across participant characteristics.

Conclusion

This chapter has provided an overview of study methods, beginning with the paradigm used for the inquiry. The research questions were explored followed by a review of the key concepts used in the study and how these concepts are defined. Study methods were presented, first with an overview of study preparations including HSCL approval, site identification, selection of key informants, and convening a consultant panel. Data collection methods were then addressed and included researcher as study instrument, participant recruitment, sample characteristics, interview methods, and the document review. The quality criteria to establish trustworthiness was then discussed by presenting those measures taken to ensure credibility, transferability, dependability, and confirmability. This chapter concluded with an overview of the data analysis methods used to establish findings. The following chapters present these findings, with the next chapter exploring the factors that contributed to birth parents becoming involved as parent partners and in representing the parent voice at the system level.

Chapter Four: Factors Contributing to Parent Partner Involvement at a System Level

This chapter is the first of three chapters presenting study findings, with this chapter reporting findings related to the research question exploring the personal, interpersonal, and child welfare system factors and processes that contribute to participants' decision to become involved at a system level in child welfare services. These factors relate to participants' decisions to become parent partners more broadly because most were not aware that the parent partner role included representing parents in involvement activities at a system level. Participants also view their peer mentor and parent representative role as highly integrated so, many of their reasons for becoming a peer mentor are also relevant to their role in involvement activity.

This chapter begins by first exploring the personal factors that contributed to participants' decisions to become peer mentors and parent representatives in their parent partner roles. These factors pertain primarily to the life experiences of participants and were the predominant influence for participants to be involved at the system level in child welfare services. As such, there is more content on personal factors contributing to participants' decisions to become involved than interpersonal or child welfare system factors. However, some important interpersonal and child welfare system factors are identified as well, and these are reported in the final two sections in this chapter.

Study findings identify participants by the site. In addition to this site notation, focus group participants are also identified by "FG" to distinguish focus group from telephone interview participants.

Personal Factors

This section explores the personal factors that contributed to participants' decisions to become involved as parent partners. Personal factors relate to the parent as an individual such as personal interests, motivations, and experiences. Participants address an array of personal factors, which are organized in three sub-sections. First, their life experiences as a personal factor are addressed, which includes their experience of personal and family difficulties and their child welfare service experience. Second, participants' efforts to maintain and continue improvements after their child welfare case was closed is another personal factor that influenced their decision to become a parent partner. Maintaining and continuing improvements includes the need to continue substance abuse recovery and secure employment. Finally, in addition to their life experiences and their desire to maintain and continue the improvements made during their child welfare case, participants also describe giving their life purpose as another personal factor that contributed to their involvement as a parent partner. Giving purpose to one's life, which includes giving back and a personal desire to help others is the concluding personal factor explored in this section.

Life Experiences

Participants' life experiences as a personal factor in their decision to become involved as a peer mentor and parent representative are addressed in this section. This section is organized in two parts. First, life experiences relate to their personal and family difficulties, which explores participants' experiences of adverse childhood, substance abuse, and domestic violence. Second, the life experiences relate to their child welfare system involvement, which explores participants' experience of: responding to initial child welfare concerns, understanding the child welfare system process, being compliant and cooperative, being a father in the system, receiving

case management and support services, and participating in case planning and decision making. As part of this exploration of their child welfare experience, the reason for their success in making positive life changes and participants' reflections on their overall child welfare service experience are addressed.

Personal and family difficulties. The life experiences of participants were a driving force in their decision to become a parent partner and in shaping their participation in involvement activities. These include life experiences primarily related to adversity in childhood, substance abuse, and domestic violence. Parent difficulties are noteworthy due to their severe and chronic nature, with no participants reporting mild or temporary challenges that were quickly resolved. Participants' life experiences of being faced with, and overcoming, challenges contribute to their appointment as parent partners. These life experiences also provide the knowledge and insight to enable parents to bring their unique contributions to involvement activities.

Experiencing childhood adversity. The child welfare service experience of participants is the common thread, but many participants also share similar experiences in life before their child welfare service involvement. For some, these challenges began during childhood, and include growing up in households with substance abuse or domestic violence, experiencing parental bereavement or child maltreatment, and experiencing placements in foster care and psychiatric care.

Patti's (Site B) story serves as a composite of participant stories. Though harrowing as a singular personal account, pieces of Patti's story reflect experiences shared by many other participants. Patti's story also highlights the depth of life experiences birth parents bring to their involvement role.

> My mother is an addict, and I was abused in every way possible from birth until 12. And in that time, I had a year where I was in [a psychiatric inpatient treatment center] … so that was my first agency involvement. I didn't understand why I was there. I knew I had lots of behaviors. I had become mute. And that was after a lot of sexual abuse. Some of that sexual abuse didn't come out until later…

After discharge, Patti and her family moved out of state. It was during this time that Patti and her family came to the attention of child welfare services, which began a lengthy period of involvement with the system.

> …the abuse continued when we moved…and that's when I was in fifth or sixth grade when I discovered that sexual abuse and having a marijuana growing room are not okay. [At school] they showed [a video] of people getting arrested and I was petrified my mom was going to get arrested, so I had a breakdown at school, and I think they were going to remove me or something because we moved from [that State] in the middle of the night, that night. And the next day to [my home State], and my Mom put me in foster care…

Experiencing substance abuse and addiction. Patti's childhood challenges continued into her young adulthood, as she transitioned towards increasing independence. For Patti, these childhood experiences would directly contribute to the difficulties in her adult life, eventually leading to her own family coming to the attention of child welfare services.

> So, then I was returned to my mom at like 15. A very angry person because I had been removed from a foster home that I loved, and it was the first family that loved me, like my Mom loves me very much, but they believed in me. I guess there's a difference, you know. And so, that laid the groundwork, because I was removed for what I always believed were my own behaviors, not for the things that were going on behind closed doors. It laid the groundwork for a very messed up adulthood. I graduated high school early. Went to college because my foster mom told me that was my one ticket out and I went to college. I developed an addiction to marijuana first and then to methamphetamine.

Despite her unhealthy lifestyle, Patti began a promising career, until the company relocated. At this same time, she became pregnant and opted for a severance package to enable her to stay home to care for her child.

> …But after I had my child, [the father] and I started doing drugs again… and I became heavily involved in meth. My Dad got sick…And my life started to fall apart real quickly.

Patti then became pregnant with twins and stopped using drugs. During her pregnancy, a household accident resulted in premature labor and the loss of her children.

> …after dealing with their death, it caused, I mean like I lost it. Mentally. And I, within a summer, my addiction slipped into something much greater, and I started using the needle and, from October to Memorial Day, I lost everything. CPS came in and got my oldest child, and I wasn't able to get my life together…And then my Dad died at age 46. He died, [and eight days later] CPS ended the reunification with me.

In addition to the life challenges highlighted in Patti's story, growing up within a culture of substance abuse was a consistent feature of participants' life experiences. Other participants experienced parental substance abuse and child welfare system involvement in their youth. Kyle (Site B) who began using substances at age thirteen explains how this impacted his own parenting, "So when it came time that I had a family and things like that it all kind of came naturally to me. I thought it was everyday life to sell marijuana and seen nothing wrong with having it around my children." Misty (Site B, Focus Group, henceforth FG) also grew up in a household with substance abuse. In the focus group she reflects her transition from observer to participant:

> It was the family I grew up in. Substance abuse was normal, so it was normal to do. Used pot first. I was 16 when I started using meth, and it made me feel normal, which I know now is not at all even close to normal…There's a couple things I said when I was using, or growing up, whatever, that "I'd never be a junkie," and "I'd never get my child removed." Well, you draw a line in the sand and you kind of cross that line naturally.

All but three participants report long term substance abuse, many from a young age. Kyle describes his use as "hardcore" by the age of 13. It was at this age when Eric (Site S) started using methamphetamine shortly after his father died, and James (Site B) was using heroin by the age of fourteen. Some female participants also report early substance use, though somewhat later than male participants. As with Misty (Site B, FG), Tammy (Site S) reports addiction by age 16, and Nicole (Site B) reports selling meth by the age of 17.

For many, substance use continued for decades, and until they came to the attention of the child welfare system. Participants describe an adult lifestyle of long term, chronic drug use with methamphetamine and marijuana being the most common across their stories. For some, these stories involve drug convictions (e.g., manufacturing, selling, buying, or possession) or offenses related to drug use (e.g., burglary).

Like Patti's (Site B) story, other participants describe a life that spiraled out of control prior to child welfare service involvement. This loss of control meant that parents weren't always aware of how bad things had become, or how to remedy their situation.

> Nicole (Site B): So gradually everything just came to a boiling point, and I was using and in the middle of that fast lifestyle. And I really didn't know how to stop.

> Sarah (Site B): I was using methamphetamines to the point where I had literally lost everything. I had no roof over my kids' heads. Things spiraled out of control as they often do with addiction issues.

Experiencing domestic violence. Participants' experiences of domestic violence feature less prominently in their accounts of those experiences that were factors in their later decision to become a parent partner compared to substance abuse experiences. Despite this, domestic violence was prevalent in the life experiences of female participants (n = 7). For all but one of the study participants, Tiffany (Site B), the domestic violence occurred concurrently with, or consecutively to, their substance abuse. For Patti, it began after meeting someone in a substance abuse treatment facility, who became the father of her two youngest children. Patti (Site B) reports:

> So, I lost my Dad and child and the twins all within 14 months. And, I decided to pick up a project at a treatment facility, which was a [man], who was somebody that was domestically abusive…And so, I got pregnant again with this very domestically abusive man, and I continued to use during that pregnancy and gave birth to a little girl who had failure to thrive.

Patti's daughter entered the system and, out of fear of losing another child, Patti was committed to taking the steps necessary for reunification. Her daughter was returned and, around that time Patti became pregnant again with the same abusive partner. Despite attempts to avoid another child welfare case being opened, child welfare services became involved due to the domestic violence. Patti describes this period of child welfare involvement as giving her freedom, which she states was due to a professional in the wider child welfare system who "understood domestic abuse and the depths of what it went to." Patti's last case was closed after one year, and her success has continued since that time.

These personal and family difficulties influenced the trajectory of participants' life experiences. While this ultimately led them to their parent partner role, it also contributed to their child welfare system involvement. Their life experiences of this involvement will be explored in the following section.

Child welfare system involvement. This sub-section on the participants' life experiences that contribute to their decision to become involved as parent partners and eventually as parent representatives addresses their experiences of receiving child welfare services. These experiences that influence participants range from their early encounter with the child welfare system to their case completion. Included within this are influential experiences of how they understood, or navigated, the system, complied and cooperated with system expectations, perceived the supports available to them, and their involvement in planning and decisions related to their case.

Participants identify both positive and negative experiences related to their case. Those with less recent involvement perceive a change in approach to working with parents since their

case was open. Participants in Site B perceive this change to be less punitive and more receptive to parent involvement in case planning and decision making.

> Lori (Site B, FG): I languished for so long. At that time in our system, we would get case plans in the mail. And, I went to my first court date, and my attorney had told me, "with a Mom with a meth habit like you and as many kids as you have, you are not going to get your kids back." So, I went back out and got high. I spent a lot of time doing that and was almost at termination of parental rights.

> Susan (Site B): I never had a really bad experience with the department ever. Maybe my very first go a round was a little rough but I wasn't doing what I was supposed to being doing then either. But it was a really different thing from the last time I was involved. [There's] a big difference.

Responding to child welfare concerns. Participants report a range of feelings and emotions when their child welfare case was open. Eric's (Site S) child was removed at birth after testing positive for substances, and he describes his fear, in part due to his limited knowledge of the child welfare system, "…all we wanted to know is, were we ever going to get him back because the perception [we] had…it was really hard to get your child back…so we were really scared." Misty (Site B, FG), share similar feelings of fear about how her case would end, "I don't know any of my friends that had their kids removed got them back, and so I was scared. And my fear comes out in aggressive anger, stubborn ways."

Like Misty, other parents express feeling a range of negative emotions resulting from their children being removed. Eric (Site S) describes disrespectful behavior that he now perceives as violent, "I was really disrespectful to everybody. I look at it now, and I would say I was violent. My social worker…says I wasn't too bad, but I said really hurtful things and wrong things to her, and to everybody…involved." For Rebecca (Site S), these negative emotions existed despite her awareness that her action led to child welfare involvement, "I was angry, but I was in the wrong, but I was mad at everybody and mad at the workers…"

Participants describe their difficulty in understanding the basis for child welfare concerns due to their lack of insight about their addiction. According to James (Site B), "I had no idea I was a drug addict until I was 50 years old and I started doing drugs when I was 11." This lack of insight pertains to both addiction and the negative impact it had on their parenting, "…crazy thing about addiction in general I think is that I didn't see I was doing anything wrong. That's a very stubborn disease" (Andrew, Site B). Tiffany (Site B) perceives this as common in the early stages of child welfare involvement, "…he was in complete denial of it all. We both were in the beginning, of course, as most parents are."

In addition to the fear and denial, participants also describe negative behaviors to retain control of their family situation. This includes avoidant, deceptive, or manipulative behavior in their interactions with child welfare services. Angela (Site S) describes her efforts to avoid, "I remember the social worker knocking on my door. I ditched and dodged her and wasn't answering my door." For Nicole (Site B), it was about presenting a more acceptable image:

> So, fake it to make it kind of thing. I jumped through the hoops. I made it look nice. Like doing yardwork, and I cleaned my side of the street, but in the house, it was all this ugly still happening. The neighbors thought we were good, if I'm speaking metaphorically.

Understanding the child welfare process. In addition to their negative feelings about their child welfare involvement, participants describe confusion related to the child welfare process. Participants perceive a lack of clarity about the purpose of child welfare case plans and how these plans related to potential reunification. This confusion was not only related to the complexities of a bureaucratic structure, but also to a disconnection between the child welfare service response and where birth parents were coming from, as described by Kyle (Site B):

> When I first got involved, they didn't understand why I didn't agree to this or I didn't agree to that. Well, [I'm] 33 years old when I'm getting involved, I've been kind of involved in the underworld. Since I was 11, 12, or 13 years old, I started to get locked up

> for drugs. So, I guess nobody took the time to go out of their way to explain things to me in a way that I could understand them, I guess in layman terms. And they're getting better about it, but people use a lot of abbreviations… or "you need to go here," "you need to go there." But I really didn't know…You had to figure it out.
>
> Eric (Site S): And I do remember really vividly that we got this case plan, but it really wasn't gone through for us to understand, like we had to do all of this. And we had to do everything in order to get him back and make certain changes in our life. We just thought we could pick and choose certain things. So, it was a real challenge.

Related to this lack of understanding about the process, was also a lack of understanding on the part of the system about parents and the realities of a substance abuse lifestyle. For some participants at both sites, this was a lifestyle associated with the drug subculture and the chasm between where parents are and where child welfare services expect them to be within relatively limited timescales. For Patti (Site B), this was a lifestyle where substance use and addiction were ever present and feeling as though her case plan requirements equated to learning a new way of life:

> And the thing I thought they didn't understand is, this is my life. You know, this is the only life I was really taught. To be a high functioning addict. My mother had a home daycare that was state registered, and my Dad was in the military. You know, high functioning addicts. That's what I was taught. And, I almost feel like it was a cultural thing. That they didn't understand that this was the only life. You're asking me to do something that was completely different.

Becoming compliant and cooperative. Participants at both sites reached a point in their cases where they became more accepting of child welfare involvement, some earlier than others. For Andrew (Site B), this was being prepared to admit to his substance abuse problems to child welfare services and realizing that he would be not penalized, but helped. It was also about being ready to make the changes to address these difficulties. Andrew reports:

> …once I asked for help, I didn't get punished. That's the big thing I think, is letting these families know that as hard and scary as it may seem to come forward and say I want my kids back, I'm willing to do whatever it takes. And, be willing; not just say it.

For Rebecca (Site S), it was less about reaching a point of being ready to trust the process, and more about realizing no other option exists. In other words, understanding the bottom line and accepting it as non-negotiable:

> I did realize from the beginning though that if I wanted my children back, I had to do what they asked me to do. There was no way around it, and I knew that I had to change my life, so I went into treatment, graduated the program…

Study participants went through a process that eventually resulted in accepting child welfare concerns and expectations. For others at both sites, there was a commitment from the start of their case to make the necessary changes.

> Sarah (Site B): I did not fight CPS. I went in rather quickly to do what I needed to do. Not just to get my kids back but to better my life…at that time I just said 'yes' to everything. Anything they even slightly suggested I do or be involved in, I was going to do it. Partially out of fear and later out of wanting to.

> Karen (Site S): …I'd spent my first 7 ½ months incarcerated, and my case went on without me…Because I was in jail, my social worker just thought I would never see my kids again…I ended up getting out of jail, and I hit the ground running… I think it was my willingness. It's a willingness to spin naked on my head if I had to. If that's going to make the changes I needed to change to get my kids home, and it wasn't just ticking off the boxes. It's like they wanted to see these changes, and that's what I'm going to do…

This willingness to succeed by any means necessary was evident in most participants once they decided that change was necessary. Related to this hyper-willingness among birth parents at both sites, was the perception that their child welfare case was exceptional in some way. Here Stephanie (Site S) describes a highly compliant approach, but one that enabled her to maintain a sense of control.

> I had one of the toughest judges…she's a great judge, but she's one of the harder, more conservative…I always felt like she was really hard on me. And so, when she would tell me to do 15 parenting classes, I would do 30. And so, I would go above and beyond anything that was asked, I would do extra. Even on my case plan. And, she would never give me a compliment. You know, she would always talk bad to me.

Patti describes a similar approach of extreme compliance. For her, it was driven by fear of losing another child through child welfare services involvement.

> I was scared to death and ready to do whatever they said and so everything they said for agencies, I did it times ten… Like my treatment. My parenting. If there is any other little class they wanted me to take, like I had some finance thing, everything they wanted me to do, I did it times ten.

Despite participants viewing their cases as exceptional, some reflected on this label critically. For example, Stephanie (Site S) questions whether the metric used to determine the compliance or cooperation of parents was too narrow.

> [E]ven my social worker… She would say that I'm the only parent she ever had that was successful in her mind. Like I'm the only one who did what I was supposed to do, but I feel like I'm not the only one. Maybe I did it as quick as she wanted or that kind of thing, I'm an overachiever or whatever. But all people progress at a different pace.

Being a father in the system. Male participants highlight some unique challenges faced in their life experiences of child welfare as fathers in a system that has typically focused on mothers. Eric (Site S) reports the child welfare system treated him like an outsider and describes the impact this had on him throughout his case.

> You know, the female dominance part of it…The way they treated me. Then…on the petition where I was [referred to as] "alleged" Dad. That bothered me…like, I'm an alleged Dad to my child? You people don't even know me…but you're saying what I am to my child...Those words, even though courts and people don't think they mean nothing, they really do.

> I remember [our judge] acknowledging all the fantastic stuff my wife did to reunify with [our child]. I remember the child's attorney sort of dittoing what he said… But they didn't acknowledge anything that I did; they didn't even look my way…that was the very first thing I had ever completed in my whole life. A case plan. I was really proud of it at the end, and it was sort of just, "Yeah, whatever."

Receiving case management services and support. Participants discussing their case management experience identify positive aspects of this experience, usually in the support they received or the positive life changes that were made. Some participants identify their social

worker as having a key role in their positive life changes. For example, Angela (Site S) says, "I love my social worker to this day, she was an amazing person in my life." Similarly, Rebecca (Site S) states her last worker "was just phenomenal."

Participants at both sites with multiple workers note inconsistencies in their experience. While participants report effective workers, others lacked the care and compassion needed to support parents to achieve positive change. According to Rebecca (Site S), "It seemed like several of them really didn't care. They were just maybe, doing their job and then others, they did really care. They had more compassion." For Andrew (Site B), witnessing ineffective practices was a factor in his decision to become a parent partner to "somehow smooth out some of those rough edges" of practice.

Some parents identify life-changing support from someone other than their caseworker, which influenced their decision to become a peer mentor and parent representative. For Rebecca and Sarah, this influential support came from a parent partner and, somewhat surprisingly, a prospective adoptive parent.

> Rebecca (Site S): …the mother who was going to adopt [my children]… she was pretty much my support…I went to school for medical assisting. I ended up quitting my job but I came back, and I stayed in her little RV trailer, and that's really how I reunified with my kids.

> Sarah (Site B): [My parent partner] had gone through the CPS system herself. She had lost her kids herself. She had dealt with the substance abuse. She was basically walking the exact same road I was, but ahead of me. So, I was able to see that light at the end of the tunnel. And she was very encouraging and very helpful, and a lot of days it felt like she was the only one who understood what I was going through. The only one who would listen. The only one who could tell me what to expect. Or when to shut my mouth. Or when to open my mouth. Or everything like that.

Participating in case planning and decision making. Participants' life experiences include aspects of decision making that were perceived as harsh, unreasonable, or unfair. These experiences were areas that participants perceived could be improved through their role as parent

mentors and representatives. For Andrew (Site B), his experience of child removal was abrupt and lasted well beyond the less than two-week timescale initially suggested. In his view, it also negatively impacted his children leading to questions about the effectiveness of child removal as a service response, "So, I signed the paper and my youngest son ended up sleeping under the bed and having all sorts of issues. And my oldest son as well got put on medication. When I got him back, he was like 45 pounds. A year later he doubled his weight. Some of those choices were kind of rash."

For some, harsh, unreasonable, or unfair interactions with child welfare services contributed to their positive life changes. Kyle (Site B), who had an extensive substance abuse history, had "one chance to get sober" or his children would not be returned, which he perceives as difficult but necessary to "straighten me out."

In addition to the negative treatment, some participants found the level of uncertainty an area they found unreasonable in child welfare practices. In Eric's (Site S) case, his social worker "could never tell me for sure if everything I was doing I could get [my child] back." Others perceive a disconnection between playing by the rules and achieving steps towards reunification, which usually related to increased visitation. According to Patti (Site B), "you're going to tell me that I've done everything perfect for nine months and I don't get any increase [in visitation], [for] whatever [reason] that may be." For Andrew (Site B), this lack of reciprocity served as a disincentive:

> There's a point where I was doing really good at about three months and then I didn't see any progress in my court case at all. They didn't have any incentive that made me be really good – if you just keep it up, maybe you'll get an unsupervised visit or visit of some sort. I didn't hear any of that. Something happened, and I went out and I drank. Then they come back and told me, "Man, you only had two more weeks and you would've seen your kids on a more comfortable basis."

Patti's experience with unreasonable decisions related to child welfare service bureaucracy. Before her daughter could return home, her home needed to comply with departmental standards. This required, "a fire extinguisher in every single room of a 400-square foot home."

Completing own case. The factors that contributed to participants' case plan completion also served as contributing factors in their decisions to become parent partners. Participants hope to diffuse these factors through their roles as parent partners, which pertain to a readiness for change and being supported to change. Readiness for change includes having a strong parent identity, being ready for change, and the recognition that hiding was not helping them. Being supported to change includes finding someone who believes in them and receiving substance abuse treatment services.

Being ready for change. Participant accounts reflect personal factors that helped in their positive life changes and relate to both a desire and readiness for change. The desire to change was driven by a strong parent identity and by a fear of losing their children as a motivating force for parents. This strong parent identity is exemplified in Andrew's (Site B) description of his feelings about his children being removed, "I stayed up many nights thinking how I could get away with murder…I'm not a violent person but you mess with a person's kids, and that can turn the nicest person into the biggest monster pretty quick." For Nicole (Site B), losing her children to the system meant that her "whole world was coming to an end," and led to her coming to terms with her situation, and being "honest about everything I was doing." Gary's (Site B) readiness for change began earlier, having reached a point of being, "sick of living the life that we were living" prior to their case opening.

Others were less ready for change but found themselves in a position where it was no longer possible to hide their problems. Sarah (Site B) describes an initial intent "to lie and talk

my way through," her child welfare involvement, but found the drug testing requirements made this impossible stating "I knew then that it was time to confess and do everything that I needed to do." Robin (Site B, FG) provides a similar account, "I had lied and cheated. Then the criminal charges landed me in jail for a dirty [urine analysis], and they were sending me to prison. I did finally surrender and started being honest. Brutally honest, I'd say."

Being supported to change. Having someone who believed in them and having access to substance abuse treatment were also factors in participants' positive life changes. Having someone who believed in them, included having a source of support which, for many was not present prior to their involvement with child welfare services.

> Patti (Site B): I believe that when somebody believes in you, you do better. I happened to do a lot better with their support so between my boss and the foster parents…I had like parents and a mentor. And so, I succeeded beyond belief.
>
> Robin (Site B, FG): Because that's what my CPS worker did. He believed that I could change. No matter how crappy I was, he always believed that I could change, and be a good mom, or be a healthy mom. I don't want to say I wasn't a good mom before. I probably wasn't.

Access to substance abuse treatment was an important support to change, which was often a turning point for participants. These services, though valuable, were often difficult to access. For Angela (Site S), accessing difficulties was a residential treatment waitlist and she "struggled to stay clean while I was waiting," which resulted in her children eventually being removed from her care. Eric's (Site S) situation, which he describes as a "waiting game," was similar, but "…once we both got in our treatment program, things started going a lot more smoothly." For Andrew (Site B), his turning point was during his month-long treatment and being "touched by a new way of thinking," that involved believing he could have a better life:

> That's 24 years [where the] ultimate goal every day was to get drunk or high. Maybe I deserved to have a realistic chance and try to…give myself a better shot at life. That's what hit me. I came out of there, and my case ran smoothly because I had changed. It

> wasn't necessarily those evil CPS people I fought at the time. It was actually me not wanting help, or thinking help was more a punishment than help."

Reflecting on child welfare service experience. This final sub-section on the life experiences of participants as a personal factor in their decision to become involved presents participants' overall reflections about their child welfare service experience. Participants, when reflecting on their previous child welfare service experience, view the system positively, with both respect and gratitude. Participants are consistent in their perception that despite its flaws, the child welfare system worked for their family. This positive view among participants, a likely prerequisite for parent partners, is accompanied by a strong sense of responsibility for their previous actions that resulted in child welfare involvement.

> Angela (Site S): I don't think that any of us that are here today have that axe to grind with the system. We've kind of all taken responsibility for our actions and our consequences, and I think each and every one of us came to a point that realized that this saved our lives. We're not just walking down the street one day and child welfare just decided to pick on us, something's going on with our life… it doesn't mean it was easy, it doesn't mean any of us really liked child welfare in our lives, and it wasn't easy, but we also all recognize that it's not their fault, we're here because of our own action and because it was lifesaving, so with that comes some sort of respect for the system.

> Kyle (site B): …our involvement in this [parent partner] program and the system has allowed us to change our entire lives. So, I personally think that this system, it worked for me. It worked for me beyond belief. You know I went from losing my kids to being a foster/adoptive parent in a matter of years. There were times you wouldn't even want to leave your kids with me at a gas station because I was just a jerk. Now I'm entrusted with children because I've made so many life changes. And that's through the system. The system that helped me reform me.

While participants generally hold a positive view of the child welfare system, this has some complexity. Participants perceive child welfare services intent in positive terms and as a well-meaning organization and that its staff generally work to keep families together. Participants view their own experience, overall, as positive but recognize the presence of less desirable practices within this experience. Participants also perceive ways in which the system

could be improved and recognize the presence of practices that run counter to strengthening families.

In summary, these life experiences both prior to and during participants' child welfare service experiences contribute to participants' decisions to become peer mentors and parent representatives. In addition to these life experiences, other personal factors that contribute to this decision include the need to maintain and continue the improvements made and to give purpose to participants' lives. These remaining personal factors are addressed in the following section.

Maintain and Continue Improvements

While participants' life experiences equipped them with unique knowledge required for a parent partner position, maintaining and continuing the improvements made were substantial incentives to becoming a parent partner. These improvements relate to taking steps to ensure success in participants' continued recovery and in securing legal and fulfilling employment.

Continuing recovery. Participants were interested in becoming parent partners to support their own recovery. For some participants in Site B, it was the need to be occupied and to be involved with others in productive activity.

> Bruce (Site B, FG): I was just willing to do whatever. Whatever. I mean, [they] told us we had to go to three meetings a week, and I went to three meetings a day sometimes. I had to keep myself busy because I knew if I didn't, I'd go right back to doing what I always did. I used meth for 25 years.

> Susan (Site B): Before when I had my cases. I didn't have a parent partner. I didn't get involved with anything. Like, no, I didn't sit on any boards. I didn't sit on nothing. I did not do anything. And eventually, I went back to using. And this is the longest I've ever stayed sober…So, this is the first time I ever really stayed sober, and I know that it has a lot to do with the parent partner program.

In addition to this general need for accountability, participants also found being accountable as a role model for recovery. Susan's (Site B) statement highlights this commitment to recovery for the benefit of her families, "My families look up to me. They want to live this

life; I'm trying to show them that…sober life is good. So, if I go out and decide to relapse, what am I going to tell them?"

While the requirement for sobriety was an incentive for some participants to join the program, this was not the case for everyone. Despite close personal relationships with others in the parent partner program, Kyle (Site B) did not feel ready to make that commitment for a few years before joining the program.

> Kyle: After my case closed, I had drank alcohol on three occasions. Like once a year, so I didn't have the sobriety you got to have to be a parent partner, nor did I actually want to be a parent partner, nor did I really want to be sober.

Kyle eventually joined the program after seeing how it benefitted others he knew. His acquaintance, who had achieved ten years sobriety, made him reflect on his own situation, "She was happy with being sober, and helping people, and being involved, and I was a very unhappy person."

For Sandy (Site B), being a parent partner was less about supporting her recovery, and more about a route to gaining credibility following relapse. Sandy relapsed in a professional position, and the parent partner program provided her the opportunity to work her way back up the ladder, "for people that have a background as sketchy as mine, this is…the only way to show what you've done and how far you've come and your credibility or accountability, your integrity.

Being employed. Participants at both sites also chose to take on the role of parent partner for the practical reason of needing a job or wanting a better job. Some participants had some relevant experience so being a parent partner was a good fit. For example, Deanna (Site B, FG) had experience working in an inpatient treatment center, Robin (Site B, FG) had been a nurse for ten years, and Rebecca (Site S) was a professional caregiver. Other participants just needed a job, which was the case for James, Daniel, and Nicole. James (Site B) was over 50 and

had “never worked a legal job.” Daniel (Site B), struggled “to find a regular job” due to his felony conviction. Nicole (Site B) needed a job “for kind of selfish reasons at first” to comply with her probation conditions but, over time, “developed a passion for it.”

Participants’ desire to maintain and continue their improvements through continued recovery and positive employment were, along with their life experiences, personal factors in their decision to become involved. The final personal factor identified by participants was a desire to give purpose to their life, which is addressed in the following section.

A Purpose in Life

Many participants place importance on having a purpose and meaning to their life and perceive the parent partner program as a way for this to be achieved. This final section on personal factors that contributed to participants’ decisions to become involved explores participants’ descriptions of having a purpose. This is organized in two sections: the more philosophical views of participants relate to giving purpose to life and giving back, and the more practical views of participants relate to a desire to help others as their life’s purpose.

Giving purpose to own story and giving back to others. Some participants were drawn to the parent partner program to give their story purpose and, as stated by Patti (Site B), “Letting someone know.” Gary, Andrew, and Nicole all describe the need to give back, which Gary (Site B) refers to as, “giving back to the things that make you whole.” Andrew (Site B) speaks of giving back to make amends with those affected by his actions, such as his children and parents, “I saw how it affected…all the people that loved us. All around us.” For Nicole (Site B), it was paying her “debt to the world,” and believing that this could be done through giving purpose to her past experiences:

> I was sitting in jail and thinking my whole life is over, and I’ve really done everything that I promised myself as a child I would never do, [and] to my children. I thought I don’t

> have schooling, I don't have a degree, and now I have felonies on my record, what am I going to do with myself? And they told me about the program. And it's really kind of leading by example. And it's sharing your experiences on how to overcome things. And I thought well what better way to pay my debt to the world than to do this.

Helping others. The personal reward of helping others was an attraction for some participants. Participants such as Eric (Site S), weren't yet clear about a chosen career but knew it had to involve helping people. Participants state that helping others often began in the substance abuse field. Other were clear that their passion was to help families in the child welfare system.

> Sarah (Site B): …my only goal was if I could be there for another mother going through that kind of situation, and at least help one other person feel not so alone, or not so ashamed, then absolutely that's what I want to do. For the rest of my life.

> James (Site B): [I] wanted to get out there and try to help younger fathers realize that the road that they was on, there's never a good ending to it. And, the importance. I had other kids, but I had no idea how gratifying being a father was until my last two kids. If I would have had that kind of love and connection with my [other] kids, I would probably have still been married to the same woman.

This concludes findings related to the personal factors that contributed to participants' decision to become involved as parent partners and to represent the parent voice. Personal factors identified by participants include their life experiences both prior to and during their child welfare service involvement; their desire to maintain and continue improvements made in their life such as continued recovery and positive employment; and their need to have purpose in life to give meaning to their past experiences, to atone and make amends, and to respond to their calling to help others. The final sections of this chapter will explore the interpersonal followed by the child welfare system factors.

Interpersonal Factors

This section explores the interpersonal factors that contribute to participants' decisions to become involved as parent partners. Interpersonal factors relate to the interaction between the

parent and others such as staff, other birth parents, or the agency. Participants identify substantially fewer interpersonal factors than personal. These interpersonal factors relate to how participants were presented with the possibility of becoming a parent partner, which is presented in this section.

Introduction to the Parent Partner Possibility

Participants were usually approached by someone they knew through their child welfare case or in their personal life with the suggestion that they consider becoming a parent partner. Some participants, such as Stephanie (Site S) or Nicole (Site B), were not sure if they were ready for employment in general when the possibility was suggested to them. Stephanie was not ready at the close of her child welfare case to identify employment plans or goals, "I had no idea what I was going to do. All I knew is that I wanted my kids back at that point. Nicole (Site B), who was active in recovery programs, hadn't considered getting a job but visited the program on the recommendation of a friend, "I filled out my application…and that's when I started." Parents often report feelings of self-doubt. For Nicole, it was doubts about passing the background check. For many, it was self-doubt about their ability to undertake the role, but encouragement and support from others helped them to take the initial step.

Some participants report having their own parent partner during their case helped to influence their decision to become a parent partner. Parent partners, or the program coordinator, were often the ones who recruited participants to the program and provided encouragement along the way.

> Stephanie (Site S): …my parent partner was the one that I would call at like 7 o'clock at night when I was stressed out and when I didn't have my kids with me…It's scary. It's hard. It's a hopeless time…And with people with my kind of background and most of our parents who come from a street background… We want to open up to people that are real, people that know what the streets look like, or know what dysfunction looks like.

> People we can relate to, and so I was able to relate to her and open up where I couldn't to others. So, I wanted to do that. I wanted to be that light to other people.
>
> Erin (Site B): I didn't feel like I was in a strong enough position to advocate for other people, but [my parent partner] had a different opinion. She kind of pushed me into it. She's like, "Come on, you're going to training, and I'm going to take you." I was really happy that she did because obviously, sometimes change can be intimidating and that's what it was.

Others shared Erin's feelings of uncertainty but were willing to give it a try with encouragement, like Gary (Site B) who "didn't really think I'd be good at it, but I thought I'd give it a shot anyway." For Susan (Site B), it was giving it a try and realizing later that she could do it, "at that time, you really don't think you can until you get a bit farther into it. And I did it, and here I am."

For many participants, it was not simply uncertainty about trying something new, but rather being presented with a new possibility at a time when they were heavily constrained by shame, self-doubt, and low self-esteem. Stephanie (Site S) describes this uncertainty when the judge overseeing her case, whom she perceived as never paying her a compliment, suggested she become a parent partner "…when I was halfway through she said, 'You know what? You need to be a parent partner.' That was like my first compliment. I was like 'Me? I could be a parent partner? Are you kidding?'

Child Welfare System Factors

This section explores the child welfare system factors that contributed to participants' decisions to become involved as parent partners. Child welfare system factors relate to the system in which child welfare functions such as policies, procedures, and approaches that define how families are served. As with interpersonal factors, participants identify fewer child welfare system factors compared to the personal factors identified. These child welfare system factors relate to participants perceiving a need for families to be helped through the system due to its

complexity and, at times, inconsistency, and a need for system improvements. Findings related to both factors will be presented, in turn, in this section.

Support to Navigate the System

Participants' desire to help parents through the system was the most closely related factor to the child welfare system level. At the personal level discussed previously, participants recognized the personal reward of helping others and personal interest in a position within the helping profession. At the child welfare system level, participants' interest in helping others was less about personal goals or satisfaction, and more about recognizing the system needs to provide better support for families to traverse the system successfully. Angela, Karen, and Eric (Site S) all express a desire to help people understand the system and to feel able to ask questions along the way. It also involved helping parents to understand what the system expects from them and that, "if you do everything, if you make the honest changes, it will all work itself out" (Eric, Site S).

Participants also identify an early interest in improving the system by minimizing its negative impact on families. Both Eric (Site S) and Andrew (Site B) identify an interest improving some of the areas of practice they felt were lacking during their case. For Eric, this was the transparency of whether achieving the case plan requirements would result in reunification. For Andrew, this was enhancing understanding between workers and parents to improve the likelihood of positive life changes by smoothing out 'some of those rough edges.'

> Andrew: It allows me, with the professionals, too, to let them know from an addict's perspective how a little bit of encouragement goes a long way. You go 30 days without drinking, and a lot of people don't see that as a huge thing. It's good…you know, this is hard. It's a hard process and a little bit of love and encouragement and hopefully understanding, that was a pretty powerful tool to help motivate people to want to change rather than all the things you do wrong.

Promote System Improvement

Some participants were interested in the improvement of specific aspects of the system. Both Eric and Andrew were interested in improving how the system works with fathers. Jackie (Site B) was interested in drawing attention to the needs of African-American families in the child welfare system. Prior to joining the program Jackie sought to influence the system externally but made the decision to advocate from within the system.

> Jackie: I became a very strong advocate…for African-American families. I felt very strongly that…there were too many African-American children being removed and being adopted out. So, I actually started a group of parents…to bring awareness to our city, but something needed to change…I wasn't necessarily liked, but I felt that it was something that needed to be brought to people's awareness. In that event, from meeting to picketing the department, the courthouse, and different areas, I felt that there was a need to possibly become part of the department and make the changes from the inside versus the approach that was taken in the beginning, and that's how I became a parent partner.

Conclusion

This chapter presents study findings related to the research question that explores the personal, interpersonal, and child welfare system factors and processes that contribute to participants' decisions to become involved at a system level in child welfare services. Participants across both sites identify predominantly personal level factors, with only a few factors at the interpersonal or child welfare system level that influenced their decisions to become a parent partner and to go on to mentor and represent other birth parents. Most substantial among these personal factors were the life experiences of participants both prior to and during their involvement with child welfare services.

Participants at both sites share similar experiences of personal and family difficulties and child welfare system involvement and, overall, share consistent views of child welfare services.

Maintaining and continuing the improvements made, such as continued success in recovery and being gainfully and meaningfully employed were important factors for participants when deciding to become a parent partner. Potentially due to differences in the size and recruitment practices of the programs, Site B participants were somewhat more focused on the benefits to their continued recovery than participants at Site S. The potential for the parent partner position to give purpose in life was another personal-level factor identified by participants. Interpersonal factors, though limited, highlight the crucial need for participants to be supported and encouraged into these roles given the shame, self-doubt, and low self-esteem present following their involvement with child welfare services. Child welfare system factors, while also limited, indicate that participants recognized early on that families would benefit from a system that offered better navigational support and that sought to further develop practices and approaches of working with birth parents. The next chapter builds on these findings by presenting further findings related to how, after becoming parent partners, participants are involved at a system level in child welfare services and their experiences of this type of involvement.

Chapter Five: Experiences of Parent Partner Involvement at a System Level

This chapter reports findings related to the research question which explores how participants are involved at a system level, and their experiences of this type of involvement. Participant accounts are expansive, covering a range of areas related to the research question. As such, this chapter is comprised of two parts. The first part of the chapter relates to the general values and beliefs that guide participants' involvement work and their preparations for involvement activities. The second part of the chapter pertains to "doing" involvement, which explores the types and processes of activities and the participants' roles within these activities.

The first part of this chapter begins with exploring the value of the parent voice as perceived by participants. Participants' general approaches to involvement activity are also presented with a focus on the values and principles that guide this work. As part of this general approach, the boundaries, or limits, to participants' representation of birth parents are also addressed.

After this focus on the beliefs and approaches that guide participants' involvement, the preparation of participants for birth parent involvement activities at a system level is presented. This section begins with an exploration of the early development of parent partners for their role in involvement activity. As part of this section, participants' areas of personal and professional development and the developmental opportunities available to participants are discussed. This section concludes with the continued and future development of participants as it relates to their involvement role.

The next section addresses how participants are connected to involvement activities. This includes how participants gain access to meetings and how they are "matched" to

involvement activities. This section also includes the planning that takes place in advance of involvement activities.

The second part of the chapter begins with an exploration of the types of involvement activities that parent partners attend as the parent representative. The activity mode, level, and purpose will be presented to examine participants' breadth of system level involvement activity. This section is followed by a presentation of findings on the participants' roles in various involvement activities. This chapter concludes with findings related to involvement as a process, such as the presence and dynamics of power and participants' experiences of their interactions with meeting attendees.

The Value of the Birth Parent Voice

This section explores the value participants place on the parent voice, which is likely to influence their general approach to how they are involved and how they experience system level involvement activities. Participants perceive their contribution as having value in two key areas: bringing authenticity and new, important knowledge to involvement activities. This section is organized by these two valued contributions.

Authenticity

For participants, their presence in various meetings, trainings, and committees was not limited to sharing elements of their story, but rather bringing their story to life through a greater depth of information, feeling, and insight. Andrew (Site B) describes this authenticity as, "Just being there, having that experience, painful as it was, that's a huge powerful thing now." Participants at both sites perceive this authenticity as providing the listener with a deeper understanding of birth parents' experiences of the child welfare system and a stronger connection to birth parents as individuals.

> Sandy (Site B): I guess because it's personal, it's very personal. It's not my take on what I thought somebody felt about something, or what I thought worked about a program, or what I thought didn't work for these children. This is personal…it's very concrete…It's a fact for me in my situation. These are the facts of how it went for me, and what didn't work, and what did work…It's my history, so I'm going to remember it a little differently than somebody that just provided a service.

For some, this authenticity not only related to their own story but to the realities of other parents they work with who faced similar challenges. Participants at both sites believe they had access to information from birth parents that would not otherwise be available to child welfare professionals.

> Christina (Site S): I think it's great that not only am I a birth parent sitting on a committee, but I'm a birth parent who's worked, on a peer level, with a lot of other birth parents. And I hear their cries for help…and they're more open to talk to me. You know, a lot of my clients tell me what they need, or what they think is fair, and what's not, that they won't tell their social worker because their social worker is like an authority figure to them. So, I think that for the parent's voice to be heard, it's important that you hear it from a parent or a person that has worked with parents on a peer level.

For some participants at both sites, bringing authenticity also means showing the truest version of oneself to others, being human. For participants, being human or rather being visible, not only makes life experiences more real and true but are important to initiate change.

> Sarah (Site B): For me, part of it is an accountability piece for my own recovery in a way, because the more honest I am and the more I talk about my own experiences, it reminds me of where I came from and why I'm doing this. I guess being able to be vulnerable. And be human.

> For Stephanie (Site S): I think parents can bring change, and they bring knowledge that an agency wouldn't necessarily have, so instead of it just being that black and white paper that doesn't have any feelings, right, we bring it in flesh. So, they actually get to see something other than just that black and white. When it's black and white, it's almost like we can just set it down and walk away from it. But once it becomes tangible and in human form, you can't just go, "it doesn't matter."

New, Important Knowledge

Related to authenticity, is the new and important knowledge brought to the table by birth parents in involvement activities at the system level. Though complementary, knowledge gained

through experience is perceived as equally important to the knowledge brought by other meeting attendees. Some participants identify experiential knowledge based on their life experiences as valuable because of its distinction from knowledge gained through traditional education. Patti (Site B) describes this experiential knowledge as "the information I bring…is an experience that I have felt…and I think that experience is a different level than information I've been trained on." This new information based on participants' experiences of family difficulties or the child welfare service experience provides a more nuanced understanding of what families might need or how the child welfare system can be more effective in meeting these needs. Patti explains, "…when you've gone through it, you have that better connection and that better understanding." For Andrew, these different forms of knowledge are complementary, "…rubbing elbows with highly educated people…I just play my role."

Participants perceive their knowledge as important in areas related to new initiatives, understanding families, and system improvements. Both Eric (Site S) and Tiffany (Site B) describe it as being particularly useful in the development of initiatives and in understanding "what to expect" about a family. For Tammy (Site S) eliciting the birth parent perspective is essential in efforts to improve child welfare services:

> When you come from a place like I've come from, I don't want someone telling me about how to build a car, unless they've built a car. I'm not going to care. If you're a farmer, and you're telling me how to build a car, I'm just not going to believe you. It gives me great hope to know that someone along the line has said, "You know what, we need someone else's perspective about this because we don't have a clue. We've never done drugs. We've never lost our children. And the system is broken, and we don't know how to improve it." And someone said, "Get someone who's lost their kids, and get their perspective."

Bringing authenticity and new, important knowledge to involvement activities is perceived by participants as a valuable contribution that is unique to their role as birth parents in parent partner roles. These contributions bring a realness and depth to activities that participants

feel cannot be replicated or accessed through traditional avenues of learning. These perceived contributions shape participants' general approach to involvement activities, which are discussed in the following section.

The Parent Partner Approach to Involvement Activity

This section explores the general approach to involvement activities adopted by participants at both sites. Participant descriptions reveal values and principles that guide their approach in system level involvement activity. These values and principles recognize the sensitive nature of birth parent involvement in a child welfare context, and of representing parents from inside the system. Though these values and principles are evident in interviews with participants at both sites, they are more pronounced at Site S in their use as a guiding light to shape, rather than a point of reference to inform, involvement practices. This section begins with an overview of these values, followed by the involvement principles. Principles are presented in subsections and include: finding common ground, partnering in a non-adversarial way, and maintaining high standards of practice.

The general approach to involvement taken by participants is also influenced by boundaries, or limits, to birth parent representation, which concludes this section. These boundaries relate to balancing a child-focused approach while ensuring birth parents' needs are adequately represented, and the realities of parent change and system change.

Parent Partner Involvement Values

Values that inform participants' approaches to their system level involvement activity relate to both birth parents and the child welfare system. Four fundamental values are identified:

(1) All parents are capable of change. Regardless of whether there is a readiness to change, and within the timescales required by the system, the capacity to change exists for all

parents; (2) The child welfare system wants parents to succeed. The system wants to assume responsibility for a child only as a last resort; (3) Parents and agency staff are connected as human beings. Apart from life experiences, parents and staff are more alike than different; (4) Change occurs through the relationships built by working in partnership. The child welfare system can improve if parents and staff work in partnership.

Parent Partner Involvement Principles

The principles for birth parent involvement activities identified, center on working from a shared understanding with agency staff and ensuring high standards. These are presented as finding common ground, partnering in a non-adversarial way, and maintaining a high standard of practice.

Finding common ground. The principle of working from a shared understanding, or finding common ground with agency staff focused on having a shared goal and maintaining a non-adversarial partnership. The shared goal mentioned by participants is that the child is at the center of the work. This child-focused approach adopted by participants gives primacy to the child but recognizes that addressing the needs of the parent is of direct benefit to the child. Being child-focused also means that participants' approach involvement activity from a position of consensus rather than conflict. Karen (Site S), Eric (Site S), and Lori (Site B) share similar views. Karen stated:

> And you're child welfare and you're looking at what's in the best interest of the child, but I'm the parent partner and I'm looking at what my parent wants or the best interest of the parent. Then we're on two different sides.

Participants were not adopting a child-focus solely to be strategic in their engagement with child welfare services. For Sarah (Site B), it is part of making sense of her past child

welfare service experience and understanding that strengthening families is a part of being child-focused.

> Sarah: I've come away from hating CPS and thinking they're the all-powerful enemy, to understanding what it's all about. And when you step away from the holding a grudge, and "Oh, CPS did this to me," when you step away from that and realize, you're really working towards the same goal, and that's the betterment for the family.

Partnering in non-adversarial ways. Participants perceive that this shared child-focused priority is effective, but maintaining a non-adversarial partnership is also essential for gaining a seat at the table. Karen and Lori express similar sentiments:

> Karen (Site S): Kill them with kindness chip away at that barrier and it's going to come down. It's going to come down a lot easier if you're going in there softly and chipping away at it rather than coming in there hard and building that barrier higher because they're really trying to keep you out then.

> Lori (Site B, FG): Once they realized that we weren't going to be in there slamming them, or disrespecting the system, that we were really, truly there to help, we didn't have any ulterior motives, we weren't trying to triangulate, we were truly coming to the table for the betterment of families, then they see that they can trust us. Then it opened up the doors…

This non-adversarial approach also involves discerning what and how information is shared. Focus group participants describe the sensitivities that can occur when representing the parent voice while maintaining the positive relationships with child welfare services.

> Bruce (Site B, FG): Well a lot of times…we think that the parents are getting the shaft. Well, if we give our opinion and are honest about it, it's not going to be good.

> Alicia (Site B, FG): Because we have this relationship with the department, we have to uphold this relationship. So, we shouldn't be…throwing them under a bus in a meeting. We should be saying that prior to this meeting…Like any other company that you work for, I'm sure there's lots of things you want to say, but sometimes you hold that back because it's probably not the right time or place to do that.

Maintaining high standards of practice. A focus on maintaining a high standard of practice was particularly evident at Site S, though both sites address this as part of parent partner development. The need for high standards was in recognition of the work environment, which

the key informant describes as friendly, "until something goes wrong."

> Angela (Site S): So, it was easy to build that connection, and I think for all of us I mean we're always very well respected, respectful. And trust me, if we're not it gets back to [program coordinator]. [She] is reminding us since the beginning that we can do 1,000 great things, and people love us, but it takes one screw up, and they'll definitely remember that forever.

> Stephanie (Site S): [Parent partner program coordinator] tells us when she hires us how to present ourselves, how to carry ourselves. She's like, 'a social worker might be late to a meeting, but you are not allowed to be late, you are to be to court on time, you are to be to your meetings on time' so for us…we have to be at a certain standard. We go above and beyond. If we have to work on the weekends, we work at nights, and we get flex time for that, so we're [available], at all times, [whenever] they need us.

Boundaries of Birth Parent Representation

Participant interviews identify boundaries, or limits, to their representation of birth parents in involvement activities. These boundaries relate to three areas: balance and compromise associated with representing birth parents within a child-focused context; managing the realities of parent change; managing the realities of system change.

Balancing child and parent focus. Participants strive to achieve an adequate balance between being child-focused and in representing the voice of birth parents. Parent accountability within a supportive approach is endorsed by both sites. However, the expectations of parents receiving child welfare services within this supportive, yet accountable approach are less clear. Karen (Site S) explains that easier expectations are not necessarily better, "It's not all about let's make things easy for birth parents because sometimes you make things too easy for the birth parents, we're going to see them back in six months." For some participants, particularly males, this at times resembles a tough love approach based on a belief that harsher treatment leads to improved results.

> James (Site B): I mean you got to be stern with these people because if you sugarcoat stuff, they're going to work around it and give you a line of bull crap. And, you're not

> helping them. You got to be hard on them in order for them to get it. Because that's the life they led.
>
> Gregory (Site B, FG): …and understanding that CPS isn't going to do it for them. As a matter of fact, they'll put a lot of obstacles in your way while you're trying to help yourself. But then we try to get them to understand what these obstacles mean because once CPS is gone, can you still do it?

Though some participants express a more hardline approach towards birth parents, there is the recognition that parents benefit from encouragement and support. Kyle (Site B) describes the approach taken during his child welfare case as "more aggressive," but can "see where it works to take an easier, softer route and treat people like they're capable of making improvements in their life."

Managing the realities of parent change. While believing that all parents are capable of change, participants recognize that not all parents may be ready to change, for various reasons. This readiness to change affects participants' own ability to influence change in their work as parent mentors and parent representatives. Eric (Site S) states that he has revised his perspective from wanting every birth parent to be successful in their child welfare case, to wanting to ensure "parents are given that fair chance and that they're informed consumers. Because you can't help everybody. I mean some people don't want to be helped." For Daniel (Site B), it is knowing that his work is making a difference to someone:

> …if I can help one family then I know that I have done my job. Not everybody is going to take on the task of getting their children back, you know, with the drug addiction and it's hard for them to get out of some of the things they've been living with for a very long time.

Managing the realities of system change. Participants at both sites identify the challenges associated with changing a large, bureaucratic system such as the child welfare system. These change efforts are perceived by participants from both sites, at times, as an overwhelming task.

> Karen (Site S): …when we think something or do something we always put it out there but changing the system is like turning the Titanic, okay. You're going to turn it but it's not going to be turned fast, it's more of a slow turn and hope that you don't hit an iceberg on the way…
>
> Sandy (Site B): Everything takes time, in any system, if you're trying to do changes of any kind, you've got to have the time, and understanding, and communication, and delicate hands.
>
> Tammy (Site S): It's like drinking the ocean. Someone has asked you to go and, "can you please, I need you to drink the ocean," you're a human being in a human body, and says, "you've got 24 hours." Right?

These values and principles that guide the general approach to participants' involvement activities and the boundaries that confine these practices provide a foundation for participants' involvement activities. This foundation is further strengthened through the personal and professional growth and development of parent partners as they prepare for birth parent involvement activities. This is the focus of the next section which explores participants' developmental areas and supports with regard to their system level involvement.

Preparation for Birth Parent Involvement Activity

This section presents findings related to preparing and developing parent partners for their role in system level involvement activity. Parent partner interviews explored how parent partners were prepared for involvement activity, including skill development. Focus group participants provided additional insight into not only how they were developed, but also how they developed others in their supervisory capacity.

This section begins with a detailed examination of the early development for involvement activities by first exploring participants' understanding and perceptions of their role, and competency, as parent representatives when first becoming parent partners. A developmental needs and supports framework is presented to support understanding of participants perceived developmental needs and the developmental methods they found useful in supporting them into

their roles as parent representatives. These developmental needs and supports are then discussed in more depth. The developmental needs addressed include identity, knowledge, and skill development. Developmental supports to address participants' developmental needs are then explored and organized by relational, experiential, and reflexive supports. This section concludes with a brief exploration of participants' continued and future development since their early preparation for system level involvement activities.

Early Development for Involvement Activity

At the point of joining the program, few participants were aware that the parent partner role included representing the parent voice in system level involvement activities. Nicole and Sara, both from Site B, express a similar lack of knowledge about this aspect of their role:

> Nicole: Well when I first got started, I had no knowledge about what we did or anything. Then I gradually learned that we were going to use our personal experiences to help others like us.

> Sarah: In the beginning, honestly, I had no idea. I thought it was very simply a one-on-one inspirational, peer mentor type of thing. In the beginning, I had no idea that there were agencies you could talk to or anything like that.

Participants also lacked an understanding of how to carry out this part of their role, resulting in an expansive learning curve, requiring both personal and professional development. Participants report feeling a sufficient level of competency after approximately twelve months. Kyle (Site B) describes the level of transition required and his challenges in managing the uncertainty during this period of change.

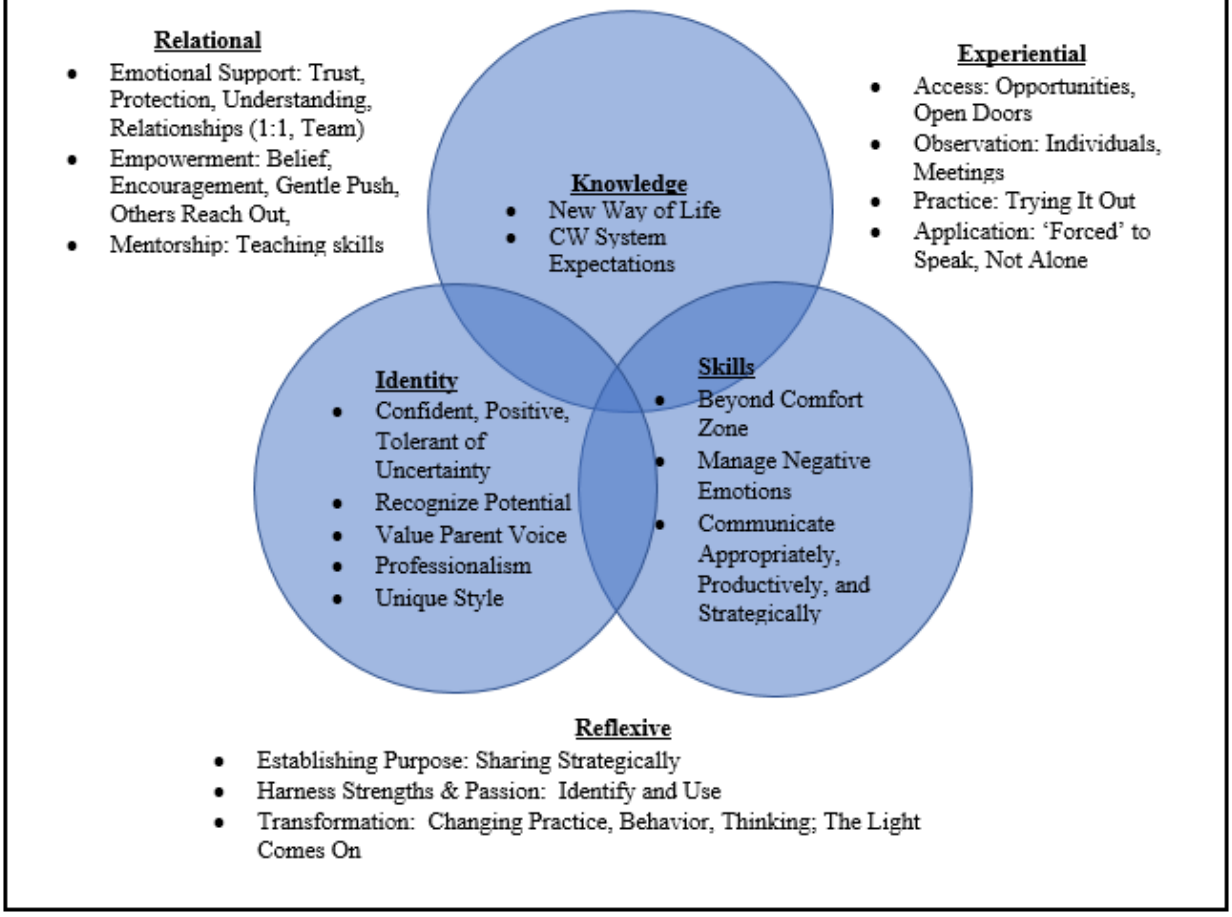
> …when you come into our program you're coming from being a drug addict on the street that people don't trust, or people don't believe in, and how to convert over to, I guess, [a] semi-professional world. That's a big change and to learn how to go with the flow through that time was my most difficult time.

Participants at both sites perceive similar areas of personal and professional development and types of support provided by the program to prepare them for their role as parent

representatives. Site B focus group participants provide rich descriptions of these development areas and supports given their experiences as parent partners in need of development, and their experiences as supervisors providing developmental supports.

An analysis of data indicates the presence of three primary areas of personal and professional development (Figure 1): identity, knowledge, and skills. Findings also indicate a developmental approach that can be organized into three key areas (Figure 1): relational, reflexive, and experiential. Participants' accounts of their personal and professional development from both sites did not always reflect all areas or supports but, together, these areas and supports reflect a comprehensive approach to preparing parent partners for meaningful involvement. These developmental needs and supports are described in the following section.

Figure 1: **Developmental Needs and Supports for System Level Involvement**



Developmental needs. The developmental needs addressed in this subsection include developing participants' identity, knowledge, and skill. Developing identity domains are organized by being confident, positive, and tolerant of uncertainty; recognizing human potential and value of voice; being professional and having an individual style. Following identity development, knowledge development is addressed and organized by learning a new way of life and learning about the child welfare system. The final developmental need domain is developing skill, which is organized by stepping outside of comfort zone and communicating effectively.

Developing identity. The area of identity development includes the personal development of confidence, a positive outlook, and tolerance for uncertainty. Identity development also includes parents' recognition of the value of their voice and their human potential. Professional identity development includes the development of professionalism and parents own unique style in involvement activities.

Being confident, positive, and tolerant of uncertainty. Participants from both sites describe their development of confidence and learning how to manage the uncertainty through a steep learning curve. Kyle's (Site B), change in negative thinking focuses on "looking at things from a positive aspect and how they could be improved, instead of what's all wrong with them." Christina (Site S) and Sarah (Site B) discuss their lack of confidence, and their approach to managing the uncertainty.

> Christina: I do think that will get better over time because I've seen it, you know...I know where [the senior parent partners] came from and it's the same place I did. You know, and they get along just fine in these meetings, and they're very comfortable and not afraid for their voice to be heard. But I think it's just part of being the new kid.

> Sarah: Kind of like that negative self-talk, "I don't even know what I'm doing here," "I don't deserve to be here" … "I don't understand who these people are, or what they're talking about, or what this has to do with me." And going from that kind of thinking to, "What can I learn here?", "What can I be a part of here?"

Recognizing human potential and value of voice. Recognizing the value of their voice and human potential was another aspect of identity development. The mentorship Gregory (Site B, FG) received from his peers helped him to realize this. He says, "I had some really good training, thanks to Lori and April [two other FG members]. And they really showed me what I could really be." Gary (Site B) also describes his early uncertainty about the value of his voice, "I'm 6 feet, 270 lbs. I'm tattooed from head to toe. Me walking into a staffing with CPS, in my opinion in the beginning, is the last thing that one of my clients needed."

Being professional and having individual style. Learning to "be professional" and developing an individual style or approach to involvement activities was also an area of participants' professional identity development mentioned. Participants frequently referred to learning how to be more professional. Deanna (Site B, FG) summarizes the perceptions of many participants at both sites about what being a professional meant in the context of being a parent partner, "You know, it's learning from other people, and then seeing how other people are behaving, and dressing, and how they're speaking, and learning from them on how we're supposed to act." Similarly, Angela (Site S) describes it as learning to "fit in and know what's appropriate, and when it's appropriate." Participants shared things they learned along the way, such as not wearing "booty shorts to a very important meeting" and "carrying ourselves with dignity and grace no matter what."

A focus group discussion highlights the desire among participants to be more professional, but at the same time retain their identity, Robin (Site B, FG) says: "While you're in the role…you act a certain way, but underneath you're still going to be the same person. You can take us out of the street, but you can't take the street out of us."

This ability to retain one's identity is also related to participants learning to develop their own unique style in involvement activities. In her interview, Angela (Site S), focuses on developing a style that is individually unique and reflects one's own identity.

> They shadow each and every one of us…because we each have our own style. My biggest advice is to be yourself. People are going to like you for being you. Don't try to be Karen, don't try to be me. You are going to have your own style, your own way of doing things…

Developing knowledge. Participants' discussions addressed two primary areas of knowledge development. These include learning a new way of life and learning about the child welfare system.

Learning a new way of life. Participants at both sites discuss the level of new knowledge required to learn what they perceive as a new way of life, as well as learning what the parent perspective is and how it is shared in involvement activities.

> Kyle (Site B): This is all new to me. I was involved in this negative way of living from the time I was a child to the time I was 30 so stepping out into the unknown and doing this was huge for me, and I had a lot to learn from the beginning…

Learning about the child welfare system. Developing knowledge about the child welfare system involved acquiring an understanding of *the whole picture* based on multiple perspectives. This was understanding that there are multiple ways of doing things and that what worked for one's own case, may not be the solution for all parents.

> Stephanie (Site S): I guess now I can say that I didn't know what I was doing, but in the beginning, I thought when I got hired I was going to do great because I had a child welfare history. I was part of the system as a kid, and I just thought that I would know what I was doing right out of the gate…And it wasn't that way. It wasn't, and I think it was frustrating to me that I didn't just catch on right away…

> Karen (Site S): You just have to be able to put your glasses on and think outside the box and always remember that, number one, here's a parent and what's worked for me may not work for them. So, we need to inquire about what will work for this individual. What I find is, in different parts of the [area], in different communities, a community might look at things differently here than they do…

Developing skill. Participants at both sites mention several aspects of skill development including learning to manage negative emotions, stepping outside of one's comfort zone, and the development of appropriate, productive, and strategic communication skills. Skill development is perceived as important to both ensure the birth parent is sufficiently competent and the audience or attendees' experience meets expectations. Lori (Site B, FG) explains the negative impact of a birth parent lacking in the necessary skills, "We never want to put a parent partner up in front of a room and have her break down, or get lost in the story, and then it loses its power.

So, we've really got to work with them behind the scenes to make sure they tell their experience in an appropriate way."

Stepping outside of comfort zone. Participants at both sites describe unease in leaving their comfort zone, both their physical environment and their previous way of life. Developing skills to enable parents to step outside of their comfort zone is an important area in their development.

> Sarah (Site B): ...if you went clear back to who I was before CPS involvement and everything like that, not only did I have nothing to do with my community, I mean I barely wanted to leave my house. I didn't want to know people. I didn't want to talk to people. I didn't want anyone to know of me because that is just, that was just something you don't do. I didn't hardly go to anything other than maybe, maybe a parent-teacher conference and even then, that was extremely uncomfortable.

Communicating effectively. Developing effective communication skills is a major area of development for participants at both sites. This includes the development of productive communication skills that entail a solution- rather than problem-focused approach. Participants describe appropriate communication development as transitioning from "street" talk.

> Bruce (Site B, FG): …living in the drug world, that's how our life rolled, by saying stuff, intimidating, manipulating.... and we can't do that anymore. So, it's hard for us a lot of times to keep our mouths shut. So, it's being able to say it appropriately…like me, all the time I thought if I was trying to get you to do something, and you weren't hearing me, that if I got louder, you would hear me better.

Developing strategic communication skills related to identifying an intended purpose in sharing information or perspective, and learning to tailor one's story to meet the needs of the target audience. Participants at both sites describe this as finding a point or a message in the story, perspective, or information being shared.

> Lori (Site B, FG): It could look disastrous… I was not always the best at telling my story…. I would just come up and tell the same story, my story, rather than tailoring it to the audience. I think some people probably left there without feeling like they'd gotten what they needed, or that they were moved in any way.

> Patti (Site B): Like I have one parent partner that is a rock star at sharing her story tailored to her audience. And her story never honestly changes, but she definitely tailors how that audience impacted her story, which is phenomenal.

Developmental supports. The developmental supports addressed in this subsection are organized by *relational*, *experiential*, and *reflexive* support domains. Relational supports are further organized by providing emotional support, empowering parent partners, and providing involvement mentorship.

Relational. Relational development opportunities experienced by participants are described in ways that are interactive and relationship-building. Participant descriptions suggest the relational approach to their development was highly valued and effective in promoting their personal and professional development.

Providing emotional support. The construct of emotional support is derived from participants' discussions of the development of mutual trust, protecting the parent partner, understanding the parent partner and their story, and developing strong relationships both individually and as a team. The notion of relational development recognizes that some parent partners may have lacked strong, healthy personal relationships. Patti perceives the development of strong, trusting relationships with open communication as essential to the program. In her supervisory capacity this involves, "knowing the parent, and knowing their story, and knowing the ins and outs of their story and the impact of that." Misty (Site B, FG) recognizes the importance of protecting parent partners in their involvement activities:

> I mean we're putting them in a vulnerable position, I mean who does that, goes up in front of a whole room full of people, and puts all their dirt out on the table. So, we had to put kind of some things in place to make sure they're protected and able to do that in a safe way.

Empowering parent partners. The construct of empowering parent partners was derived from participants' descriptions at both sites and pertains to believing in parent partners and

providing encouragement. It also involves gently pushing parent partners into new situations and providing opportunities for others to reach out to them. Patti described this gentle push as being "voluntold," which Misty recognized as helping to expose her to public experiences.

> I credit a lot of my opportunities and growth to my coordinator. I mean she was amazing. She was a genuine, the first time someone believed in me, and pushed me outside of my comfort zone. She got me involved in a lot of different speaking engagements.

Participants recognize the empowerment of parent partners also depended on others reaching out to them through developing relationships or providing opportunities to be heard, described by Sarah (Site B) as "getting that invitation." Participants describe other meeting attendees taking steps to engage in conversation to learn more about them or the program, or to get their insight on a topic.

> Sarah (Site B): …I have to say that some of the ladies that were on the committee would actually come to me afterward and ask me, "How long have you been a parent partner," "I wasn't aware of this program before," "It is just great what you do with the families." And I think, unfortunately, I can't really say that I was the one that reached out and went outside of my shell and made it happen or anything. It truly was them reaching out to me and, in response, just kind of getting that invitation to the conversation. Which was really a big deal.

> Robin (Site B, FG): For me it was, I'm standing in an elevator with my Juvenile Court Judge, and she's like, "Oh, so what do you think about this?", and I'm like, "Oh, she wants to know what I think!" Then, we were in a big meeting…before they started, and she's like, "Do you think this will work, Robin?" and I'm like, "Really? You really what to know what I think?"

Providing involvement mentorship. Mentorship was a substantial focus for development at both sites. Participants at both sites describe mentorship in terms of the hands-on training provided to prepare parent partners for their role in involvement activities.

> Eric (Site S): But when I started [our Coordinator] immediately starts prepping each one of her staff to be public speakers. Because at that time, we were still a really new program so [she] was really getting us out there and speaking to different counties or even different states, agencies, federal, to go and talk about our program. So those things she started prepping me, at the beginning.

Experiential. These experiential development opportunities relate to access, observation, practice, and application. Access involves opening doors for parent partners to participate. Observation of both individuals and of meetings is also important for the development of involvement skills. Parent partners also require opportunities for both practice, to try things out, and application, to be directly involved in activities, with support.

Observing and shadowing. Observing and shadowing others is another common approach for new parent partners at both sites and is described as one of their most valued development opportunities. Participants, such as Kyle (Site B) found it helpful to observe meetings to "take it in," before undertaking involvement activity on their own.

> Kyle (Site B): Well a lot of times when you first get involved in the parent partner program, I would just go in and sit back and take it all in as much as I could because I didn't have the ability to articulate what I was trying to say in an appropriate manner. I didn't really have a filter. So, a lot of times I would just go in and sit back, and try and take it in, and listen and learn.

During their early development, Sarah (Site B) and Christina (Site S) describe how observing other parents in involvement activities helped to develop their understanding of not only their role but the purpose of involvement. In observing her colleague, Christina could see that "he had plenty to say and plenty of ideas, and they were listening to him." Similarly, Sarah states:

> And she went to the first few meetings with me, and watching her, who also came from the same background being CPS involved, and carrying herself with such confidence and carrying herself in such a way that I could see that she knew, that she belonged there, and her voice was valid. Not just valid but important. And by seeing her do that, and by her encouraging me. That's what made me feel the most supported.

Transitioning from Observer to Participant. Participants identify a point in which they had to transition from observer to participant with support. For Sarah (Site B), it involved beginning with providing the program updates in a meeting when her supervisor withdrew from

attending the meetings with her, “so, I had to give the updates myself so that forced me to speak. So, that was kind of a big move.”

Reflexive. Reflexive development opportunities provide opportunities for action, reflection, and dialogue to develop the identity, knowledge, and skills required for involvement activities. This development opportunity focuses on establishing purpose, harnessing strengths and passion, and transformation.

Establishing purpose. Establishing purpose involves opportunities to engage with others to think more strategically about the involvement activity. Some participants refer to formal opportunities such as Strategic Sharing workshops provided through Casey Family Programs. Others had informal opportunities through discussions with peers or supervisors.

> Misty (Site B, FG): … it’s a lot of behind the scenes prepping them and helping them formulate, well not helping them formulate their story. They know their story. But kind of helping them fine tune and strategically share their story to get their point across.

Harnessing strengths and passion. As parent partners develop into the role and personal strengths and passions are identified, reflecting on how these can best be used in involvement activities becomes the focus. Misty (Site B, FG) describes this as “getting to know our parent partners and finding out what their passions are, and what their strengths are, kind of helping them like, Oh, this sounds perfect for this person, and kind of matching it that way.”

Transforming to parent partner role. Participants describe development opportunities that are transformational, helping parent partners understand why they are being involved and its potential impact. Site B focus group discussions among coordinators, as reflected in a quote by Lori (Site B, FB) described opportunities as coming together, and they “can see when that light comes on, and they’re given the opportunities to do that work, and when they’re truly impacting change, and they get it.”

The early development of participants was of critical importance given the lack of understanding that existed among participants about their role in representing the parent voice, and about the skills and knowledge needed to undertake this role in a meaningful way. The development needs and supports framework highlights the substantial range of the developmental needs that may be present for new parent partners. These personal and professional development needs include the development of identity, knowledge, and skills. Participants, both parent partners and coordinators, highlight a range of developmental supports provided to address these needs, which indicates a holistic approach to preparing parent partners for involvement activities. These support opportunities are relational, experiential, and reflexive and provided over an extensive period. Participants perceive these supports as helping them to understand not only how to be involved, but what their involvement has the potential to achieve. This robust development in the early stages contrasts with the continued and future development of participants, which is discussed in the following subsection.

Continued and Future Development

The continued and future development was less of a focus for participants than discussions of their early development. Some participants with more years of experience, at both sites, indicate a transition from having a very active role in involvement activities at the system level to supporting new parent partners into their own role in involvement activities. Jackie (Site B) describes her role as helping "to build another parent partner so that the agency will have strong parent partners that they can trust." Focus group participants describe this transition to a more supportive role as extending opportunities to others by "giving others their chance to shine," and by maintaining a vibrant parent voice by "bringing in fresh passion."

Site B participants also describe future development that involved continued education

and internal or external career progression. Potentially due to the difference in employment conditions with lower pay and more insecure employment terms, the Site B key informant describes the program as a stepping stone to further opportunities. This perception was also reflected in participant discussions. All focus group participants started as parent partners and were promoted to more supervisory roles within the program. Some Site B participants describe an interest in resuming their education and pursuing a career in a human services related field, or were aware of other parent partners who had moved on to other opportunities.

This section explored participants' preparations for being involved at a system level through their role as parent partners. Participants' early understanding of birth parent involvement and representing the parent voice was explored, and a framework presented that addressed participants' descriptions of their early developmental needs and supports. The developmental needs and supports identified by participants were addressed in-depth, which highlighted the comprehensive personal and professional development needs and the holistic approach provided to participants to address this need. Finally, this section explored the development that has continued since participants' early developmental focus and their perspectives on future developmental needs.

This section on preparing participants for involvement activities, along with the earlier section on participant descriptions of their general approach to involvement activities, presents the foundation in which participants represent the parent voice at a system level. The following sections shift to how participants are "doing" involvement, including participants' connection to involvement activities; the types of involvement activities that exist; the process and dynamics in these activities; and participants' roles. The next section addresses how participants are connected to involvement activities.

Parent Partner Access to Involvement Activities

This section explores participants' experiences of involvement activities focusing on how they access and initiate these activities. Included in this section is participants' experiences of gaining access to activities, matching participants to activities, and the preparation for beginning an involvement activity.

Involvement Access

Both sites have developed their presence in meetings, committees, forums, and trainings over time. Participants perceive that parent partners were invited to, or had a presence in, most birth parent-related meetings and committees convened by child welfare services.

> Lori (Site B, FG): …they don't put a committee together in our system no more without having a parent partner at that table. They appreciate, and they make sure that they're including the family voice at all aspects. Whether it's a workgroup, whether it's an advisory team, whether they're implementing stuff, I mean in all different aspects of it.

> Karen (Site S): …we sit in on most meetings, and we'd probably sit on more meetings if in fact we had the time, or if there was really a reason to be there.

Participants at both sites perceive their range of involvement activities as being due to the hard work and persistence of the program coordinator in each site. Participants describe the program's proactive approach to maintaining its visibility to ensure parent partners have a seat at the table.

> Sarah (Site B): …in the best way, possible, we are very pushy about wanting to be involved on any level that we can. In our community. With our families. With these agencies. With anything that can better the families that they're working with…

Involvement Assignment

Both sites report the matching of participants to involvement activities, considering their life experiences, strengths, and personal style. Patti (Site B), in her capacity as supervisor, describes the thoughtfulness that goes into selecting parent partners for activities:

> …this woman had DV in her history, but that didn't automatically make her a candidate in my heart. What made her a candidate in my heart were certain things about her realization of how the domestic [violence] truly impacted her and her kids. You know, and those impacts and her desire to have something change within it.

Misty (Site B, FG) explains the risks to the birth parents when making a poor match, suggesting a fine balance between ensuring development opportunities and ensuring skilled parent partners to achieve meaningful involvement. Misty's description also highlights the potentially negative impact on parent partners when there is a poor fit between the parent partner and the involvement activity.

> Misty: We don't want to ever see any [parent partners] crash and burn whatsoever. I mean that's a horrible thing to have happen, and so trying to prevent that. And there are times that I've taken somebody, and I've been like, "*No, no, no. This is a bad choice,*" but I've learned from that…

Involvement Preparation

While participants indicate preparation when sharing their story to tailor it to the audience, participants at both sites do not report a substantial planning phase to provide them with detailed information on the meeting purpose or their roles. Participants showed a willingness to manage uncertainty, which Angela describes as "we just suit up, and we show up."

Participants report an initial phase of trying to figure things out, such as the purpose or dynamics of a meeting, or their role or potential contribution. Daniel (Site B) describes feeling lost initially, but did not feel this was necessarily problematic.

> I was kind of lost, and that's what normally happens when you go to these meetings. Your kind of lost and you don't really know what you're doing there and what they want from you. But it changes real fast. You get a sense of what the facilitator wants out of you. And it's just your ideas.

This section addressed how participants are connected to involvement activities. Participants perceive their program as having an established seat at the table because of the continued efforts of program staff. Participants perceive a thoughtful approach to matching

parent partners to involvement activities. Somewhat surprisingly, participants did not describe a consistent process for preparing them to participate in a new involvement activity. However, participants did not express discomfort in their approach of "suiting up and showing up." The following section focuses on the involvement activities that participants have experienced, beginning with the types of activities.

Types of Involvement Activities

This section presents findings related to the types of activities participants report that they attend, or have attended, to obtain a more precise understanding of involvement activities beyond the reference in child welfare literature to meetings, committees, forums, and trainings. An overview of the activity types organized by mode, level, and purpose is first discussed, followed by a more detailed exploration of involvement activities at each level.

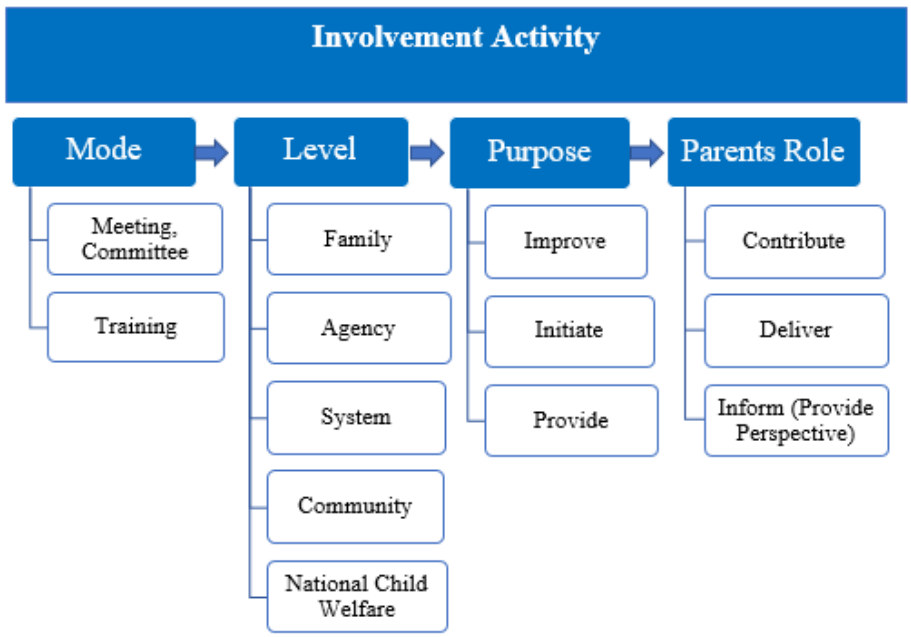
Participants' involvement activities are wide-ranging and involved two modes of activities: meetings/committees and trainings (see Figure 2). These two activity modes were distinguished by the instructional component provided in trainings, usually with participants as co-facilitator.

These meetings or trainings, while comprising the *system level* involvement of parent partners involve meetings or trainings that occur at different levels within the child welfare system structure. Participants describe participating family, agency, community, system, and national child welfare meetings/committees or trainings (see Figure 2). These meetings and trainings are not confined to a level within the system with some meetings or committees cutting across multiple levels. For example, a meeting may be predominantly comprised of community agencies, but chaired by child welfare agency staff.

Based on participant descriptions, the purpose of these meetings and trainings can be organized with the purpose to improve, initiate, or provide (see Figure 2). A meeting purpose *to*

improve relates to addressing a current policy, procedure, practice, or approach with the intention of making it better or more effective. Meetings with a purpose *to initiate* are those that focus on developing or implementing something new. A meeting that has a purpose *to provide* relates to the planning and delivery of goods or services. Meeting frequencies varied and included bi-weekly, monthly, bimonthly, quarterly, biannually, or as a single occurrence.

Figure 2: **Involvement Activity Types**



Meetings and Committees

Participants at both sites discuss their experiences of attending meetings, committees, and trainings in varied ways. Those with more experience spoke more generally to capture the range of activities, which participants often describe as "too many to count." While not an exhaustive list, participants provide an account of the meetings, committees, and trainings that they have participated in as birth parent representatives.

Participating in family meetings. Meetings in which participants were involved at the family level include primarily family team meetings. Participants perceive family team meetings as an involvement activity rather than strictly peer mentoring because their role includes providing a parent perspective, rather than only providing peer support to the parent, who may or may not be assigned to them. Robin (Site B, FG) states:

> …having [parent partners] being part of that plan, and then from there being that voice in those meetings. Then seeing that changes started happening *because* of our voice at those meetings, and our input. I can see that we're making a difference.

Participating in agency meetings. Agency level meetings include a range of topic-specific committees focusing on improvement including topics such as racial disproportionality, the use of group homes, and visitation. Participants also attended meetings related to initiatives such as father involvement, addressing child sexual exploitation, and introducing a new practice model for families experiencing domestic violence. Participants served as advisors or consultants to child welfare leadership, participating in single meetings or focus groups. Participants were also represented on a range of advisory boards for child welfare and through federal reviews, such as the Child and Family Services Reviews and in developing their State's Project Improvement Plan (PIP). Participants describe being active in the continuous improvement of their own parent partner program, with an ongoing meeting structure in place. In one site, participants were also active in planning and convening an annual parent conference. Lastly, participants at both sites represented birth parents in committees related to foster care services, such as planning recruitment, or in securing resources for foster, adoptive, or kinship placements.

Participating in community meetings. Participants report a strong presence in local and state community meetings typically involving other community agencies, related to child or

adult services. Karen (Site B) represents birth parents at a statewide advisory group, "…if the state has some questions that they want to hear from parents, they'll bring those questions to us and then we kind of give our feedback for different things." Kyle (Site B) describes his community-level involvement activity as "…it's a bunch of community partners. Different agencies and we're there to make sure everybody knows about our program, what we do, what we're there for, what we can help with, what we can't help with. Things like that." These not only focus on child abuse prevention and services for families, but also include forums addressing specific concerns such as teen pregnancy, teen mothers, early childhood education, and parents and caregivers. Some participants also report invitations to speak with state legislators on focused topics.

Participating in system wide meetings. Child welfare system wide meetings extend the focus on improvements and initiatives to family and treatment-related courts, and the intersection with child mental health and juvenile justice. Parent partners were also represented in foster and adoptive parent associations. Misty (Site B, FG) describes the positive impact of her system level presence as a board member of a court-based program:

> That was another place where I loved it. I was on the Board, so my voice was heard there, and sitting next to the judge who was very intimidating, and getting to know him on a personal level was kind of crazy. But it was a good thing.

Participating in national child welfare meetings. Representation at the national child welfare structure level included presentations or providing technical assistance to other states or federal entities. These involvement activities pertained to both the parent partner program and national priorities for the child welfare system, such as father involvement and reducing the number of children in foster care. A small number of participants from both sites have experiences of involvement activities at a national level. Eric's (Site S) experiences focused on

father involvement, “I’ve been all over…Talking at a state level and county level and federal level about father involvement. At that time, father involvement was just getting started, but it had caught on at a national level so…everybody was wanting information.” Lori and Robin (Site B) have experience of co-presenting at a state conference “on the impact of foster [care], to help reduce the number of foster children…so we got to talk about, tell our story and stuff.”

Trainings

At the system level, participants presented at trainings for prospective foster and adoptive parents and new workers. Some participants also co-facilitated trainings on partnership working with families, foster parents, and child welfare staff based on the Casey Family Programs Better Together model.

At a community level, participants presented at trainings and conferences for trainee human service workers, other professionals, and community members. These presentations focused on topics such as resilience, adverse childhood experiences, peer mentoring, and navigating the child welfare system. Many participants perceive importance in their training activities, Karen’s (Site S) statement on foster parent training reflects this sentiment: “…so we don’t just give those trainings because we’ve got nothing better to do. We want to train the population that needs to hear our story.” Similarly, Sarah (Site B) shares, “that’s probably the one place that I love to speak most to be able to show them that we’re not the big bad, horrible, awful people that they may think we are…it is really eye-opening.”

This section addressed the various types of involvement activities participants attend or have attended. The mode, level, and purpose of involvement activities were presented with a more detailed presentation of family, agency, community, system, and national child welfare meetings, followed by trainings. Participants’ descriptions of these activities provide a more

comprehensive understanding of the range of activities parent partners attend as parent representatives and to share the parent voice. The following section will continue to explore how participants are involved at a system level and their experiences related to these activities by exploring participants' roles within these involvement activities.

The Role of Parent Partners in Involvement Activities

This section addresses participants' perceived roles in involvement activities to develop a more robust understanding of what parent partners do in meetings/committees and trainings beyond their physical presence and representing the parent voice. This section is organized by three types of roles: to deliver, to inform, and to contribute. Each of these roles, based on participant descriptions, are discussed in turn.

Role to Deliver

Participants' role *to deliver* (Figure 2) involves 'doing' rather than sharing a perspective or idea. This represents an active role that focuses on the delivery of service-related information, supports or services. Participants describe responsibilities related to identifying, securing, or sharing information. This information pertains to services and resources, including the parent partner program or technical assistance on family involvement more broadly. This role, which was particularly evident at Site B, provides opportunities for participants to establish networks and to provide information to their team or families.

> Sarah (Site B): I think that's why I take the community resources so seriously. Like, I joke and laugh about how I am the resource queen and that it's half my job, being an interpreter to these moms. But also, hoarding all these resources so when I have a mom in need, I know instantly, "oh that's this agency, we'll talk to this person, there's an application for that, we need to go here," I know who to talk to. I know where to go.

> Kyle (Site B): Just for the simple fact that it's a bunch of community partners. Different agencies and things and we're there to make sure everybody knows about our program, and what we do, and what we're there for, what we can help with, and what we can't help with. Things like that.

While the delivery of resource or service-related information was most common, this role includes the delivery of other types of resources. For example, one participant describes how knowledge gained from a meeting on child sexual exploitation was transferred to families to help make them aware of indicators to recognize exploitation incidents.

For Sarah (Site B) meetings that focus on the delivery of service-related information are not limited to establishing networks or information sharing, but provide her the opportunity for community involvement. Sarah states: "I've gotten to the point where I understand why I'm there. It's not just to gather leaflets… It's to actually get involved with the community I'm a part of, and just knowing what's going on in my community."

Role to Inform (The Parent Perspective)

Participants' descriptions of their role *to inform* (Figure 2) relates to providing the parent perspective. Participants provide their perspective in involvement activities as either one of many perspectives being shared, or as a form of feedback to ideas put forth by others. Andrew (Site B) states: "…they can use someone like me that has been through that, to kind of paint a different picture or try to filter out the good things…" Similarly, Karen (Site S) explains:

> Sitting at a table with whoever I might be sitting at the table with, I'm only just a piece of that puzzle, but I certainly can bring up the things that impact families that they may not necessarily think about.

Representing perspectives of one and many. Participants describe providing a combination of different birth parents' perspective including their own personal perspective, the perspective of the families they mentor, and the perspective of families in need in their community. Their own perspective related to their prior child welfare service experience, their experience in making successful life changes, and their experience as parent partners now working within the system. The perspective of families they mentor or in their community

include the diverse groups represented in their geographical area. Participants value their ability to represent something more than a single parent perspective and perceive this as a unique contribution to involvement activities.

> Andrew (Site B): …that is truly the wonderful thing about being a parent partner. That is my strength, and I don't have to separate them… It is who I am. It isn't one of those two different [parent or professional] hats really. I go in there with a hat on backward.
>
> Kyle (Site B): I can wear different hats, and I can be a parent partner, and I can be a birth parent, and I can be a step parent, and I can be all of these things at the same time in the same meeting. Some people because of the logistics of whatever agency you happen to be working with, cannot do that. They can't be a parent and a CPS worker… Because they can't. I can.
>
> Eric (Site S): I'm very confident when I hear certain things, or what direction they're looking at or something, that I can take that and look at both sides of my life. Of what I've lived, of my struggles, and my wife's struggles. And then also what I do today, and what I've seen, and what I've experienced with different families. And I can put that all together, and all my experiences and come to a, I think a, better understanding and present better ideas than somebody that's just got a college education.

This collection of multiple perspectives is the link between the parent partner roles of mentor and parent representative. For this reason, participants do not perceive a clear distinction between their mentoring and parent representative roles in involvement activities as information and knowledge are passed to and from families.

Focusing the perspective. In addition to whose perspective parent partners are sharing, participants also describe differences in the focus of the perspective being shared. Participant descriptions focus on sharing perspective to promote a better understanding among attendees in two broad areas: understanding birth parents as individuals, and understanding birth parents' experiences of the child welfare system.

Understanding birth parents. These perspectives are used by participants to improve attendees' understanding of parents involved with child welfare services. These perspectives focus on areas including challenging the 'bad parent' myth; providing insight into what families

need and the challenges they face; and understanding who the parent is and their story of change.

> Tiffany (Site B): It's kind of like there's two sides to every story. Many, many of the workers and people involved in these cases learned it from a book, not from real life. They weren't raised that way, you know what I mean? So, they never had some of the hardships that we've gone through, and especially CPS involvement is the biggest one of them all. And so, us going into those meetings and letting those kinds of people hear our voices helps the families that they help in the future.

> Eric (Site S): We're invited to go to the colleges and we do a training with prospective foster parents, and we talk to them and give them a parent's perspective on it. A long time ago when they [went] through these, they would only hear one side of it. When I had started they would have this perception that all parents that come in here are bad, so we're there to put a face to the parent side and to give the parent voice. To understand that not all parents are bad…

Improving the system. Sharing perspective with a focus on improving the system related to participants' personal experience of the system, and the changes they perceive are needed in the child welfare system. For Misty (Site B, FG), the parent perspective provides insight into parent difficulties that require support such as poor mental health and substance abuse. She also explains that by sharing the parent perspective it, "[helps] the agency [to] see [that], from the parent perspective: No, this makes it worse trying to ask for help, and it's harder." Alicia (Site B, FG) and Andrew (Site B) share similar descriptions, which focus on how they felt or were treated by the system. For Alicia, this relates to feeling "shamed." For Andrew, sharing the perspective brought attendees back to "this is how it truly feels to be on the other side of issues." By doing this Andrew hopes to minimize the "processing families on a checklist," something he relates to worker burnout. This parent perspective focuses on sharing experiences and insights aimed at improving child welfare services that are more effective for, or attuned to, birth parents.

Role to Contribute

Participants' role *to contribute* (Figure 2) relates to contributing ideas and contributing to planning or decisions. Participants describe contributing ideas or planning related to the meeting

purpose, including reaching families in the community, foster care recruitment, and community events for families.

> Gregory (Site B, FG): So, when you go to these inter-agency meetings, you can start voicing your opinions, "Why don't we have mental health here? Why don't we have substance abuse counselling here that's closer? What can we do to enhance that?" And, sometimes they'll tell you, "That's a great idea," sometimes they'll say, "Hey, we're already working on that." And that's great because I would have never known before.

> Tammy (Site S): So, they'll start talking to the kids in the group homes. So, we all kind of put our information out there, and contribute what we think could help, and dangers, and trying to problem solve in a way. But it's such a huge problem that it's kind of difficult to solve sometimes.

Some participants indicate that their contribution is simply being present, rather than being a consistently active participant. Tammy (Site S) describes this role as being present, "…to make sure [meeting conveners] don't miss anything." Angela (Site S) explains that being physically present also brings visibility to birth parents as part of the conversation.

Making decisions. Participant descriptions of involvement activities address the focus and content of decision making. Having a role in decision making is not the only way participants perceive their ability to influence positive change in child welfare services, so was not a major focus for all participants.

Participants generally view most meetings as having some element of decision making, with varying levels of importance. Some participants contributed to major decisions, such as community program funding, while others contributed to minor decisions, such as allocating event planning tasks among committee members.

Decision making content was also not always related to the birth parent role or interests, such as approval of financial reports or office remodeling. Some participants perceive an indirect relationship to decision making.

> Tammy (Site S): I think that I have an opinion most definitely in those meetings. And maybe some of what I say might go towards a decision that's made, but more than likely at those levels, they're just taking this information and then going and trying to implement it somewhere else.

Some participants view their influence on decision making broadly. For example, Gary (Site B) participates in a training session for prospective foster parents and explains how he perceives this role as one of decision making.

> But the reason I said that they all make decisions. When we come in on the 12-week course, I make it a point to let the prospective foster parents know that if you see somebody like me knocking on your door and you can't wrap your mind around that, or, there's an overwhelming amount of fear, you've got no business working with someone like me. Which is why I consider it part of the decision making process.

This section addressed the different roles undertaken by participants as part of their system level involvement and as their roles as birth parent representatives. Findings indicate a broader role than providing the parent perspective or contributing to decision making. Participants' descriptions also provide additional insight into how providing the parent perspective is reflected in practice. The next and final section in this chapter addresses the process of involvement as part of understanding how parents experience their system level involvement, in recognition of involvement as both an interpersonal and dynamic process.

Involvement Process and Power

The child welfare system context places obvious limits on the extent to which power can be shared with birth parents with prior child welfare services experience, given the child welfare services' statutory responsibility to ensure the safety and protection of children. Birth parents working within the child welfare system may perceive further limitations in their ability to challenge the system. Despite these power constraints relevant to birth parents in parent partner roles, participants describe their system level involvement as empowering, both their empowerment to become involved and empowerment by being involved. This section explores

participants' perceptions and experiences of the involvement process, specifically the presence and use of power. Findings are presented that relate to participants' perceptions of the "power of their story," and their associated personal empowerment. This section concludes with an examination of the positional power held by participants, the relationships developed through this use of power, and which are perceived as a conduit for change.

Personal Empowerment and the Power of the Story

Participants' experiences of involvement activities consistently identify a power associated with participants' stories of their life experiences, and participants perceive various ways in which this power manifests in their involvement activities. These experiences and perceptions are important to understanding how participants are involved, and their experiences with these system level involvement activities. This subsection explores participants' perceptions of the power of their story to better understand how participants perceive how and where this power is manifested. These manifestations as described by participants can be organized by the life experiences; the use of story; the story content; delivery and receipt of story, and action from the story (Figure 3)

***Figure 3*: Elements of Power in Parent Partner's Story**

Experiencing the story. As referred to previously, participants perceive their life experiences as providing rich, detailed knowledge and an authentic, nuanced understanding of subject content. Some participants perceive their authentic experience of *living* the story, not just the story itself, as powerful. Participants perceive the knowledge and understanding based on life experiences as a source of power in their story, and which empowers them as experts in their story and holders of important information.

Using one's story for good. Participants also describe power in their story as coming from their decision to use their story as a tool for good. Andrew (Site B) describes the power he perceives as coming from his use of the story, "I feel very empowered for just the fact of something that could typically be a very negative thing in my life, I'm able to turn into a positive thing in my life…" This process of finding meaning in negative past experiences, and the ability to reframe something from bad to good is perceived as giving their story power and contributes to a sense of empowerment.

Empowering content of story. In addition to participants' perceiving the experience of living their story as powerful, they also perceive the content of their stories as a source of power. Participants' stories not only consist of negative experiences, but are powerful stories of survival, transformation, and redemption. Erin (Site B) describes the awkwardness she feels from telling her powerful story:

> "It's hard to determine whether it's awkwardness of talking in front of people, or just going through something as traumatic as being an addict and overcoming that. It's powerful, so that's the part of my story that I focus on, that it is powerful and that it is possible…So, it's just a powerful aspect to hear somebody talk about where they came from and what they've accomplished.

Delivering and receiving the story. Some participants describe the process of storytelling as powerful. This process means the delivery of a story to an audience and the

audiences' receipt of this story. Karen (Site S) describes the empowerment that comes from telling her story and being heard by her audience, "I have that passion and people listen to passion and when they listen to you, that gives you power." Conversely, some participants perceive how a story can lose power in the delivery. As mentioned previously, Lori (Site B, FG) states that a story loses its power when it is obscured by a parent partner's strong emotions during delivery. Eric (Site S) explains how his story loses power when it's told by someone other than himself, "…even if I shared something and the Director takes it to the judges, it's watered down at that point. It doesn't come from a parent's heart. It doesn't come from a parent's emotion..." This interaction relies on not only an impassioned delivery, but impassioned receipt, as described by Andrew (Site B):

> … I've told my story, and literally, it's had them all in tears. It's just that kind of love that comes back from them, where they'll specifically ask me an opinion, a question because of that. About being a parent, and what would be beneficial in this matter, of how I might take this idea, or how I would feel being put in that position, or what would be beneficial.

Creating change from story. Participants perceive their story's power in its ability to generate action or change on the part of the listener. As stated by Karen (Site S), "…you're not going in to make change, you're going in to share. To give your opinion. And they, when they hear your story, it makes them start to think and ways to make change…" Some participants describe change as immediate, something that was visible in the room. Andrew, as previously described, "had them all in tears" and, similarly, Erin perceives an immediate effect when telling her story to meeting attendees, "Well, sometimes the impact is dramatic, and you can feel it. I'm telling my foster story to the new foster families that are coming out. I've had a lot of people cry during class." For Misty (Site B, FG), the impact she identified was more long term when she received a gift from a meeting attendee several years later, "[she] made me a hand[made] quilt, and this was years later after I even spoke…You know it's been several years, and still, she

remembers me." In addition to descriptions of the reactions of meeting attendees to participants' stories, indicating an impact in the short and long term, Patti (Site B) explains this impact as an improved understanding among participants and behavioral change,

> …that's when I started having the realization as to why it was so important for people to hear stories such as mine or any other parent partner. Because if you get the *why* behind it, you're a lot more supportive of other people.

Positional Power and Participant Relationships

This subsection explores the positional power held by participants and the relationships participants establish with meeting attendees, in part due to this power. This subsection first addresses participants' acknowledgment of their power and the positional power held because of their parent partner roles and life experiences. Participants' descriptions of their use of this power as holders of important information to establish and influence relationships with meeting attendees is then presented. This subsection concludes by examining participants' descriptions of their relationships with meeting attendees and the impact this has on the involvement process or addressing the meeting purpose.

Participants' accounts of the involvement experiences indicate that many do not perceive themselves as having formal power, although participants recognize they hold some degree of power in involvement activities. Some participants, particularly in Site S, are more comfortable with using terms such as having "passion" or "influence" but, as reflected in Eric's (Site S) statement, recognize their power in their parent partner positions, "[my supervisor's] biggest thing is, we have no power at all… We're birth parents trying to make a system better. We don't have real power necessarily, but we do. And we have influence…so we can influence certain things."

This positional power from their position as parent partners and coordinators is further strengthened by their life experiences. Participants perceive their power in involvement activities as coming from the important information they have to share, which is in the form of their perspective or their life experiences.

Participants' platform for sharing their perspective and life experiences, made available to them through their position as parent partners, further empower participants. Participants describe feelings of empowerment through their purposeful use of passion and voice when sharing important information. Bruce (Site B, FG) states, "I think our power comes from our voice."

This is supported by Tammy (Site S), who also perceives empowerment through the positive changes that occur because of meeting attendees hearing the parent voice. "I think that I have a voice. I think that people hear what I have to say, and it has a positive impact on types of situations… I definitely think I have power in a different kind of way."

Participants use their positional power through their roles and their life experiences as holders of important information to influence and establish relationships. These relationships are viewed by participants as the conduit for change. Relationship building with meeting attendees was a key feature in involvement processes. Andrew (Site B) describes his relationship development with child welfare services professionals, which highlights a two-way process, "…broadening my understanding that [they] are truly here to help. I always thought of them as the enemy. [Then] I took time to hear their side, some of their story, who they are, and what they do." For Tammy (Site S), relationships with meeting attendees provides opportunities to understand different perspectives:

> I still am given a platform to share what I think. And what we think plays a big role in all of this, in a lot of these meetings...You're understanding different perspectives. You're

> getting a professional perspective on mental health, you're getting the domestic violence liaison (they're usually educated and have a degree, and they focus on that), so you get their [perspective].

Relationships developed between participants and meeting attendees focus on trust, mutual respect, and equality. For Susan (Site B), "it's amazing to see the other side of it and just…work side by side with CPS all the time now. I never in all my life thought I would ever be in a CPS building at least once a month on good terms."

Andrew (Site B) describes the inclusive dynamics that exist in meeting processes because of the positive relationships developed, "It's pretty much anybody got an idea or suggestion. I know that I listen to them with much respect…and I got that same vibe back with them too." These positive relationships also help Andrew to be open and transparent, "I try to be as clear as possible because, whether it's good or bad or any different, I just give them my feelings. I feel that that's exactly what they want, and that's why they ask me those questions…" Karen (Site S) describes a similar inclusive dynamic, which invites individual perspectives and provides opportunities for collaboration:

> Karen (Site S): It gives other people in the meeting food for thought, and then they come up with their own ideas, which might be different from my ideas, but it could be a really good idea…And, a lot of time…they come up with their collaborative ideas because everybody's throwing ideas out…with your help as well…to come up with the good ideas together.

In addition to transparency, other participants describe the importance of respectful and reflective communication to maintain these positive relationships. Angela (Site S) perceives "no problem [with] sharing our opinion, talking to anybody, voicing our opinion right or wrong, but we've learned to be respectful. I don't think any of us come off cocky, know-it-all, what not, you know." This view is echoed by Sandy (Site B), who states "…it's always got to be done delicately, for one, and with respect."

Participants also identify a receptiveness from meeting attendees, including those holding power, as contributing to relationship building. As with parent partners' early development, the act of other meeting attendees reaching out to participants is valued by participants. Participants at both sites describe their own experiences of empowerment and establishing influence in involvement activities through the willingness of others to share power. A focus group (Site B) discussion with Alicia and Deanna explains how other meeting attendees with more power have shared their power with parent partners. Alicia states:

> We have…a very influential person in our community. When we first started coming to meetings and stuff, she would just tell everybody, "Be quiet. This girl's trying to talk. Do you hear her? Just close your mouth and open your ears for a second. Listen." …Everybody would be like, "err, [she] said be quiet." And, it was really strange for us, because we were not used to people like that wanting to hear what we had to say. So, it was empowering for us, too.

Robin expands on Alicia's statement by describing how this sharing of power helped her to further understand the value of the parent voice, which was further empowering. Robin states:

> It really came full circle…in the beginning, we were intimidated and not able to advocate effectively. Until somebody like that went, listen to them, and the more we got told that what you have to say is valuable…the more power grew.

Conclusion

This chapter presents study findings related to the research question that explores how participants are involved at a system level and their experiences of this type of involvement. Participant interviews elicited a range of relevant findings, including participants' perceived value of birth parent involvement; values and principles that guide participants' involvement efforts; current boundaries, or limits, to birth parent representation; developmental needs and supports that prepare participants for their involvement activity; methods of accessing new involvement activities, types of involvement activities, participants' roles in involvement

activity, presence and use of power, and relationship dynamics as part of the involvement process.

These findings reflect a broad approach to involvement activities and different roles on the part of parent partners in these various meetings/committees or trainings. This involvement activity is dependent on a comprehensive and holistic approach to the personal and professional development of parent partners, as few participants in this study had prior knowledge of involvement activities or their role as parent representative when they joined the parent partner program. This development is also crucial in view of the prior life experiences of most participants in this study, and the expansive learning curve that exists. Parent partners' approach to involvement activity is further defined by the involvement values and principles that guide the work, and the potential limitations associated with representing the parent voice within the child welfare system.

When ready, parent partners in the two sites are sensitively matched to involvement activities base on parent partner strengths and knowledge, as well as the activity purpose. Involvement activities include a range of family, agency, system, community, and national child welfare meetings/committees or trainings. Participants' roles went beyond providing the parent perspective, but how these additional roles were unique to birth parents in these meetings was less clear. Participants were somewhat reluctant to acknowledge the power they held in involvement activities, though this power is slight when compared to that of the child welfare system. Despite this imbalance, participants perceive their ability to influence others in meetings/committees and trainings to achieve either the designated task or service improvement. Participants view the relationships established with meeting attendees as crucial and as the conduit for change. The following chapter explores this actual and anticipated change on

services improvements and reform resulting from the system level involvement of birth parents in parent partner roles.

Chapter Six: Outcomes and Future Recommendations of Parent Partner Involvement at a System Level

This chapter is the last of three chapters presenting study findings and addresses questions broadly related to outcome achievement and their recommendations for parent partner involvement in the child welfare system. This chapter begins with findings pertaining to the research sub-questions: How do participants perceive their system level involvement in child welfare services contributes to services improvement and reform intended to prevent child maltreatment occurrence or recurrence? Also, what do participants hope to achieve through parent involvement at a system level in child welfare services? This chapter concludes by presenting findings based on the final research question: What recommendations do participants have for addressing services improvements and reforms through parent involvement in child welfare services for the future?

This chapter begins by first exploring participants' perception of what services improvement and reform mean to them and how, if at all, participants perceive their contribution to services improvement and reform outcomes through their system level involvement. Findings relating to these outcomes that participants perceive are being achieved (achieved outcomes) are presented in more depth, along with the outcomes participants hope to achieve (anticipated outcomes) through their system level involvement. This chapter will then shift its focus to study findings related to the final research question, future recommendations for birth parent involvement. The improvement of current barriers to access and involvement opportunities are first presented, followed by a range of participants' recommendations to strengthen birth parent involvement practices for the future.

Services Improvement and Reform

This section addresses services improvement and reform and the perceived contribution of participants in their roles as parent representatives in system level activities. Child welfare literature suggests that parent involvement contributes to improvement and reform, though the literature has insufficiently addressed what this means, and how it might be achieved. This section addresses findings related to what *improvement and reform* means to participants and how, broadly, participants perceive their contribution to improvement and reform as outcomes. Participants' contribution to improvement and reform is explored in greater depth in the following section on anticipated and actual outcomes.

The Meaning of Improvement and Reform

Participants at both sites generally interpret the meaning of improvement and reform as making something better, but views differ on the focus of these improvements or reform. Some view the focus as improvements in service delivery, outcome achievement, or both.

Most participants view improvement and reform to mean improving the child welfare system's approach with parents and families, though this meant many different things. For example, the meaning of improvement and reform related to making the system less painful and intrusive, and more caring, supportive, coordinated, responsive, reasonable, transparent, client-informed, consistent, individualized, or proactive.

Susan (Site B) describes improvement and reform as "to look how they can make it better for the children but keeping them safe at the same time…with the least amount of trauma." For Rebecca (Site S) it means "how can CPS be more supportive of parents." Erin (Site B) describes

improvement reform as providing a more consistent experience and greater inter-agency coordination:

> There's a whole lot of things that don't work in the system, specifically with CPS. Some things work good, some people have a horrible experience, some people have a fabulous experience, there's just a lot of gray area. Each individual worker is so different that it's hard to determine…I feel like everybody should just be on the same page. The more this organization speaks with this organization, and we all work together… we would be stronger as a team if we were all working together.

For Andrew (Site B), system improvement includes recognizing each person as unique in their need and perspective. Andrew explains, "a lot of our stories are the same… But… everybody is quite different and takes things differently… you can't just put a number and label us. You have to treat us like individuals. Everybody's got different needs and different takes on life.

For Gary (Site B), system improvement means shifting the system from reactive to proactive, "This child welfare system is wired backwards. They are only reactive. And my biggest concern is the fact that…the welfare system, as a whole, doesn't have a proactive approach."

Contributions to Improvement and Reform

All participants perceive their involvement activity as contributing to services improvement and reform to some extent. Their contribution was their participation in involvement activities, and improvement and reform were the various anticipated and actual outcomes. As addressed in an earlier chapter, participants perceive the new, important knowledge they bring as valuable to birth parent involvement activities. Participants generally perceive this knowledge and experience acquired through their life experiences as direct contributions to improvement and reform.

Susan (Site B): I guess giving them a better understanding of what my experiences are

> and how my children felt, how I felt, how my families that I work with feel. Just being able to really give them an understanding of what it's like on the other side.

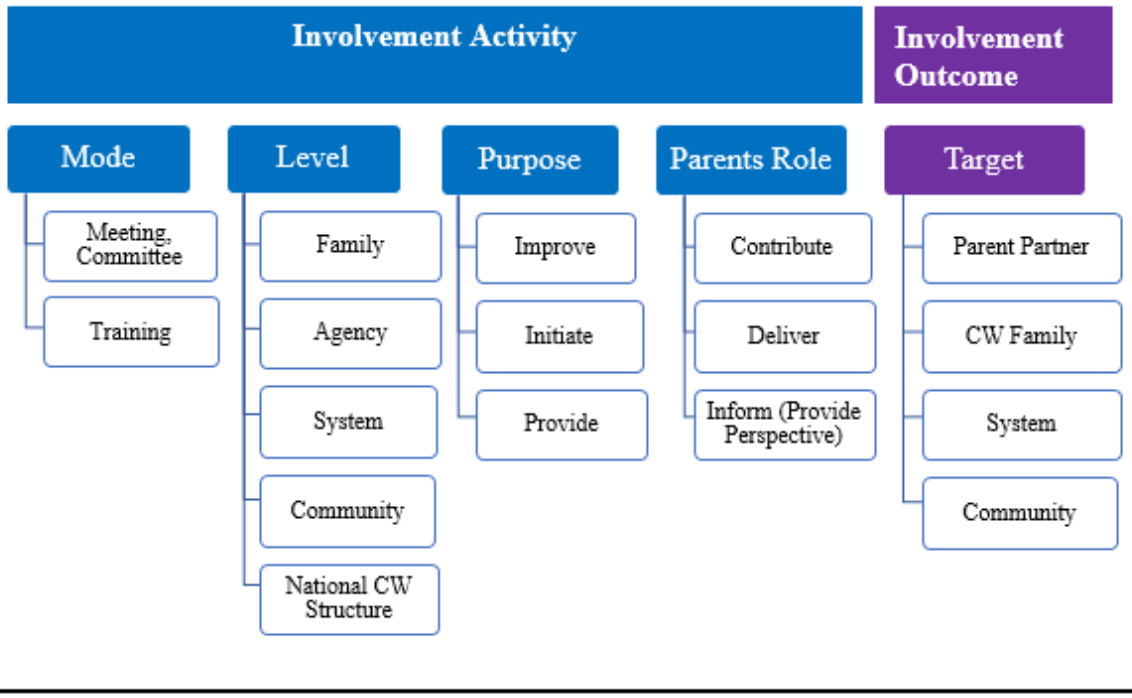
For Christina (Site S), the very presence of birth parents at the table was child welfare system reformation, "I think just the idea of involving birth parents in the first place promotes reform in itself." Some participants perceive that their presence in meetings, and engagement with different activities were contributing to improvement and reform. And, for Kyle (Site B), his contribution is not only being present, but also being a "part of the solution and not the problem."

Anticipated and Achieved Outcomes

This section continues to explore participants' contributions to services improvement and reform through the perceived outcomes resulting from participants' system level involvement. Participants' descriptions of what they hope to achieve and what they perceived was already being achieved are closely related. Therefore, anticipated (hope to achieve) and actual outcomes (achieved) are presented together, and distinguished when relevant.

Anticipated and actual outcomes are organized into four categories (Figure 4). These categories are parent partners (self, family); child welfare system (staff, agencies, system); families with active child welfare involvement (birth parents, family); and community (residents, community leaders, community-serving organizations and groups). This section will begin by exploring the proximal outcomes (outcomes that occur first) for each of these categories as identified by participants and concludes with findings relating to distal outcomes (those that follow later).

Figure 4: **Involvement Activity Types and Outcomes**



Involvement Outcomes at the Personal/Family Level

At the parent partner level (Table 7), participants focus primarily on outcomes they have personally achieved from their system level involvement. Many of these outcomes relate to improvement in how parent partners perceive themselves, their lives, and their potential. The perspectives of participants at Site B more readily identify outcomes related to themselves than Site S participants, though one Site S participant does describe parent partner level outcomes.

Participants describe having a more positive self-image, greater happiness, improved living, all of which positively impacts participants' parenting and social relationships. Participants also identify personal growth and redemption, and the knowledge acquired through their system level involvement, as achieved outcomes. Finally, participants developed stronger, healthier relationships and support networks built on trust and belief in the potential of others.

For April and Tammy, system level involvement provides a more positive self-image and feelings of self-worth.

> April (Site B, FG): I never imagined I'd be where I'm at today. When I come in as a recovering addict, I didn't think I was worth anything, and so by growing in this program, it's shown me that I am worth it. My voice does matter. Families' voices matter.

> Tammy (Site S): When my boss came to me and said we need someone to represent in this meeting, we felt like you were extremely mature because you're going to be dealing with some very powerful people, and we're choosing you. That was a great compliment to me.

For Andrew (Site B), participating at a system level brings feelings of not only greater self-worth, but also happiness. Andrew perceives this positive personal impact as also benefitting his children.

> Being a parent partner and going to those meetings as well, when I drive away and turn up my radio, I've got a big smile on my face and a feeling of self-worth, and like I contributed to help others. That makes me a better parent when I come home. Because I'm happy about things, and I'm not worn out and dragging butt, and grumpy about how things are so monotonous. It's great for my children as well.

Table 7

Perceived Actual and Anticipated Outcomes of System Level Involvement

Parent Partner	Child Welfare Family	Child Welfare System	Community
• More positive self-image, self-discovery • Feeling good, happy • Improved living • Redemption • Better parent • Believing, trusting others • Increased knowledge, understanding • Personal growth, development • Strong, healthy support network	• Parents feel less alone* • Parents feel less shame* • Parent has support, someone believes in them** • Parents are more hopeful, inspired • Parents have a changed perception (normal, possibilities)* • Parents understand they are important* • Parents open, honest, & willing* • Parents view Child Welfare Services (CWS) more positively* • Parents recognize shared goals with CWS • Parents have better access to inclusive, quality, successful services** • Greater advocacy for parents • Families are helped*	More Family Friendly: • More family friendly CWS approach • Parent Partner (PP) valued as approach**, PP service expansion • More family friendly foster care services** • More positive CWS image in community More Humane: • Improved understanding of parents among child welfare (CW) professionals** • Less negative**/more positive** thinking by CW professionals • Treated respectfully**, compassionately* by CW professional • More *human* services* • CW professionals asking how to help, not telling families what to do • Healthier workforce (pride in work, less burnout)* More Fair: • CWS address unreasonable treatment** • Better service access to meet needs**	• Greater community acceptance of parents • More informed residents (family need, available supports) • More families with prior CWS experience involved in community • More positive view of CWS among residents • Better understanding by community members of residents' needs* • Better communities* • More parents involved in community* • Residents have outlet from drugs in community*

		More Participatory: • Parent voice valued, respected, supported at table • Improved communication, collaboration More Effective: • Services provide long term change for families* • Services are well coordinated, integrated* • Services adhere to high standards in work with families* • Ineffective CW practices withdrawn* • CWS address family problems at source* • More and better CW services* • CW services resolve issues* • CWS achieve positive birth parent outcomes* • CW services improved*	
• Break the generational cycle	• Increased child safety and wellbeing • Parents better off than when they started CW involvement* • Parents positive, productive members of society • Parents are part of their child's life* • Stronger families* • Birth parents achieve lasting success • Break the generational cycle*	• Fewer removals • Higher rates of reunification	

( ) identified as an achieved, or being achieved, outcome
(*) identified as an anticipated outcome, achievement not referenced
(**) identified as an anticipated and achieved (being achieved) outcomes

For Susan (Site B), she experiences greater fulfillment by helping families in a different way. Her system level involvement provided opportunities to help beyond peer mentoring, "It felt as if I was helping other families in a whole different sense than helping them straight one on one."

In addition to these positive feelings, participants also describe other areas of improved living. Continued recovery, a contributing factor in participants' decisions to become parent partners, is also perceived as an achieved outcome.

> Robin (Site B, FG): We've all changed our life. This is our life. This is how we live now. We don't live back in that drug-using community and stuff, so, this is our life. This is how we are. We made the changes, and we're not going back.

> Alicia (Site B, FG): Well, there were nine Parent Partners who started when I did, and I'm the only one that stayed with Parent Partners, and I'm the only one that's still clean.

> Andrew (Site B): It's great for my recovery, obviously, to go in and I can look these professionals right in the eye and tell them exactly who I am and what I've went through. That to me keeps me on the track of the importance of staying clean and living the life like I do rather than fall back. It strengthens me greatly in my recovery.

Some participants describe improved living as getting the life that "everybody else had." Statements by Robin and James highlight that, for some parent partners, this may be their first opportunity to experience typical family life.

> Robin (Site B): Because that's always what I wanted. I wanted what everybody else had.

> James (Site B): I don't think as far as parent partners go, I think a lot of them have never experienced that. They've come from really messed up backgrounds, and none of their families ever did anything but illegal stuff, and [were] alcoholics and drug addicts. And that's just how life is. They've never experienced what your average family experiences. I think that's really big.

Participants also report personal development and growth as an achieved outcome from their involvement activity, and the parent partner program more generally. Misty, Lori, and

Nicole describe this development and growth extends to all aspects of their work and personal life.

> Misty (Site B, FG): …it makes us better Coordinators, but also, I've become a better parent, a better friend. I don't know, like, it's a growth on so many different levels. It's, I don't know. There are no words.
>
> Lori (Site B, FG): I mean all of us want to improve our self and our own homes and our careers. I mean that would be ridiculous to not think we wanted to do that ourselves. So, I think that is one layer of it. I think the more we do this work, the more empowered we are to rise in our careers.
>
> Nicole (Site B): I just continue to challenge myself, and I learn new things about myself all the time. You know because I would never in a million years have thought that I could be not using drugs or not be homeless and bouncing from house to house. I mean I would have never seen myself being able to handle being a single mom…and doing this life thing on my own.

Nicole describes outcomes related to personal and professional development as one of socialization and integration. She refers to this as a "bridge to the normies":

> Because being an addict or living that lifestyle that is so broken in all those different ways. I mean there are many forms of abuse. Coming out of that lifestyle, we are babies. We don't know how to make friends that are healthy. We don't know how to socialize, at all. Most of us, at first, don't have any kind of faith. We wouldn't just go to a church, to an ice cream social and start talking to people. We have that guilt and shame and all that stuff to deal with. It's kind of a bridge to integrate us back into the healthy side of society. Or as we call them, "the normies."

This "bridge to the normies" reflects Sandy's (Site B) statements shared previously about how involvement activities provide an opportunity for redemption and a way to regain credibility among the human services community. Other participants also identify the development of healthy relationships as a positive outcome achieved.

> Lori (Site B, FG): I think when we first start we're trying to figure out what's appropriate to say but the more we do it and the relationships evolve the more comfortable we are, and people start liking us for just being us. Even outside of these meetings, we're really becoming friends and they care, sincerely care about what's happening with our families as well as us, and that's empowering.

At the parent partner level, distal outcomes were less evident. However, participants describe a break in the generational cycle of abuse and trauma.

> Tiffany (Site B): Just making that change, and breaking that cycle, and not instilling post-traumatic experiences, and those ACEs scores to get higher in our kids. Because that's unfortunately where our world has come to, it's all about our ACEs scores now. You know what I mean? In the poverty world.

Involvement Outcomes at the System Level

Participants identify a range of anticipated and achieved child welfare outcomes from their system level involvement (Table 7). Based on participant descriptions, these outcomes are organized into five broad categories. These categories are outcomes that anticipate or achieve: a more family-friendly system, a more humane system, a fairer system, a more participatory system, and a more effective system. Each of these categories and its associated outcomes are discussed in turn in the following subsections.

Establishing a more family-friendly system. Outcomes related to a family-friendly system were those that focused on accommodating the needs of families where possible, rather than the system. These outcomes included adopting more family-friendly practices and policies in case management and foster care; the endorsement and expansion of the parent partner program; and a more positive public image of child welfare services.

Alicia (Site B, FG) provides one example of how their system level involvement contributes to a more family-friendly policy change, the introduction of next day parent-child visits following child removal. This change was the result of parent partners sharing their experiences of the parent and child trauma associated with child removal and the delays in arranging parent-child visitation. Next day visits are intended to reassure children and parents and to enable parents to "move on" with the work needed to achieve reunification.

At Site S, Karen perceives their program's involvement activity has helped establish and maintain a more family-friendly status quo in child welfare services, "We've been around, and for us it's business as usual. But still, we have [trainee workers] … [and] new foster parents that come in…with their own thoughts, and we want to help them mold the way they do business."

A more family-friendly foster care service was a priority for many participants. Participants view foster care services as temporary care arrangements that kept their children safe and enabled birth parents to do the things they needed to do for them to safely resume their children's care. More effective communication and greater partnership working are considered essential, something participants perceive as being achieved through their system level involvement. Patti (Site B) identifies changes in foster parent beliefs and attitudes through her involvement in foster parent training, resulting in foster parents being a support rather than a barrier to a family's reunification. Alicia (Site B, FG) also describes changes in policy resulting from their system level involvement, such as foster parent telephone calls to birth parents to share information about their child's day. Alicia emphasizes the importance of these policy changes, "…little things that seem very little, but it means the world to parents to know that this lady cares enough to call and let you know how your child's doing."

Establishing a more humane system. Participants describe outcomes related to a more humane system, those that minimized or eliminated pain, suffering, distress, or sorrow. Outcomes identified include child welfare professionals and staff having an improved understanding of birth parents and having less negative, and more positive, perceptions of birth parents. Other related outcomes include more respectful and compassionate treatment by foster parents and a healthier workforce.

Improving professional understanding of birth parents. Many participants perceive their involvement contributes to an improved understanding of birth parents among child welfare professionals and staff. This improved understanding relates to greater insight into the root causes of parents' harmful or neglectful parenting, and "where parents are at" when coming to the attention of child welfare services. Other related outcomes include shifting the historical belief among professionals that child welfare involved parents are "bad" and that coming to the attention of child welfare services meant that a parent did not love their child.

Participants view an improved understanding among child welfare staff and professionals as a proximal outcome that contributes to subsequent outcome achievement. For Sarah (Site B), an improved understanding of birth parents as people on the part of child welfare staff contributes to a stronger human connection between birth parents and staff:

> And just, being able to show them. I look just like you. I talk just like you. I act just like you. I'm a Mom just like you. I love my kids just like you. And changing it from a thought, a picture, a stereotype in their heads, to a real tangible thing. A real person. I think that's probably the most important part of speaking to these people.

James (Site B) also describes the importance of child welfare staff and professionals having a more nuanced understanding of birth parents, recognizing birth parents as individuals, and seeing similarities between themselves and birth parents. James perceives this as helping child welfare staff and professionals shed any prejudice they may have towards birth parents.

> I think that people who aren't from my background have a certain outlook on people like us and a lot of them don't think we'll ever change, and they are real biased in their opinion but yet they have never actually known anybody on a personal level. And I think once they get to meet us, and know us, they find out that we are pretty much the same as they are…they kind of lose that prejudice against us and start looking at us more as an individual than as these horrible drug addict parents.

Improving perceptions of birth parents. Participants at both sites perceive child welfare staff as less jaded and quick to judge, and more hopeful, compassionate, supportive and

empathetic towards birth parents because of their involvement. Participants perceive more staff believe that parents deserve to have a better life and are capable of change and, in turn, instill hope in families and care about their success. These changed attitudes and approaches among child welfare staff mean that the system is perceived by child welfare-involved families as less frightening and more relatable.

> Sarah (Site B): Some of them have been working in it for so long, they get stuck in their thinking of, this is what [someone addicted to methamphetamine] looks like, this is what an alcoholic looks like, this is what a bad mother looks like, and this is what a good mother looks like. And, this is what you want everyone to be. And, the more we get to share our stories, the more we get to show them, yeah, I used meth for 7 years, and I did neglect my children, and I did do all of these horrible, shameful things that I am not proud of, but maybe I don't look like what you thought I would.

Improving treatment of birth parents. Participants at both sites perceive agency staff as treating birth parents with more respect and compassion rather than viewing them as "those people," as described by Bruce and Robin (Site B, FG). More compassion in child welfare services was not only an outcome but an element in many other outcomes identified by participants. As a singular outcome, more compassion was an alternative to an authoritarian approach that, intentionally or not, promotes change through fear rather than encouragement. It was also a remedy for the emotional pain experienced by parents and families engaged with child welfare services. For Eric (Site S), it is about making the experience less frightening, "My whole thing is parents getting a better experience in child welfare, not just this scary horror type thing of everything you deal with." Andrew (Site B) describes deep sadness and pain when his children were placed outside the home, something he hopes his current involvement activity would help to alleviate for other families. He perceives a more compassionate approach not only alleviates some of the pain families experience, but also helps birth parents be more open, honest, and willing to accept available supports and services:

> …loneliness and emptiness can lead to a lot of insanity and abuse. Trying to close that void, hopefully, will open people's mind to accept some of these workers and embrace the help instead of thinking of it like, if I admit to what I'm really doing, then I'll never get my kids back. Instead of saying I need to change my life and get help.

Some participants identify the need to bring the human back into human services and hope their involvement activity might achieve this goal. Jackie describes this as a return to a more human and less systematic way of working with families in child welfare services.

> Jackie (Site B): …to bring human services back. I think a lot of times we get lost in the system way of doing things, and we sometimes forget that they are human, and they have feelings, and not everybody has been brought up in a fair, what they consider, upbringing or whatever. And human services… I just believe it's become so systematic that we sometimes leave the human service piece.

> Sarah (Site S): I think that's huge, having the relationship thing. Not just we are a business, and we deal from this age to this age, and this purpose, and this purpose. You know, this is for your little guy. Hey Moms, this is what we do, this is what it's for.

Some participants identify the positive impact this improved treatment of birth parents could have on child welfare staff. These outcomes relate to a happier and healthier workforce with child welfare staff taking more pride in, and having a more positive connection with, their work.

> Lori (Site B, FG): And I think another aspect is workers can be proud. Because they get to see their parents walk through the door, and help other parents, and work on policy boards, and be a part of the system in a different way. So, then they're invested in it in a way that they've never been before.

> Erin (Site B): I guess people in this field, they see these horrible things on a regular basis and they just get numb to it. So, being able to hear somebody that's experienced and their point of view and their aspect from that angle, it's a completely different aspect to look at it, and it's eye-opening…

Establishing a more fair system. Outcomes related to a fairer system are those that are unbiased, standard, and reasonable in expectation. Participants identify two outcomes that they not only hope to achieve, but also perceive as achievements through their involvement: to address unreasonable treatment and to better service access to meet needs.

Addressing unreasonable treatment as an outcome relates to parents being given a fair chance to succeed, and not set up to fail. This is described by participants as having sufficient information, having reasonable expectations placed on them, or having supports available to manage potentially unrealistic expectations. For Eric (Site S), the anticipated outcome is that "parents are given that fair chance and that they're informed consumers," which includes meeting parents where they're at.

> Angela (Site S): … It doesn't matter that they got to go to 5 classes in one day on public transportation. They just need to do it…And so really teaching people to be mindful of the struggles that we sometimes have…being realistic about what people are capable of. Because even a high functioning person couldn't do some of these things that we're asking parents to do.

> Tiffany (Site B): You can't expect to have a person that's been on heroin and meth to be able to get to six appointments, when you've just taken their kids, by the next week's court hearing without them getting high. Okay, let's take it by baby steps. It helps them break things down and make it more achievable for families to get through the hoops they need to.

Better service access as an outcome focuses on improving birth parents' access to the services they need to make the necessary changes in their lives. Focus group participants identify instances in which involvement activities resulted in better access to services. These included securing a budget for flexible funding to help families with tangible needs in times of crisis and securing new program funding in response to the lack of services available to fathers.

Establishing a more participatory system. Outcomes related to a more participatory system are those that are inclusive and engaging for birth parents. Participants' system level involvement represents the presence of a participatory system. Participants perceive their voice as valued, respected, and supported. They also perceive their involvement contributes to improved communication and collaboration between birth parents and the system.

> Lori (Site B, FG): We've seen this system come…a long way, in a very short amount of time and we would attribute some of that to the fact that the parent's voice was involved in that, in that process.
>
> Eric (Site S): As far as me living [here] and being able to do what I do, I think we're very lucky that we're in a position that this [Department] really opens and accepts parents like they do.
>
> Jackie (Site B): Yeah, it takes time, it wasn't something that was done overnight. I think we are still plowing through some of those things even to this day. I think our voices are heard a lot more now than [they were] when the program first started.

Outcomes related to a participatory system were not limited to parents having a platform to share their stories and perspective. Participants also perceive that their involvement activities contributed to the further establishment and expansion of birth parent involvement. Participants refer to *bridging the gap* between agency staff and birth parents. This involved a dual process of engaging in involvement opportunities to influence change in staff attitudes and perceptions, and of mentoring parents with child welfare cases to influence change in their perception of child welfare services. Together, these activities "bridge the gap" as an outcome, bringing birth parents and workers together to work more effectively. Jackie (Site B) says:

> Well, I think it ranges from many different things but most of all just that we are the piece that helps bridge the gap for them to have a better relationship with their workers, with those that are involved because many parents come in and they don't want to work with people, they don't want to – all [they] can think of is you are taking my kids, so part of that was to bring maybe even awareness so that they could understand that they needed to work with these people.

Establishing a more effective system. Outcomes related to a more effective system are those that contribute to or achieve a desired or long term positive result for families. Outcomes in this domain are primarily perceived as anticipated rather than achieved, possibly because participants would not have access to the type of information required for assessment. Descriptions of an effective system include one that is well-coordinated and integrated,

consistently high standards, the availability of more and better services, elimination of ineffective or harmful practices, and addresses problems at their source.

Establishing more coordinated and integrated services. Angela (Site S) and Erin (Site B) perceive their involvement as helping to address problems experienced by parents of poor service coordination. Angela describes this as having professionals across the child welfare system "on the same page" when working with a family, "everybody's on the same page, everybody could be advocating for the same thing and explaining why they think it's beneficial." Erin wanted agencies working with families to have more opportunities to come together and discuss, "…that's the key to making everything work. Like an oiled clock, making everything just run smoothly together, since we are working with so many different agencies."

Establishing more consistency across agencies. For Tiffany (Site B), better coordination means greater consistency in how agencies perceive and work with birth parents. She describes this as holding child welfare agencies working with a family "to a higher standard…of not being so judgmental, and [more] personable, with each client's case."

Limiting ineffective or harmful practices. Participants from both sites perceive an outcome from their system level involvement as eliminating practices that are not effective and potentially harmful. Through their system level involvement and sharing their life experiences, participants could highlight their own child welfare experiences that required improvement. In addition to sharing their life experiences, their presence within the department provides further opportunity to address additional ineffective or potentially harmful practices. Eric (Site S) describes his experience of addressing harmful practices when co-facilitating a training session with prospective foster parents.

> [The child welfare services facilitator] was telling these possible foster parents… "Oh, they get programs paid for, everything's paid for, their therapy, they can get housing,

> they get free drug treatment." You know, and, "it's their choice to do it or not." And that's huge because it's not even true. There's no housing available. There's no free treatment. There's no free counselling. Parents pay for these things now…And some parents can't even afford them, and it puts them in a position where it affects their whole case plan because they can't complete it…And, we were able to rewrite the thing, and we were able to get someone else in there to do the presentation. We talk about how the court process looks. And we talk about it from a parent perspective. So foster parents get that understanding.

For Patti and Tiffany (Site B), they hope their involvement encourages child welfare services to be more effective by focusing on solutions that maintain child safety and strengthen families in the long term rather than a focus on quick fixes. This focus aims to address the generational cycle of abuse to prevent child removals in the future, and the child trauma associated with child removal and family separation.

> Patti (Site B): So, I hope my experiences will help to shine a light on where the need is five years from there and ten years from there…You know, like when I look at kids today and removals and things like that and the trauma that comes with it…how is that going to impact our next generation. Cause that's what's going to matter ten years from now.

> Tiffany (Site B): I hope that my voice can get heard to change policies that help better change perspectives [on] some of the things families have to go through. We can't take a person off heroin and put them on methadone, and call it a day and say "oh, they're fixed," you know? They can't be on that forever either.

Involvement Outcomes at the Client Level

Participants perceive their system level involvement contributed to anticipated and achieved outcomes for families receiving child welfare services (Table 7), which are closely related to the actual and anticipated system level outcomes. Participants view their involvement roles as shifting perceptions and developing knowledge among staff, which contributes to parents feeling less alone, ashamed, and stigmatized. Feeling less alone, more supported, and having someone who believes in them, gives birth parents hope that they can improve, and live a better life. Stephanie (Site S), perceives that birth parents feeling less shame and stigma as part of the child welfare service experience was essential for them to engage and make the best use of

the supports available:

> Because birth parents feel so judged whenever they're around. I know that a lot of my moms, they feel like I'm the only one that gives them any kind of respect or that I don't make them feel intimidated when I'm around them…Because when people are trying to come out of addiction, or domestic violence, or whatever, to try to get confidence they don't want to go around to places where they feel that. That air, that vibe, so whether that's at court or that's over here, but they have to push through it, and I get that. I don't know I just think that if people didn't put that out there so much to them, they would engage better.

Participants view parental access to inclusive, quality, and effective services as an important outcome for resolving problems and achieving a better life. For some participants, this outcome is achieved through skillfully identifying, securing, and accessing resources. For others, the outcome is parent informed resources. For Karen (Site S), the outcome is not necessarily ensuring services were easier for birth parents, but more effective:

> …if they come up with something that's a little more difficult, but it's going to help [birth parents] succeed, then that's the idea too. It's not all about let's make things easy for birth parents because sometimes you make things too easy for the birth parent, we're going to see them back in six months. Ultimately what it is, is how can we facilitate lasting success and, if nothing else…we want them to know how to keep their kids safe.

Involvement Outcomes at the Community Level

Participants perceive their system level involvement activity as having a positive impact on their communities. Anticipated and actual outcome achievement (Table 5) in the community is perceived by participants as resulting from participants' relationship building with community partners and participants' increased visibility in their community.

Sarah (Site B) hopes that her system level involvement impacts her community by increasing awareness about the needs of birth families, particularly those that are less visible in the community:

> So, I think that my ultimate goal was, this is my hometown, I see the need, I see these families in pain, I see these families with generational issues. Not just a really great family that just happen to have one black sheep that went astray and all. I mean it's

> generational substance abuse issues, and poverty issues, and things like that in my very own area. And here I saw the opportunity to be able to speak to that. At committees that maybe didn't know. Or didn't see the true need. It was just a really great opportunity to step up and go, "Hey. I know this is an issue because I'm part of that generation. I've seen it my whole life." …and being able to speak to that as a birth parent, as a parent partner, and also as the people that they kind of don't see.

Other participants hope their involvement contributes to a better community, other birth parents becoming involved, and families having an outlet from drugs in their community. For James (Site B), a better community involves "trying to help as many people as we can to become productive members of society." For Kyle (Site B), it is having more parents, like himself, become involved as a gateway to a better life, "I hope that other people that are in similar situations as myself would see that, and want to be a part of something like that themselves. Because this is what saved me…"

Some participants perceive their involvement already contributes to greater community acceptance. For Robin (Site B, FG), "…it was getting clean and sober in the community where I had a meth lab. For them to see now …It's just your whole community seeing that. That's what it does for me." For Nicole (Site B), acceptance comes from being in the public eye, which challenges stereotypes among child welfare professionals and staff in the community:

> …this puts us out in the public eye where they can see, well she's not just a felon, or a child abuser, or whatever label you want to put on us. But we actually can be productive members of society, and we can actually fill some of those roles, I don't want to say better, but probably better than some people that haven't had these life experiences like we have.

Lori (Site B, FG) describes how parent partner system level involvement helps to improve Child Welfare Service's image in the community. This improved image is a result of both system improvements and parent partner success stories becoming more visible. Lori states:

> We're showing the community - and I think it's an unintended outcome for the agency - "They changed our life." We're not out here bad mouthing them. And I don't know that that message has ever been heard before. Because the success stories, go on and they move on. And all you hear is, "Once you get involved with CPS, you're going to lose your kids forever." So that's what families come in, and we're out in the communities saying, "Look, that was not my experience. Today I have a life I could have never imagined I could have. Because of the interventions that have taken place."

Distal Outcomes Related to Parent Partner Involvement

Participants identify anticipated and achieved distal outcomes that are partly influenced by the proximal outcomes at the parent partner, system, child welfare-involved family, and community level. These distal outcomes (Table 7) include typical child welfare outcomes such as child safety (fewer maltreatment occurrences, CPS re-reports) and family wellbeing (fewer removals, increased reunification). Additionally, participants identify other outcomes related to the personal development of birth parents as individuals and as parents, and to breaking the generational cycle of child maltreatment and family dysfunction.

An outcome focus that includes personal and parental development and the achievement of lasting, potentially generational success, means that process outcomes such as case plan completion or reunification are based on the condition that children were safe. Participants strongly support reunification as a primary outcome, but not at the risk of compromising child safety.

> James (Site B): Getting the kids back is not the important thing. I mean it's important for the kids to come back home, but I mean it's a huge injustice if you put them back in a situation they're going to relive.

> April (Site B, FG): And I mean I had a mom call me and tell me that she was very grateful that I was a part of her case. It ended in termination, and she wasn't ready at the time. But since then she had gone to recovery, doing a great job, got back in school. A very young mom.

This section addressed the outcomes participants perceive are being, and could be, achieved through their system level involvement. Participant descriptions identify a range of

outcomes targeting parent partners, child welfare-involved families, the child welfare system, and the wider community. Outcomes identified suggest that participants perceive their greatest actual, or potential, impact at the system level. These outcomes identified by birth parents in parent partner roles, though requiring further study, provide a more comprehensive understanding of how services improvement and reform is operationalized in practice and what outcomes might be expected from birth parent involvement at a system level. The next section transitions to the future recommendations of participants related to system level involvement.

Future Recommendations for Parent Partner Involvement

This section explores participants' recommendations for addressing services improvement and reform through birth parent involvement. It begins by exploring current involvement barriers as areas for future improvement. These include barriers to access (gaining entry to involvement activities), participation (participating fully and meaningfully in involvement activities), and influence (making an impact). The section concludes with participants' recommendations for improvement to birth parent involvement practices at the system level.

Improve Current Barriers to Access

Though participants are generally positive about their involvement, Site B participants report some barriers to accessing involvement activities. Though no barriers are identified by Site S participants, struggles in the early stages of the program to gain access were noted. Participants at Site B describe geographical differences across service areas. Those with newer parent partner programs experienced more barriers. Participants note some service areas had leadership who were especially committed to birth parent involvement, which also contributes to

differences. Some service areas are perceived as providing more *high-level* opportunities for parent partners, such as influencing legislative policy.

Some Site B barriers are due to a lack of willingness to work with birth parents. The historical, negative perceptions of birth parents were present among some individuals in the child welfare system.

> Gary (Site B): There are some areas that, when you walk into whatever meeting you happen to be going to, you know everyone by first name…And there are some areas that still have CPS workers that I've never met before. I work with, we share clients, but I have no idea who they are. In the years, we've been doing this it has gotten exponentially better, but we are still fighting some old prejudice.

Some participants experienced instances of purposeful exclusion from meetings or committees. Sarah (Site B) describes her exclusion from a group focused on substance abuse prevention because of concern that parent partners would "glorify the drug-using lifestyle." Focus group participants also shared an instance where parent partners attending a meeting were made to leave "because it was a multi-disciplinary meeting," and facilitated by someone who did not value the parent partner program.

In the case of a community presence, Gary (Site B) perceives a reluctance on the part of professionals in the community to involve parent partners. This was due to concern that a parent partner presence would reflect negatively on the community:

> When we were first informed that some of these meetings were even happening, we were not allowed to go…and what we were told, is that there was no need for someone like me at a meeting like that. Meaning, that area doesn't have the problem that people like me represent the solution to. Because if we admit that, if the word gets out that my area is riddled with meth that hurts tourism dollars…

Participants describe various approaches to managing these situations by attempting to gain access via another route or by waiting it out. Participants have also sought the support from others in child welfare services to resolve problems. For some, like Robin and Alicia (Site B,

FG), exclusion from a meeting means that they tried harder to gain access, "now that you've said that we can't."

Address Current Barriers to Participation

The primary barriers to meaningful participation in involvement activities as described by participants include their involvement lacking purpose, or meeting facilitators not valuing birth parent involvement. Participants perceive they lack a purpose when they have no clear contribution to the agenda, or when meetings do not include issues relevant to birth parents, were a poor fit for parent partners, or have unclear or undefined roles for parent partners.

> Karen (Site S): Sometimes they send us to committees that have nothing to do with us and there's nothing for us to even contribute. But we try, and we'll go to a few meetings and then say, okay, it's a waste of our time to be sitting with [a] group that want nothing from me.

> Gary (Site B): Every committee I work with, we definitely are able to and are encouraged to voice any opinion that we might have. But there are some places that our voice matters, and there are some places that our voice really doesn't matter.

Some participants perceive barriers to participation resulting from ineffective meetings or meetings not focused on improvement or change. Erin and Tiffany (Site B) both describe feeling under-utilized because of ineffective meetings.

> Erin (Site B): Well, I think if the board meetings were run differently, and if they did focus on practice and policy, or critiquing the way things are, I think there could be a lot of progress made in that category…I don't think they think there's anything wrong with the way their practice and policy is now, so they're not trying to reform it.

> Tiffany (Site B): … it was like they weren't going anywhere, they were like dead-end meetings. Your voice wasn't heard, and they really didn't have a point to even meeting. And when you feel like you have a door shut, and your voice isn't heard, you can only put so much effort into something before you have to move on.

Participants who describe barriers often noted individuals or groups resistant to birth parent involvement. In the case of individuals, participants describe these individuals as *outliers*,

bad apples, or being *behind the times*. Participants perceive this as a personal issue of not wanting to work alongside birth parents who were former clients of the system.

Alicia (Site B, FG): There's some resistance. Overall, no. But you always have that one person who's the outlier. In each one of our areas, honestly, there's probably at least one person who's an outlier. Who says, 'We ain't going to do this.' Well, eventually you'll see it our way.

In addition to individual resistance, participants consistently referenced certain groups who showed a greater reluctance to work with, or involve, birth parents. These primarily relate to professionals involved in child welfare court proceedings, such as attorneys, Court Appointed Special Advocates (CASA), and judges.

> Lori (Site B, FG): Well, some people just [don't] believe in families. I mean when you talk to certain groups, I mean, attorneys…So, they're a real tough crowd because they're tearing it apart. They're not fully on board on how we represent parents in the court, or how we defend that. Because we're guilty of child abuse. We come in with a founded report; our children are removed. So, I think they struggle with defending that. So, we're already up against a wall, because they're not believing in this, in the family voice. And we have to figure out a way that we're able to impact them. Maybe bring in some data to kind of prove our point, so that we're touching as many of them as we can.
>
> Misty (Site B, FG): Yeah. It's a vulnerable spot to share your story in front of strangers, and then when you are met with resistance or just rude, you know, beliefs, whatever the case may be. It's a feeling of like eww; it's an ugly feeling afterwards…It's pretty tough. CASA Workers.

Future Improvements in Birth Parent Involvement

Participants were asked to provide recommendations for strengthening involvement practices focused on services improvement and reform, though responses were limited. Most participants are proud of the positive impact their involvement is having on the system and were confident that important system improvements had been made in recent years. Due to this, participants may have found this question particularly challenging. Birth parent involvement activity at the system level is still in its early stages of development, so participants may have also found it difficult to fully distinguish problem areas from those areas that are still developing.

Participant recommendations to strengthen involvement practices at the system level relate to five key areas. These areas include: addressing wider system barriers; further establishing involvement practices; involving more parents; providing more involvement opportunities; and developing new involvement models.

Addressing wider system barriers. Addressing wider system barriers relates to a need to infuse the parent voice in not only child welfare services, but also in the family court system where some of the most important child welfare case decisions are made. Some participants perceive that their capacity to contribute to improvement and reform is limited due to the lack of buy-in from the court system.

> Eric (Site S): I think that being more a part of court initiatives, being more a part of the judges and attorney meetings with the department. And going in there and talking to the judges and the attorneys, and having them…try to understand, or be more open minded...that's the most important level in my opinion. And, I think that's where all our roadblocks come from, is the court part of it. I mean we can sit around and think of all these great new initiatives, or all these different policies, or all this stuff. But it always ends with the court and the judges and the attorneys...It's still a departmental and court thing. There's no parent perspective.

Establishing new involvement practices. Some participants' recommendations concern further establishing or strengthening existing involvement practices, on both a personal and organizational level. On a personal level, recommendations are about the need for child welfare services to continue to draw in and engage with, birth parents. This includes continuing to value their life experiences, understand where parents are at, and make parents feel their opinion matters.

> Kyle (Site B): I wouldn't say going out of your way to make people feel comfortable, but a lot of times when you're coming from the lifestyle I came from, little things mean a whole lot. And then not only inviting someone to a meeting such as myself but valuing my opinion or at least letting my opinion be heard along with everybody else's…I work real well with parents and stuff. I know where they're at, I know where they are, I've been there, I've done that, but when you take me out of that and involve me in these other types of settings, it's kind of outside of my comfort zone.

> Erin (Site B): I guess they would just need to listen because a lot of people are willing to voice their experiences and their troubles and their achievements. It would just take somebody in a high enough position to listen and put those opinions into practice…

Involving more parents and creating more opportunities. Some participants' recommendations focus on the growth or expansion of birth parent involvement at the system level. This includes gaining a seat at a table not currently open to parent partners or increasing the number of seats around the table.

> Tiffany (Site B): I think we need to be higher up, like being able to talk to our politicians and stuff. I definitely think that's a door that should be opened more to parents besides professionals…I've done a little bit. But not to where it's made policy changes, you know what I mean? I mean at least as far as I know.

> Gary (Site B): Having parents. You don't even have to go past that. Just have parents. Invite some of these people. Allow us to invite some of these people that we work with. They don't have to necessarily do anything but let them show up and let them see, and hear, the things that are happening in their community. Let them know, first hand, what exactly is going on.

Developing new models, roles, and approaches. Participants identify some new approaches to birth parent involvement at the system level and to achieving birth parent-informed improvements and reform. These include developing new models of involvement, diversifying opportunities for birth parents in child welfare, and making better use of data to capture the parent perspective.

Developing new involvement models. For some, future recommendations relate to the development of new models of involvement, specifically community-based and consumer involvement models. Karen (Site S) perceives next steps as including a transition to a community model for birth parent involvement at the system level, "we're always looking at ways to do things better and to have the community voice…have that community voice of the birth parent, [and] how that [can] change the way we do things." Angela (Site S) expresses an

interest in developing more opportunities for birth parents within the child welfare service to have a voice, “We used to be big around doing focus groups and all that stuff around consumers. Like parents’ experience, likes and dislikes, and challenges and benefits, and all that. I haven’t seen one in quite some time...”

Identifying new roles in child welfare. Participants often describe parent partners as breaking glass ceilings, stepping into roles previously unavailable to birth parents with prior child welfare service experience. For example, one participant, Kyle (Site B), is now a foster/adoptive parent. Jackie (Site B) recognizes how this opportunity may not only benefit parents but help to shore up a much-needed resource and further strengthen foster-birth parent engagement. Jackie states:

> …to give even parents that have been in the system and have had successful case closure and have had years out of the system, they have opportunities to become foster parents. Because there is a need. I believe that foster parents are being more involved with the parents, and I think that parents that have been in the system becoming foster parents will be very valuable in that sense.

Using parent perspective data to inform improvements. Some participants recognize opportunities in how the parent perspective could be used in other ways to promote services improvement and reform, including better use of data on the parent perspective. Both Erin and James perceive that moving towards understanding the collective parent perspectives could provide an even better understanding of what worked, and what didn’t work, for families. For James, this is not about collecting more data on what did and did not work, but inviting, and being receptive to, parent suggestions of how to deliver more effective child welfare services.

> Erin (Site B): Every person that's been through the system, they all have a different story of what worked or what didn't work. That's why combining those stories together to see what works and what didn't work, getting everybody's opinion would be beneficial, I believe.

> James (Site B): [Parent partners] are truly wanting to help, and they know what obstacles they had to face. And a lot of them are smart people and they know that, well if they would have did this, it would have been a lot easier. So, just being a little more open to their suggestions. And if you've gone over the whole Region and you keep hearing this one suggestion over and over, well then that might be something that you could take a look at.

This section addressed future recommendations for further development of parent involvement practices to achieve services improvement and reform. Current barriers to parent partner access and participation were first presented as areas for future improvement. Additional areas of improvement were then addressed based on participants' recommendations. These recommendations are attentive to wider system barriers, as well as strengthening, expanding, and diversifying birth parent involvement opportunities.

Conclusion

This concludes the chapter on outcomes and future recommendations. This chapter began with findings on how participants perceive the meaning of improvement and reform, and how they may contribute to services improvement and reform through their system level involvement as parent partners. These contributions, presented as achieved outcomes, were examined alongside those anticipated outcomes participants hope to achieve through their involvement role. Participants describe proximal and distal outcomes that positively impact parent partners, child welfare-involved families, the child welfare system, and the community. These anticipated and actual outcomes provide an important baseline for further knowledge development on outcome achievement through birth parent involvement at a system level. The future recommendations of participants to further establish birth parent involvement practices as a mechanism for services improvement and reform were then addressed, with attention to areas for improvement to address current barriers to access and involvement and additional areas of development. These findings,

along with findings from the previous two chapters, are further discussed in the context of current child welfare knowledge in the following chapter. As part of this discussion, implications of these findings for child welfare practice, policy, and research are addressed.

Chapter Seven: Discussion

This chapter summarizes the main findings of this study and examines how these findings develop the limited knowledge base on birth parent involvement at the system level in child welfare. A summary of findings is presented, followed by a more detailed focus on particular findings in the context of current literature. This chapter concludes with study limitations and the implications for practice, policy, and research.

Summary of Findings

This study sought to clarify how birth parent involvement at a system level is perceived and reflected in practice, and how it contributes to child welfare services improvement. The perceptions and involvement experiences of birth parents in parent partner roles were explored, and focused on the involvement process, parents' motivations and goals, and their contribution to services improvement and reform. The purpose of the study was to develop a new and in-depth understanding of system level involvement in parent partner programs to strengthen the child welfare field's current approach to involving birth parents. This study also intends to promote the provision of meaningful involvement opportunities capable of generating services improvement and reform.

This study is unique in that it is the only identified study that undertakes an in-depth exploration of involvement activities at the system level with birth parents who have prior child welfare service experience in parent partner roles. Therefore, this exploration has generated many new findings, both expected and unexpected, given the little that was previously known about system-level involvement practices.

Factors Contributing to Involvement

This section addresses the research question (Research Question One): What personal, interpersonal, and child welfare system factors and processes contribute to participants' decision to become involved at a system level in child welfare services? An initial intention of this study was to identify the personal, interpersonal, and child welfare system factors that contributed to participants' decisions to become system-level involved. Most participants did not consciously decide to become involved at the system level prior to becoming parent partners, and were not aware that system level involvement formed part of the parent partner role.

Contributing personal factors. Factors at the personal, rather than interpersonal or child welfare system, level were the main contributors to participants' decisions to join the parent partner program and to take on a more visible role as a birth parent with prior child welfare service experience. Participants' life experiences were a major personal factor. Participants experienced a range of personal and family difficulties prior to their child welfare service involvement, often from a very early age. Participants' life experiences include maltreatment, foster care, and substance abuse as children. As adults, their life experiences include long term substance abuse, domestic violence, poor mental health, and drug-related criminal histories.

Participants' life experiences of prior child welfare service involvement relating to their own children also contributed to their desire to become a parent partner and, eventually, represent the parent voice. Participants described a range of negative emotions and a lack of understanding about the child welfare process, including fear, anger, and denial. For example, Eric and Misty described fear and aggressive or disrespectful behavior. James, Andrew, and Tiffany described early denial about their addiction and child welfare concerns. Nicole tried to

"fake it to make it" and Angela "ditched and dodged" workers. Participants perceived these experiences of the early stages of their child welfare involvement as providing important insights into how best to initially engage with and support birth families entering the child welfare system to establish effective working relationships. Despite these initial negative emotions, all participants experienced reunification or case plan completion in their only, or final, child welfare case.

As a result of this case outcome, participants reported a generally positive child welfare experience. Participants reported life changing support or treatment services, which ultimately helped them to make the necessary changes to address their family difficulties, such as substance abuse or domestic violence. Angela, Rebecca, Tiffany, Patti, and Sarah all described receiving this type of support from their worker or parent partner. Andrew, Misty, and Eric described their inpatient treatment services as pivotal to their positive life changes and case plan completion.

Participants' experiences of cooperating with child welfare services and complying with the department's expectations were their route to reunification and case closure. Participants expressed a hope to help other birth parents achieve positive life changes through their role as parent partner. Participants became compliant and cooperative at different stages of their case. For example, Sarah and Stephanie cooperated from the start of their case, but for others like Andrew and Rebecca, cooperation and compliance came later.

Some participants, including Patti, Karen, and Stephanie perceived their case as being exceptional by going beyond child welfare services' expectations. Despite her high level of compliance, Stephanie questioned what this meant for other birth parents who might respond differently, "maybe I did it as quick as she wanted…I'm an overachiever of whatever. But all people progress at a different pace."

Participants' identified additional factors that contributed to their decision to become a parent partner including the desire to maintain and continue the improvements made, and the desire to give purpose, give back, and help others. Continued improvements related to maintaining continued recovery, which was the case for Bruce, Susan, and Sandy, and securing legitimate or fulfilling employment. Giving purpose related to giving meaning to ones' life, or "letting someone know," as described by Patti. For others, like Nicole, Gary, and Andrew it was paying a debt "to the world" in return for their personal transformation. Giving purpose and giving back were also related to participants' desire to help others, particularly birth parents in the child welfare system.

Contributing interpersonal factors. Interpersonal factors focused on how participants became aware of the possibility of becoming a parent partner. This often came in the form of a suggestion from someone, usually a person the participant already knew through their child welfare case. For some participants like Stephanie, Nicole, Erin, and Gary, feelings of shame, self-doubt, and low self-esteem meant that encouragement from others and having someone believe in them was important to becoming a parent partner.

Contributing child welfare system factors. Child welfare system factors relate to a desire to help others navigate the system and to minimize the negative effects of the system on families. For example, Karen and Angela perceived a need to better support families with child welfare system navigation. Jackie, Andrew and Eric described a desire to improve certain areas of the system, including working with families of color and fathers.

It was somewhat surprising that few participants identified child welfare system factors and, when they did, this was often in the form of indirect system change. For example, participants focused on helping families to navigate a potentially problematic system, or to

cushion families from the negative effects of the system, rather than a desire to influence system change directly. This is a surprise because participants clearly identified their current involvement activity as relating to system change in the form of child welfare system improvement. This may suggest that participants' early development is not only helpful, but crucial to addressing participants' own feelings of voicelessness and powerlessness to influence the child welfare system prior to becoming a parent partner. These development opportunities provide participants with the essential understanding of the importance of their system level involvement and its potential for change.

Parent Partners' System Level Involvement

This section addresses the research question (Research Question Two): How are participants involved at a system level in child welfare services? Specifically, what are participants' experiences with birth parent involvement at a system level in child welfare? Participants provided broad descriptions of how they are involved at a system-level in child welfare and their experiences of this type of involvement. This included participants' early development into their system level involvement role, the general approach that guides participants' system level involvement, the types of involvement activities they attend, participants' roles in these involvement activities, and their experience of the interpersonal dynamics and processes of the involvement activities.

Developing into the involvement role. In exploring how participants were involved at the system level, it was clear that birth parents' exposure to involvement activity was prefaced by a comprehensive process of personal and professional development. Participants' perceived this extensive early development, a process lasting approximately twelve months, as essential for their meaningful involvement. Some participants, in part due to previous life experiences,

viewed this early development as transformative, as they were empowered to became more confident, self-assured, and better able to manage and overcome feelings of shame and stigma. For example, Kyle's recollection of his early development highlighted his transition "from being a drug addict on the street that people don't trust or people don't believe in" to a "semi-professional world" which required him to step "into the unknown" as part of this transformation.

These study findings provide a framework for understanding and identifying the developmental needs and supports perceived by participants as necessary to reach a level of competence. Participants achieving this competency understood meaningful participation and recognized their role in influencing positive system change. These personal and professional development needs relate to identity, knowledge, and skill development, which participants described as being met through relational, experiential, and reflexive development opportunities. This framework reflects an important first step in establishing a knowledge base on the developmental areas and supports related to birth parent involvement at a system level in child welfare.

Guiding approach to involvement activity. Participants' emphasized the value of the parent voice, particularly the authenticity and new knowledge they brought to the system level. Sandy described authenticity as "facts for me in my situation" and "not my take on what I thought somebody felt about something." This authenticity was also reflected in the important knowledge participants bring to involvement activities. For Stephanie, it was bringing authentic knowledge "in human form." Some participants, such as Eric and Tammy, identified experiential knowledge as valuable because of its distinction from knowledge gained through

traditional education. This is reflected in Tammy's statement, "I don't want someone telling me about how to build a car, unless they've built a car. I'm not going to care…"

Participants' descriptions of their involvement activities revealed some consistent values and principles guiding their system level involvement activity. Four fundamental values were identified that relate to the belief that all parents are capable of change, the child welfare system wants parents to succeed, parents and child welfare professionals are connected as human beings, and change occurs through parents and professionals building effective relationships based on a partnership. The involvement principles relate to finding common ground, or a shared understanding, with child welfare professionals, maintaining a non-adversarial relationship and maintaining a high standard of practice. Two key principles that featured most prominently in participants' interviews are finding common ground, or a shared understanding, with meeting attendees, and maintaining a non-adversarial partnership. To this end, participants maintained a primary focus on child safety and wellbeing, which guided their interactions with meeting attendees and their use of the parent voice. The non-adversarial partnership focused on involvement that emphasized cooperation rather than conflict. This child-focused, non-adversarial partnership helped participants at both sites to develop the necessary trust between parent partners and child welfare professionals to secure a seat at the table, or in other words, to gain access to involvement activities. Angela described gaining the trust of staff in the early days of the program by focusing on child safety, being helpful, and "killing them with kindness." Participants perceived these principles of having a child focus and maintaining a non-adversarial approach as essential to establishing effective working relationships. Effective communication was central to establishing and maintaining this cooperative approach.

Most participants were mindful of the need for skillful and effective communication when delivering potentially sensitive information. Some participants, such as Bruce, Eric, and Alicia reported instances in which they were reluctant to share their perspective, recognizing the need to maintain a positive relationship between the program and child welfare services staff. Angela perceived greater challenges in the early days of the parent partner program, stating that she now feels able to "talk about the elephant in the room," when necessary.

Participants' involvement was based on the belief that the child welfare system wants parents to succeed. This perception may be influenced by participants' own generally positive child welfare service experience. Kyle who is now a foster/adoptive parent said, "It worked for me beyond belief." Angela echoed others when describing a respect and gratitude for the system, "it was lifesaving, so with that comes some sort of respect for the system." For Andrew, this positive view of the system came earlier while in treatment, "I had changed. It wasn't necessarily those evil CPS people I fought at the time. It was actually me not wanting help, or thinking help was more a punishment than help." This positive view reflects a belief that child welfare services exist to help rather than harm families and to provide, to some extent, what families need to make the life changes deemed necessary by child welfare services. These positive views are, somewhat at odds with the early assumptions of participants such as Eric, James, and Misty who believed children removed by child welfare services were rarely returned home. These positive views also diverge from the historical experiences of birth parents receiving child welfare services, including being pathologized for family difficulties and having insufficient access to necessary supports and resources (Curran and Pfeiffer 2008; Pelton, 1982).

Participating in involvement activities (types, roles, and processes). Study findings provide an overview of the types of system level involvement activities attended by participants.

Findings also address their role and processes in these involvement activities. Based on participants' descriptions, these study findings contribute to a more robust definition of the types of involvement activities.

Defining involvement activity types. Birth parent involvement at the system level is distinguished from case level involvement and refers to the inclusion of birth parents at a child welfare system level. Birth parents attend meetings, committees, and trainings that focus on improving, initiating, or providing child welfare services and supports. Study findings informed the development of a framework for system level involvememt types (Figure 4, p.162) that extends beyond the more nondescript reference to parents attendance at meetings, committees, and forums. These involvement types consiste of meetings/committees and trainings that focus on improving, initiating, or providing child welfare services and supports.

Undertaking involvement roles. During these involvement activities, parents contribute ideas, deliver services, and provide information related to the parent perspective. Participants' roles were also highly integrated with their mentoring responsibilities due to a continuous exchange of information (e.g. resources, perspectives).

Contributing as a role (decision making). Participants did not generally describe a role in agenda setting, but did have some latitude in shaping decisions in various meetings. Somewhat surprisingly, participants did not always view decision making as their area of greatest influence, and did not always prioritize having a direct and active impact on decisions made. For example, Tammy was positive about her involvement but did not always have a clear understanding of how her contribution ultimately informed decision making in her current involvement activities. This was surprising given decision making, and the extent to which decisions are shared, is often the primary focus of involvement activities (Capacity Building Center for States; 2016

Williamson & Gray, 2011), and participants identifying other ways in which they influence change such as the relationships developed with meeting attendees.

Delivering as a role. Participants described a role that was active and task-focused, which often involved participants' working alongside other meeting attendees in the delivery of information, supports, or services. This role was reflected in their work on subcommittees and in meetings with community partners.

Informing as a role (parent perspective). Participants' descriptions provided rich details in what providing the parent voice or perspective meant in practice, including whose perspective was being represented and the focus of the perspective provided. Participants' described providing their own perspective, those of their current or previously mentored families, or those of families in the community more generally. Both Andrew and Kyle viewed this as a strength, an ability for Kyle to "wear different hats" and for Andrew to represent something other than a parent or a professional, "with a hat on backwards." Participants' also described differences in the focus of the perspective being shared, which includes understanding birth parents as individuals and understanding birth parent experiences of the child welfare system.

Participating in involvement processes. Across meeting types and parent's roles, participants described feelings of being empowered and having power, particularly related to the power of their story and through the relationships developed with meeting attendees. However, some participants, like Karen, were purposefully reluctant to recognize parent partners' personal, or collective, power given their status as birth parents with prior child welfare services experience. Karen, Angela, and Eric were more comfortable with describing themselves as having passion or influence, rather than personal power.

Study findings provide some insight into how participants are empowered from their initial position as a birth parent with child welfare service experience, to a position as a parent partner with system level responsibilities to promote positive change. Participants' descriptions of their life experiences indicate their empowerment began during their prior child welfare service experience and continued into their role as parent partners. Participants experienced continued empowerment through their early development and their experiences as parent mentors and representatives. Participants' responses reflected further empowering experiences in their continued role as parent partner, such as having a voice, being heard by others, and observing change resulting from their system level involvement.

Participants' experiences of power were often discussed as the "power of their story" and the personal empowerment that comes from their story. Participants described the power of their story as power gained from their life experiences, power in how they used their story, power in the story's content, power in the delivery and receipt of the story, and power in the story's ability to initiate change.

Consistent across both sites, participants perceived relationships with meeting attendees as important for meaningful involvement and as a conduit for positive change. Participants' positional power, based on their parent partner roles and their life experiences, contributed to their ability to establish relationships with meeting attendees. The development of these positive relationships, which further empowered participants, was a key feature in involvement processes. This focus on building relationships, was not reflected in descriptions across all types of system level involvement activities, suggesting that involvement processes may differ across meetings.

Summary of Actual and Anticipated Outcomes

This section addresses research sub-questions, Research Question Two (a) and (b): What do participants hope to achieve through parent involvement at a system level in child welfare services? And, how do participants perceive their system level involvement in child welfare services contributes to services improvement and reform intended to prevent child maltreatment occurrence or recurrence? These findings are organized by anticipated outcomes (what participants hoped to achieve through their involvement), and actual outcomes (how they perceived their involvement to contribute to improvement and reform). Participants' personal goals were congruent with improvement and reform, with participants hoping to make positive changes that ultimately had direct and indirect benefits on children and families. The breadth of outcomes identified suggest participants perceive they can make a substantial impact to positive outcome achievement, and in varied ways. Participants identified the positive impact their system level involvement had on their own life as former child welfare service consumers, and on the lives of their children. Outcomes related to the child welfare system and workforce were most readily identified, which in turn contributed to positive outcomes for children and families receiving child welfare services. Participants also identified community outcomes resulting from their system level involvement. Some relationships across these outcomes may exist, and are addressed more fully as implications for future research.

Though participants were generally positive about the child welfare system, they did identify ways in which their involvement is, or may be, achieving outcomes resulting in services improvements and reform. This includes child welfare system outcomes related to improved treatment of birth parents and a more effective service response by helping to inform what works and how existing services could be made more effective to promote positive change for families.

Related to this are family outcomes associated with an improved experience of child welfare system involvement. Participants' descriptions of perceived actual and anticipated outcome achievement resulting from their system level involvement suggest these outcomes may be a result of both improved decision making and established relationships with meeting attendees.

Future Recommendations

This section addresses the research question (Research Question Three): What recommendations do participants have for addressing services improvements and reforms through parent involvement in child welfare services for the future? Participants took great pride in the accomplishments to date so had more limited views on future changes or developments. Participant future recommendations focused on strengthening, increasing, and diversifying opportunities for birth parent involvement.

These major findings provide a comprehensive understanding about the participants in this study including. the factors that contributed to their decision to become involved, the types of system level involvement activities they participate in and their role within these activities, their perceptions of anticipated and actual outcome achievement, and their recommendations for birth parent involvement in the future. Together, these major findings provide a preliminary foundation for parent partner involvement practices at the system level in child welfare.

Discussion

This study addresses birth parent involvement at a system level in child welfare as an emerging practice that has a developing, but limited, empirical literature base. These findings contribute to the parent involvement evidence base, as well as the knowledge base for parent partner programs in child welfare, neither of which address the system level involvement of birth parents. Parent involvement literature focuses primarily on case-level involvement related to

effective worker engagement, case planning, and decision making (Alpert & Britner, 2009; Bovaird, et al., 2017; Thoburn, et al., 1995b; Yatchmenoff, 2005). Parent partner program literature focuses primarily on service recipient outcome achievement, program evaluation, or implementation challenges (Berrick, et al., 2011; Lalayants, 2015; Leake et al., 2012 ; MCWIC, 2014; Rosenblum, 2010). Chapter Two presents the literature related to both parent involvement and parent partner programs that guided this study.

While study findings cannot yet be contrasted with other studies on the system level involvement of birth parents in child welfare, some findings can be discussed in the context of the broader body of child welfare literature. These findings include the parent partner approach to involvement, which is based on finding common ground with meeting attendees. Findings related to the development and transition of participants from birth parent in child welfare to an agent of change in system level involvement also has relevance to current child welfare literature. Findings related to involvement processes, which may inform the further conceptualization of child welfare involvement processes, can also be discussed in the context of current literature.

Common Ground: A Parent Partner Approach to Involvement

Participants' approaches to involvement activities are based on establishing common ground, or a shared understanding, with meeting attendees and the child welfare system more generally. This common ground prioritizes child safety and emphasizes cooperation rather than conflict. A small qualitative study by Sears et al. (2017) found a similar approach of identifying a shared vision as a first step in developing effective joint-working partnerships between recovery mentors and child welfare services staff. In addition to establishing effective partnerships, Simmons' (2001) work on influence through story-telling identifies establishing

common ground as starting point to changing the perspective of audience members. This suggests that a shared understanding is important for building relationships and establishing influence.

The shared understanding that child safety is the priority, while understandable, may pose some conflicts with parent representation. This child focus that prioritizes child safety may reflect a requirement that parent partners endorse child welfare services' child safety goal as a trade-off for representing the parent voice within the system. How, if at all, this may restrain the parent voice at a system level requires consideration as parent partners represent birth parents, but are required to prioritize their focus on the child. For example, parent partners may be reluctant to represent the voices of birth parents who are unable to prioritize their child's need for safety out of concern that their own prioritization of child safety may be questioned by meeting attendees.

An alternative approach to parent partners establishing a child focus, or child safety, as the common ground is to adopt a pragmatic view that rejects the child- or parent-focused dichotomy and embraces a *child and parent* focus. A child and parent focus also recognizes the historical problems associated with a purely child-focused system, such as parents' struggle to secure sufficient supports and services (McGowan, 2005). It would also counter the more polarized versions of child-focused practice where the child is perceived as the client, rather than the family (Wilkins & Whittaker, 2017). This alternative focus also recognizes that people's lives are complex and that through effective partnerships at a system level, solutions that meet the needs of both the child and the parent are possible.

From Birth Parent to Agent of Change

Study findings highlight the development and transformation of birth parents as they transition from being involved in their own child welfare case to being involved at a system level as a parent partner. Gutiérrez (1990) describes a process of empowerment that reflects and further explains the empowerment of birth parents as they transition from clients, into their early development, and then to an active participant of change as parent partners. This process described by Gutiérrez "occurs on the individual, interpersonal, and institutional levels, where the person develops a sense of personal power, an ability to affect others, and an ability to work with others to change social institutions" (p. 150). This process, to transition "from apathy and despair to action" (p. 150) involves greater self-efficacy, development of group consciousness, reduction of self-blame, and assumed personal responsibility for change.

When applying these four psychological changes (self-efficacy, self-blame, group consciousness, and responsibility for change) to birth parents in parent partner roles, *self-efficacy* develops through increased confidence and gaining proficiency in parent partners' role as parent mentor and representative. Parent partners develop *group consciousness* through new insight gained in their parent partner role. This insight relates to the underlying causes of the difficulties experienced by families they serve, as well as their own. As parent partners develop their understanding of the child welfare system, parent partners also identify problems within the system that may hinder the ability of birth parents to succeed in their case plan. This insight and understanding leads parent partners to problem-solve for potential solutions and contributes to fewer feelings of *self-blame*. Parent partners begin to *assume personal responsibility for change* by understanding their unique life experiences,

its potential to be used as a tool for good, and their positional power and voice to affect change.

Involvement Processes Redefined

The description of system level involvement as a process as introduced in Chapter One (page 10) recognizes involvement as an interpersonal (Healy, 1998), dynamic (Levin, 2011), and synergistic (Turnbull, Turbiville, & Turnbull, 2000) process that requires the active participation of both parents and meeting attendees. This definition also recognizes the potential for birth parent involvement to influence change. Birth parents share their story or perspective, which is received and validated by meeting attendees, who may also act in response (Healy, 1998; Mirick, 2013; Roose et al., 2012). It is this process of change that has the potential to create a child welfare system paradigm shift (Williamson & Gray, 2011).

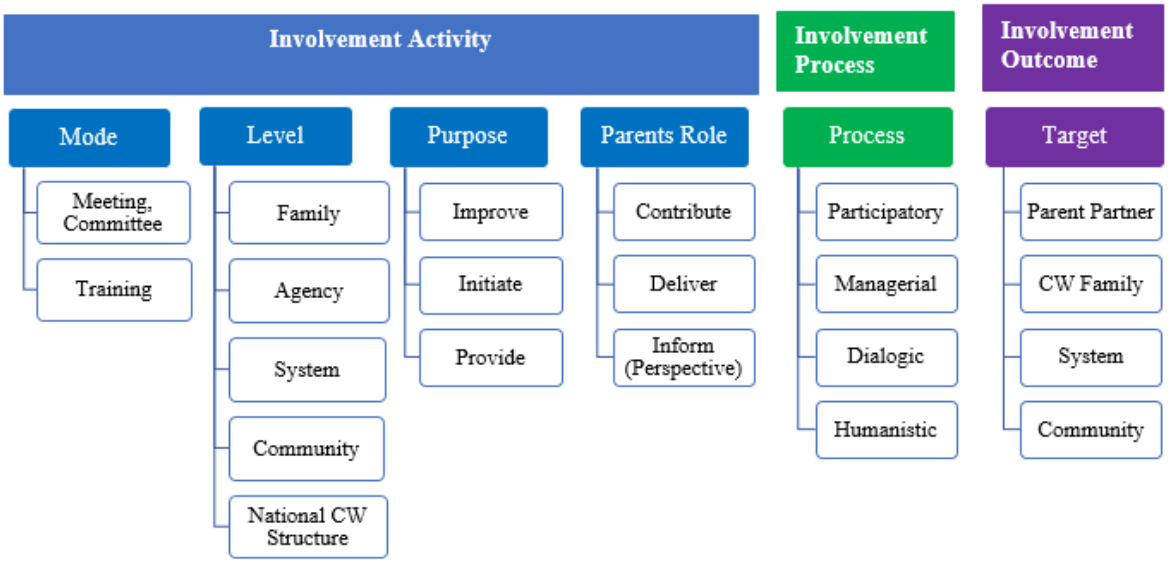
Participant descriptions offer additional insight to further develop these descriptions of system level involvement. Participants' descriptions related to how they experienced the use and sharing of power. These descriptions suggest there are some power-based differences in involvement processes. For example, meeting processes where a parent partner provides their perspective to organizational leadership to inform decision making is likely to differ from a parent partner brainstorming solutions with community agency staff about unmet need. In addition to differences in interaction, processes are also likely to differ based on how decisions are made and how service improvement-related change occurs in the meeting.

A synthesis of involvement types and participant descriptions suggest the presence of four distinct involvement processes: participatory, managerial, dialogic, and humanistic (Figure 5). These processes are tentative and require further development as more perspectives are elicited from others interacting with parent partners in these meetings as part of the involvement

process. Similar themes (e.g., managerial, humanistic) have resulted from other studies examining case-level parent involvement (Karpetis, 2017), though not transferrable to the system-level due to some substantive definitional differences. These four processes offer a more detailed understanding of system level involvement processes. These processes also address gaps in the current child welfare literature on parent involvement, which focuses on a single process of having birth parents at the table to inform and improve decision making (Williamson & Gray, 2011).

These processes recognize the more expansive purview of birth parent involvement at a system level that exists in child welfare as described by participants. These processes also recognize participant descriptions of the various ways in which change occurs beyond better decision making in child welfare services, such as through relationship building with meeting attendees.

***Figure 5*: Involvement Activity Types, Processes, and Outcomes**

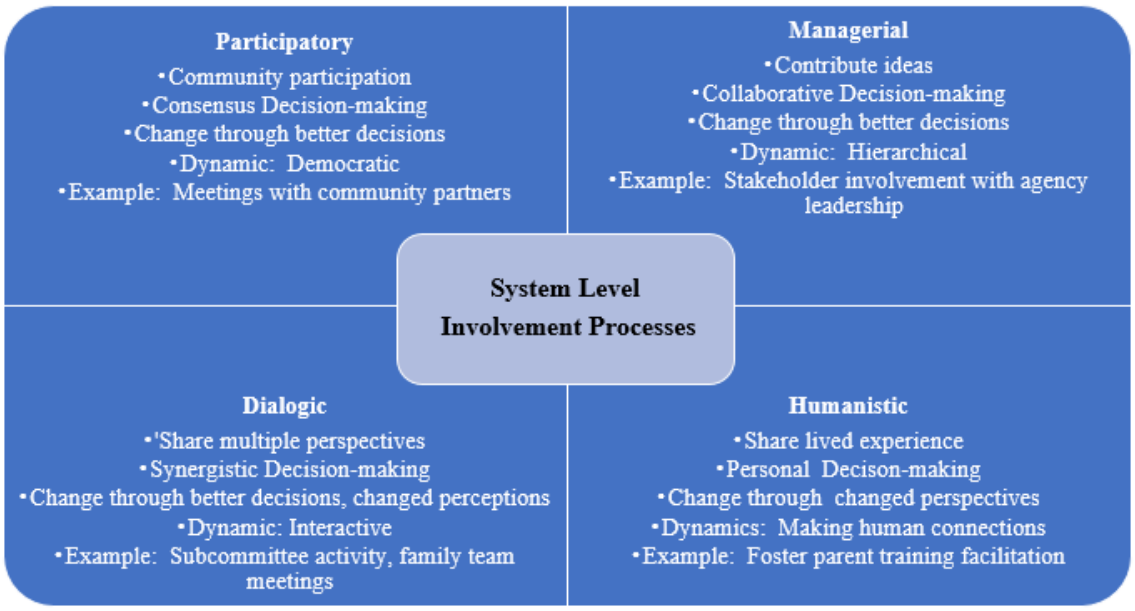


The participatory, managerial, dialogic, and humanistic involvement processes that arose from participant descriptions are distinct based on how decisions are made and the interpersonal dynamics that exist. These processes also differ based on the conduit for change, in other words, the route by which participants' involvement contributes to change in the form of service improvement and reform.

A participatory process. Involvement activities described by participants that reflect a participatory process (Figure 6) are those activities that use a democratic approach, with individuals coming together to move something forward with input invited from all attendees. Participants described decision making as typically made through consensus, often in the form of voting. Change related to system improvement was described as occurring through better decisions resulting from the birth parent contribution. Examples of a participatory process are those involvement activities with community partners focusing on issues such as addressing community need and the identification of available resources in the community. Sarah's reflection on her involvement suggests a participatory process. While her role involves delivering and securing service- related information, the process itself is one of community participation and being "a part of" something:

> I think now I've gotten to the point where I understand why I'm there. It's not just to gather leaflets for my families. It is to actually get involved with the community that I am a part of, and I think just knowing what's going on in my community.

Figure 6: **System Level Involvement Processes in Parent Partner Programs**



A managerial process. This process (Figure 6) is equally focused on decision making but operates within an established hierarchy and uses collaboration (Arnstein, 1969) with birth parents rather than consensus. Involvement activity descriptions provided by participants that reflect a managerial process are those activities whereby attendees are invited to provide their perspective to a decision maker. Participant accounts suggest the presence of collaborative decision making as defined by Arnstein (1969) because the decision maker ultimately controls the extent to which information from birth parents is used to make the decision, and what, if any, decision should be made. As with a participatory process, system improvement-related change occurs through better decisions resulting from the birth parent contribution.

A managerial process reflects a typical stakeholder involvement process and is most aligned with citizen involvement and collaborative leadership theories presented in the review of

the literature. It focuses on collaborative decision making that would be considered *consultation*. This type of citizen participation is the fourth rung of Arnstein's eight-rung ladder, so is mid-point between the lowest rung (*manipulation*) and the highest rung (*citizen control*). This rung essentially enables citizens to have a voice and to be heard, but they have insufficient influence to guarantee any action taken on the part of those holding the power. It also resembles collaborative leadership concepts (Chrislip & Larson, 1994; Kouzes & Posner, 2000, 2002; Senge, 2006) that address improved decision making on the part of agency leadership through stakeholder involvement.

Parent partner descriptions most reflective of a managerial process include participating, as stakeholders and former consumers, in meetings with agency leadership to provide information, ideas, perspectives to inform decision making. Karen's statement on the role of parent partners, suggests a managerial process:

> And you're not going in to make change, you're going in to share. To give your opinion. And they, when they hear your story, it makes them start to think and ways to make change, hearing a different perspective.

A dialogic process. Participant descriptions of involvement activities often included a highly interactive process, in the form of group dialogue, described here as a dialogic process (Figure 6). This group dialogue involved the sharing of diverse perspectives focused on information sharing, problem solving, or decision making. Turnbull, Turbiville, and Turnbull (2000) describe a similar process of *collective empowerment* in the context of family-professional partnerships in early childhood special education. This relationship process describes synergistic decision making as "decision making with group energy and creativity so that the combined effect is substantially greater than what individuals or dyads could have constructed. In more common vernacular language, it means *that the whole is greater than the*

sum of the parts" (Turnbull et al., 2000, p. 632). This type of synergy was reflected in participants' accounts of a new and collective understanding generated through group dialogue, which guided decision making. As with the participatory and managerial process, change occurs in the dialogic process through better decisions and, also through a change in the perceptions of meeting attendees that influence how they think and what they do in future.

Karen's perception of the process in some involvement highlights the exchange of not only perspective, but ideas: "a lot of time…they come up with their collaborative ideas because everybody's throwing ideas out…with your help as well…to come up with the good ideas together." Participant descriptions of activities that, at times, reflected a dialogic process included meetings and committees at the community level, particularly in sub-committee activity. Participants' perception of family team meeting when other human service agencies were in attendance also resembled the dialogic process.

A humanistic process. Participants also described a more personal process whereby individuals connect and interact on a human level, sometimes described as a connection of "hearts and minds." This humanistic process (Figure 6) was most often reflected in participants' descriptions of involvement activities in which they shared personal information, often their life experiences. Participants placed value on meetings and activities that reflected this type of process due to its focus on the common humanity among those present, and where birth parents are recognized not as clients or cases, but as fellow human beings. Erin's account of involvement experiences in which she shared her story suggest this type of human connection, "Well, sometimes the impact is dramatic, and you can feel it. I'm telling my foster story to the new foster families that are coming out. I've had a lot of people cry during class." This was also

highlighted in Andrew's statement "…I've told my story and literally it's had them all in tears. It's just that kind of love that comes back from them…"

The humanistic process differs from the other processes in that decision making was not evident and a contribution to making better decisions not established. However, like the dialogic process, positive change occurs through a change in perception and understanding of meeting attendees. An example of a humanistic process was the co-facilitation of a training session for prospective foster parents. Importantly, these four processes reflect change that occurs through both a top-down (better informed decisions) and bottom-up (relationships) approach. These different routes to change are dependent on the focus of the involvement activity with some tasks requiring top down decision making, and others bottom up relationship building. Both of these approaches have value and provide varied ways in which involvement practices may contribute to change. These two routes to change have implications for future research, as discussed later in this chapter, as they provide a starting point for exploring a tentative pathway to change from system level involvement to child, parent, family, system, and community outcome achievement.

Processes in context of current theories. These tentative processes address the interaction, use of power, and the conduit for improving child welfare services in the meetings, committees, and trainings in which birth parents in parent partner roles are involved. These processes complement rather than replace frameworks developed by York and Itzhaky (1991) and further adapted by Kirby, Lanyon, Cronin, and Sinclair (2003; Table 2, page 45), by providing a more holistic framework for understanding involvement activities as a process; the contribution of birth parents in these activities; and the quality of the involvement activity as meaningful and change-focused. For example, the involvement types and meeting purpose identified in this study provide additional detail to understand the type and scale of involvement

activities (York and Itzhaky, 1991), the nature of participation activity, frequency or duration of participation, and content of decision making (Kirby, Lanyon, Cronin, and Sinclair, 2003). Parent partner roles and the four involvement processes have relevance to the level of participation used in both frameworks. The four involvement processes may also provide insight into York and Itzhaky's techniques of participation.

Theories that focus on decision making also need to be considered in the context of study findings. The ladder of citizen participation developed by Arnstein (1969), emphasizes one's ability to influence or share decision making as the measure of meaningful participation. The application of Arnstein's ladder (Table 1, page 43) to birth parent involvement in child welfare is problematic in that climbing the ladder to more meaningful forms of involvement may be unrealistic. For example, the highest rung of citizen control is unlikely given the need for child welfare services to retain statutory power for the safety and wellbeing of children.

Conceptual writing on involvement as related to other social or human services have highlighted similar challenges in applying Arnstein's theory to service user groups, such as adults with mental health difficulties or an intellectual or developmental disability (Beresford & Croft, 1993). Thoburn's framework (Table 1, page 43), which is adapted from Arnstein's ladder may be more suited to birth parent involvement practices at a system level in child welfare because it replaces Arnstein's citizen control as the highest level of involvement with delegated power and involvement in service design

Arnstein's ladder may also not sufficiently explain meaningful involvement across the multiple types of meetings, purposes, attendees, and processes that have been identified in the system level involvement of parent partners. Therefore, non-linear theory, or theories, may be more suited to this population and involvement activity type. A non-linear theory that attends

more fully to the process of involvement, the types of influence beyond decision making, and the resulting impact or change may be more suited to understanding system level involvement in child welfare. For example, how participants interacted in meetings (processes) was potentially as important as how they were involved in making decisions. This differed by the type and purpose of the meeting. These differences are reflected in the four processes and all of these processes may be reflected in participants' involvement activity at any one time. Regardless of these processes, parent partner influence and any resulting change may range from minimal to substantial. A non-linear theory would reflect these variations in meeting types, purposes, process, parent role, and resulting change when considering the quality or meaningfulness of an involvement opportunity (referred to as levels of involvement in linear theories).

Limitations

These findings must be considered in the context of a number of study limitations. These limitations relate primarily to site selection, participant recruitment, study sample, and data collection.

Site Selection

Sites were identified through the BPNN with the understanding that they were aware of most established programs nationally. However, it is possible that other established parent partner programs exist that have not been identified by the BPNN.

The two sites were selected based on their perceived status as national leaders among parent partner programs, and because a similar program model was in place across both sites. Due to the limited number of sites used, it is not known whether similar programs have a different approach to system level involvement. Also, by selecting two sites with similar models, it is not known how system level involvement activities may be reflected in other types

of parent partner programs, such as those that are court based. Because these sites were perceived as national leaders, it is also unclear how these findings may have relevance to other sites that are less established or newly developed.

Participant Recruitment

In Site B, there was a lower response rate than in Site S. At any one time, Site B has approximately 80 parent partners regionally, some of whom were in training and not yet fully-fledged parent partners. During the study recruitment period, 68 parent partners had completed the mandatory trainings and, of this group, 23 parent partners met the study criteria of twelve months' experience. Of the 23 eligible parent partners, 12 expressed an interest in participating in the study, a 52% response rate. This low response rate in Site B could be due to a number of reasons.

The lower response rate may have been due to recruitment information not reaching eligible participants. In both sites, the key informant distributed recruitment materials to all parent partners who could then establish if they met the study criteria and contact the researcher directly. In Site B, these materials were distributed to coordinators in the respective service areas, then to parent partners. It is possible that some parent partners did not receive the invitation to participate or that the study was not sufficiently promoted or prioritized within the service areas. This access may have been even more limited for those parent partners who worker fewer hours due to their employment arrangements as independent contractors.

It is also possible, that given the lack of knowledge that exists about system level involvement practices, potential participants may have assumed their contribution to the study would be limited. It may be that recruitment materials were insufficient in providing the details parent partners needed to feel confident about the value of their potential contribution. Parent

partners with more limited involvement at the system level may have also decided not to participate in the study

Potential participants may have also declined the invitation to participate for other reasons. Parent partners in Site B reported lower annual household income, with some working more than one job, and potentially working longer hours. This may have impacted their availability to participate in the study. Parent partners may have also been reluctant to participate in telephone interviews due to any cellphone costs they might have incurred. The $35 financial incentive may have been perceived as insufficient reimbursement for a 90 minute-telephone interview and potential cellphone charges.

It is possible that those participating in the study differed in some way from those parent partners who did not participate. For example, parent partners may have chosen to not participate because they had less favorable views on child welfare services or did not perceive their system level involvement as being valuable, purposeful, or effective. Participants may have also not participated due to a reluctance to share their views out of concern that it may have a negative impact on them or the program.

In Site S, seven of the eight parent partners participated in the study, resulting in an 88% response rate. The program coordinator as key informant was responsible for distributing study recruitment materials in both sites. Although the study was highly promoted by the Site S key informant and the response rate was high, it is possible that the small size of the program meant that participants were less likely to speak openly about their experiences. This may be due to concern that information they share may be identifiable by program or child welfare services staff. Triangulation in the form of focus groups and, to a lesser extent, a document review provided some opportunity to address this bias in telephone interviews.

Study Participants

Early in the study, the eligibility criteria were revised from six months' experience as a parent partner to 12 months' experience. This occurred in the early stages of data collection when it was apparent that participants' with less than one years' experience were still in the development stage. Therefore, participants were less clear about their role in involvement activity and potential outcomes being achieved. Though Site S had established parent partners, three of the seven Site S participants had less than 12 months' experience as parent partners. Therefore, findings and supporting evidence in areas such as the parent partner role, interpersonal dynamics, and outcome achievement may be more heavily influenced by Site B participants.

The study sample presents a number of limitations with regard to a lack of diversity. Parent partners from racial or ethnic minority backgrounds were under-represented in both parent partner programs, which contributed to a lack of diversity in the study sample and an over-representation of non-Hispanic, White participants. In Site S seven of the eight eligible parent partners participated in the study, indicating over-representation of non-Hispanic, White (n = 7) parent partners within the program. In Site B, of all parent partners eligible to participate in the study, 87% (n = 20) were non-Hispanic, White, 9% were African American (n = 2), and 4% Hispanic (n = 1). There was similar representation in the Site B sample with 90% (n = 19) reporting as White, Non-Hispanic. No national data is available on parent partner demographics to better understand the diversity of these programs and their representativeness of birth parents receiving child welfare services more broadly.

Demographic data on birth parents receiving child welfare services was not available, but child victim data provides some indication of how representative parent partners are of the

families receiving child welfare services in the two geographical areas served by these parent partner programs. In Site S, child victims were primarily non-Hispanic, White (32%), Black (30%), and Hispanic or Latino (27%). In Site B, child victims were primarily non-Hispanic, White (72%), African-American (16%), and Hispanic (9%). In addition to child victim data, Site B also collected data on the birth parent population served by the parent partner program, the majority of whom were non-Hispanic, White (86%). Although parent partner demographics reflect, to some extent, the population receiving child welfare services, this lack of representation of birth parents from racial or ethnic minorities in the programs is of concern and presents a major limitation to this study.

The sample also included an over-representation of male participants. While this is a study limitation, national efforts are currently underway to strengthen father involvement in child welfare due to historical under-representation of fathers in the system. Therefore, and despite this limitation, the fathers' voices in this study have produced important findings to support these efforts.

In addition to these limitations based on demographics, there are further sample limitations based on a lack of diversity of parent characteristics. Parent partners in both site were predominantly birth parents with prior child welfare involvement and substance abuse experience who were in recovery. There was some representation of parents with experiences of domestic violence, and a minority were parents with histories of poor mental health. In both sites, all eligible parent partners had substance abuse histories. Only one focus group participant, a coordinator, reported a non-substance abuse related child welfare concern. The prevalence of these parent characteristics among parent partners generally is not known. However, it is likely that birth parents with substance abuse histories represent a substantial proportion of peer

mentors as indicated in recent research and program guidance (Capacity Building Center for States, 2016; U.S. Department of Health and Human Services, 2011).

This study was further limited by focusing on a single perspective--that of birth parents in parent partner roles. Therefore, it did not include additional perspectives of others participating in, or potentially impacted by, system level involvement activities. These perspectives include program staff, agency administrators, and birth parents served by parent partners.

Data Collection

Finally, this study is also limited by data collection methods. Focus groups were introduced in Site B to accommodate an additional tier of birth parents (coordinators, service area coordinators) involved in system-level activities after starting data collection. Focus groups were selected as an alternative to telephone interviews to make best use of limited resources and to elicit the views of this group of parents. Focus groups were conducted concurrently with a monthly coordinators' meeting and, as such, time was limited. While focus groups were already limited to a two-hour interview, even less time was available on the day of the interviews. Therefore, focus group interviews focused on some areas in less depth compared to telephone interviews. Some focus group participants also feature more prominently in the data than others who were less vocal participants.

The use of telephone interviews is a further limitation in data collection. With the exception of the Site B focus groups with coordinators, interviews were not conducted on site due to geographical distance from the researcher and the use of two sites, as well as resource and time limitations. Therefore, the study was not conducted in the participants' natural setting. This resulted in a lack of persistent observation and limited prolonged engagement, such as observing roles described by participants and interacting with participants for long periods.

Triangulation of data collection methods was limited by the availability of program related information in Site S, which maintained a policy of minimal documentation on the program's peer mentoring and parent representative activity. Site B maintained a formal record of activities, which was provided some useful information for the study. This lack of, or limited, parent involvement-related documentation may reflect the early stage of these birth parent involvement activities at a system level.

Despite these limitations, this exploratory qualitative study has some clear strengths. This study is the first to examine an emerging new practice of birth parent involvement intended to promote child welfare services improvement and reform. A strength is its examination of the perspectives of birth parents as the source of knowledge. This is important given the general lack of attention in the field about how child welfare involvement practices are perceived by birth parents and what birth parents hope to, and actually, achieve through their system level involvement. The use of two sites further strengthened this study as it provided experiences across programs rather than relying on parent perspectives on an involvement approach from a single site.

Practice Implications

Practice implications pertain to the development of birth parents in their system-level involvement roles, the importance of diversity of the parent voice at a system level, and the need to address existing barriers and create further involvement opportunities.

Birth Parent Development into Role

For many participants, becoming a mentor and becoming involved at the system level provided an opportunity to maintain the gains achieved during their family's open child welfare case, and to continue forging a path of self-improvement and personal development. To some

extent, this reflects a form of after care that provides parents with more time and support to solidify their positive life changes, particularly related to recovery and sobriety. Parent partner program literature has largely focused on the benefits to families receiving peer mentoring services (Berrick et al., 2011; MCWIC, 2014), but the benefits to parent partners as former child welfare service recipients is equally important.

Findings highlight that birth parents with prior child welfare experience may be reluctant to become involved as a parent partner or in system level involvement activities without the encouragement of someone who knows them and believes they are capable of taking on the role. Recruitment efforts that are sensitive to this need for personal encouragement and support may help to yield greater interest on the part of birth parents.

Participants viewed their early comprehensive personal and professional development as essential for their involvement at a system level. This study contributes new insight into the early development of parent partners by providing a framework for their developmental needs and supports. This includes the development of parent partners' identity, knowledge, and skills needed to perform the role through relational, experiential, and reflexive opportunities. Caution should be taken with the use of a more fast-track development route, or development opportunities that are solely training-based as these may not provide the holistic opportunities that may be needed to achieve the intended results of meaningful birth parent involvement.

Participants generally lacked the understanding that the parent partner role included representing birth parents at a system level at the time of joining the program. This limited awareness among participants raises the question of how best to ensure birth parents can make a conscious and informed decision to participate; and when it's best to provide consent given the lack of understanding, interest, and confidence about this type of involvement activity in the

early stages of their parent partner role. The provision of information that is tailored to where parents are at in these early stages of being a parent partner could be helpful to ensure their status as informed participants. Information should address the role and purpose of system level involvement and how birth parents will be supported to achieve proficiency. This focus on informed participants is important for social workers given the profession's ethical responsibility to facilitate informed participation (NASW, 2017).

Compliance in Parent Partner Programs

Participants across the two sites represent birth parents who have complied with child welfare services requirements during all or part of their child welfare case and made positive life changes, which contributed to their positive view of the system. Participants described themselves as a "model for success" and expressed a desire to help other families achieve "success" in their child welfare case. This compliant approach worked for participants in their own case, and may work for many more birth parents in the child welfare system. However, not all birth parents endorse compliance as a response to child welfare becoming involved in their families' lives, or as an approach to meeting child welfare system expectations to conclude this involvement.

Compliance and cooperation framed participant descriptions of their work, including how they work with families and represent the parent voice at a system level. In addition to cooperation and compliance in their own case, participant descriptions included the perceived importance of adopting a cooperative stance as parent partner; and the provision of support to families to increase their level of cooperation by encouraging an open, honest, and willing approach.

Child welfare literature addresses compliance-based approaches as problematic. Specifically, the established practices of requiring parental compliance, as a prerequisite for birth parent engagement and as a readiness to change indicator (Altman, 2008; Dunkerley, 2017; Smith, 2008; Stephens, Gopalan, Acri, Bowman, & McKay, 2018).

The parent partner program design includes elements of compliance. Compliance as an anticipated outcome of parent partner program services is reflected in early descriptions of program benefits. For example, peer mentoring services are perceived as contributing to an improved parent-worker relationship, one based on compliance not resistance (Marcenko, et al., 2009). Compliance is also evident in parent partner program implementation guidance on the recruitment of birth parents who view the system positively, comply and are able to work in partnership with child welfare services (Capacity Building Center for States, 2016; U.S. Department of Health and Human Services, 2011). The likely assumption is that only those birth parents who have complied and had positive child welfare case outcomes can help other birth parents. The assumption might also be that a parent with an "axe to grind" may find it difficult to work cooperatively with child welfare services to achieve the best outcome for the families they mentor.

A partner program approach that endorses compliance is flawed. Peer mentor models are rooted in self-help and mutual support, and recognize the benefits of support from others with similar life experiences. Participants described their role as also helping to bridge understanding between workers and parents. Change should occur through support, peer relationships, and improved understanding, not through peer support to achieve compliance. Understandably, participants did not want other birth parents to lose their children to the child welfare system, and compliance is one way to achieve this. However, participants' own experiences of child welfare,

despite their compliance, included a lack of transparency and consistency in decision making, and variability in workers. Compliance is also fruitless when the expectations for which parents must comply are unrealistic and unachievable. This suggests that compliance may not always be enough. Indeed, the term feigned compliance (Turney, 2012) has entered the child welfare lexicon to describe parents who are perceived as only superficially compliant, suggesting that even compliance may be problematic depending on circumstances. Parent partner programs should reflect on its use of promoting compliance among the birth parents they serve and consider alternative, and less authoritarian, methods. For example, relationship based approaches (Ruch, 2005; Turney, 2012) may provide a more useful frame for supporting parents to achieve positive life changes. This type of alternative approach also ensures the compliance of social workers in child welfare to their ethical obligation of self-determination guided by clients-identified goals (NASW, 2017).

A parent voice that prioritizes compliance in system level involvement activities is also flawed as it provides an incomplete representation of the birth parent voice. This dissertation addresses the historical evolution of the system level involvement of birth parents in child welfare, which was influenced by inadequate levels of worker engagement with parents and a desire to achieve greater service effectiveness (Brodowski, 2012). Parent involvement at a system level, and across other levels, was also promoted as a "paradigm shift" in child welfare to a more family inclusive approach (Williamson & Gray, 2011). Representing only the voices of those who comply with child welfare services, including those accepting parent partner services, mean that important information from birth parents will be missed.

Diversity in the Parent Voice

Birth parent involvement in child welfare is intended to capture the voices of all birth parents in the child welfare system, not only the voices of parents who have experienced reunification or case closure. The perspectives of both groups are needed for these various activities to constitute meaningful involvement and for unbiased data to inform services improvement efforts. Boone, Roets, and Roose (2018), in their examination of the participation of individuals living in poverty, addressed the risks associated with a single perspective, "The idea that some people are suitable representatives might convey a sense that some people are the best embodiment of what it means to be poor, running the risk of losing the diversity and heterogeneity of experiences of living in poverty" (p. 11). The diverse voices of parents are needed, including those who are not compliant, who have struggled to make the necessary life changes, and who may be less positive about their overall child welfare service experience.

Alongside broader efforts to shift parent partner programs from a compliance-based approach, parent partners should make a purposeful effort to integrate information about the families they mentor who are less compliant or engaged; or who discontinue services or are unable to achieve their case plan requirements. Horwath (2015) presents a categorization of parents based on their effort and commitment that is more nuanced than the typical compliant/non-compliant categorization. These four categories include: (1) those who *walk the walk*, with high effort but low commitment; (2) those who *talk the talk*, with low effort but high commitment; (3) those who *talk the talk and walk the walk*; with high effort and high commitment, and (4) those who *don't talk, and don't walk*, with low effort and low commitment. Using this categorization may help to identify which groups' perspectives might be underrepresented in system level involvement activities.

The parent voice also lacks diversity given the likely over-representation of parents with substance abuse histories, which was noted as a study limitation. These mentors are representative of many of the families served, with almost one-third, and in some states as many as two-thirds, of all child victims having a substance-affected caregiver (Children's Bureau, 2018). However, birth parent perspectives based on other life experiences are equally important to ensure all birth parents are sufficiently represented and their voices also inform service improvement efforts. This includes parents with a severe and enduring mental illness or physical or learning disability.

A lack of racial or ethnic diversity among parent partners as both a peer mentor and parent representative is problematic. Racial and ethnic disproportionality in the child welfare population is a national concern with many child welfare agencies attempting to better understand the under- or over-representation of racial and ethnic minority groups across the child welfare service continuum (Center for the Study of Social Policy, 2011; Miller & Esenstad, 2015). Shifting policies with regard to immigration and enforcement are also a growing concern as some of these policies may result in family separation and children entering the foster care system. In addition to these particular challenges, research highlights additional barriers for immigrant families when encountering the child welfare system related to language barriers, a lack of familiarity with the child welfare system, a lack of cultural competency among workers, and fears related to deportation (Ayón, Aisenberg, & Erera, 2010). Parent partner involvement at a system level provides additional opportunities to address and seek to improve these child welfare system challenges.

Participants did not generally identify system level factors in their decision to become involved. Most participants did not discuss their involvement in the context of system or social

inequality and injustice for certain groups of birth parents. Only one parent partner, Jackie, identified inequality in the form of disproprortionality in child welfare as a factor in her decision to become involved. It is important for parent representatives at a system level to think more critically about how social problems and injustice filter down to the experience of birth parents in the child welfare system, and to ensure these views are shared as part of their involvement role. Some participants indicated that their early development helped them to shift from a problem to a solution focus. In other words, focusing not on the problem but the solution. These findings suggest that retaining some of that early critical perspective may be important for parent partners.

Parent partner recruitment efforts need to maintain a sharp focus on issues of diversity to ensure adequate representation of all birth parent voices. Diversity in the areas of race and ethnicity are important along with the need to identify strong parent voices, including those who may assume a more critical perspective on the child welfare system. This focus on promoting greater diversity in the parent voice is an important role for social workers in child welfare given the profession's ethical principle of challenging social injustice, and social workers' ethical responsibilities to facilitate participation and respect for diversity (NASW, 2017).

Address Barriers, Create Opportunities

For participants, strengthening involvement practices included embedding birth parent involvement throughout the broad child welfare system and focusing on the barriers related to historically negative perceptions of birth parents. However, participants viewed pockets of poor working practices with parents as inevitable. Participants perceived these practices as being those of workers who did not understand or agree with a partnership approach to working with families, preferring instead the more traditional approach that prioritized professional

knowledge. It is important for child welfare services to maintain a continued awareness of these practice barriers that are at odds with current child welfare practices and trends, and to take active steps to continue to address these workforce issues.

Creating, increasing, and diversifying opportunities for involvement were identified as future recommendations by participants. These opportunities were varied and included opportunities for parents with prior child welfare experience to develop their involvement skills. These opportunities also included the creation of new and different spaces for meaningful birth parent involvement. This is particularly important alongside efforts to achieve greater diversity among parent partners involved at a system level.

As birth parent involvement activities continue and diversify, sufficient program documentation on birth parent involvement activities is important. Birth parent involvement activities need to form part of program records to enable the identification of strengths and areas requiring further development. These records need to rely on a consistent definition of system level involvement activities to distinguish activities intended to integrate the parent voice from activities that require parent partner attendance more generally.

Policy Implications

The policy implications related to this study pertain to the federal level guidance and frameworks that inform birth parent involvement practices in child welfare. This includes the need to re-evaluate the Systems of Care framework for family involvement based on study findings. The need to further contextualize guidance on parent involvement practices in the sphere of participation is also addressed as a policy implication.

Goodness of Fit and Systems of Care Framework

The child welfare Systems of Care framework distinguishes parent and family involvement at the case, peer, and system level (National Technical Assistance and Evaluation Center for Systems of Care, 2008, 2010). Case level involvement refers to that pertaining to one's own case including case planning and family team meetings. Peer level involvement relates to supports such as peer mentors. System level involvement pertains to agency practices where birth parents and other family members "design, build, and improve agency practices and systems through activities such as participation in advisory groups for programs, policies, or evaluations; training staff; and advocating for change in legislatures and other public forums" (National Technical Assistance and Evaluation Center for Systems of Care, 2008, p. 3).

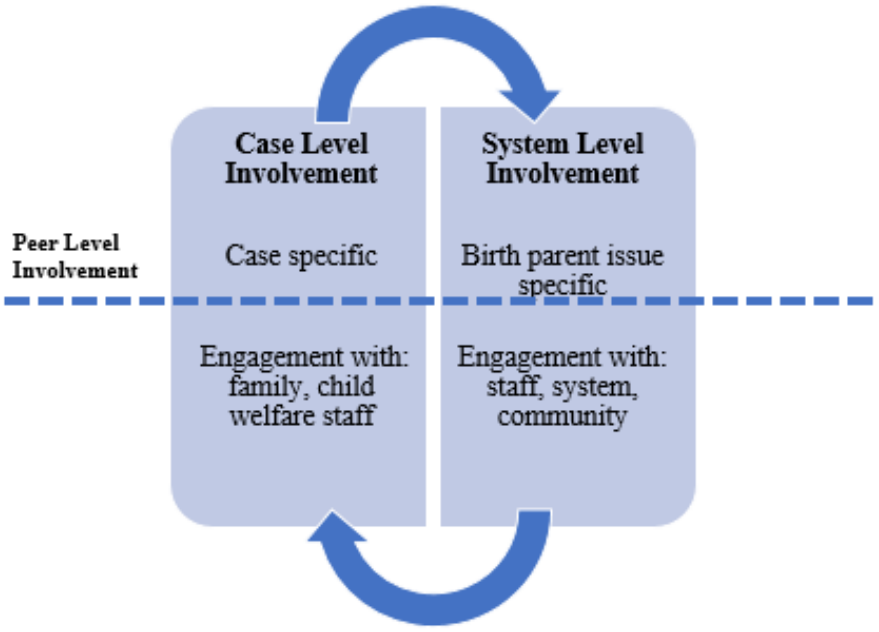
These study findings highlight the range and breadth of activity related to parent partners' system level involvement. This study initially used the term "agency level" involvement in recognition of the focus on the strategic efforts of child welfare services. This was changed to "system level" involvement early on in the study in light of participants familiarity with the term and participants' descriptions of their involvement activities. Though the definition remained unchanged, participants were more comfortable with terms such as system level involvement or involvement beyond the case level, than agency level involvement. Added to this, participants' descriptions of the meetings, committees, and trainings as described in Chapter Five, though convened or facilitated by child welfare services, included meeting attendees from the broader child welfare system. Although system level involvement is more reflective of participants' activities than agency level involvement, it is an insufficient description of the family, agency, system, community, and national child welfare meetings/committees and trainings attended by

participants. As involvement practices develop, these system-level activities may be further refined.

Findings also highlight the relationship between parent partners mentoring roles and their system level involvement activity. Participants' describe knowledge and information being passed from involvement activities to families they mentor related to services, supports, or system navigation. Participants also describe experiences of the families they mentor as being integrated into their role as parent representative in meetings/committees and trainings.

Based on participant descriptions, a two-level framework (Figure 7) for birth parent involvement in parent partner roles that includes the case and system level is a better fit with participants' involvement practices than the Systems of Care framework that includes a case, peer, and system level. This two-level framework reflects the levels that are represented in parent partner practices with the peer level cutting across both the case and system levels. This framework also recognizes the relationship between the case and system level with regard to the provision of information as identified by participants.

Figure 7: **System Level Involvement Processes in Parent Partner Programs**



Birth Parent-led National Guidance

Current guidance available to agencies interested in implementing parent partner programs is largely driven by government institutions though family consultants, which includes birth parents, also contribute to guidance development. This guidance includes the recruitment, development, and supervision of parent partners relevant to their role as parent mentor and parent representative. While federal endorsement of family-focused initiatives is lauded, the development of birth parent involvement practices should be influenced most by the views of birth parents. In other words, how the voice of birth parents as family consultants are elicited and used to develop guidance and recommendations is important to ensure this process also reflects meaningful birth parent involvement. The involvement of birth parents in guidance

development increases the likelihood of meaningful involvement that is shaped by how birth parents would like to be involved, what they hope this involvement achieves.

Focus on Meaningfulness of Involvement

According to Featherstone (2014, p. 142), involvement activity needs to have "legitimacy and purpose." Participants described a high degree of flexibility and willingness to figure things out as they go along, or to attend meetings "to make sure they don't miss anything." As system level involvement becomes more established, it becomes increasingly important to ensure the birth parent involvement approaches in child welfare provide the necessary legitimacy and purpose to promote meaningful involvement practices that are capable of facilitating change. Without secure roots in the participatory domain, the presence of birth parents at the system level may be novel, but not necessarily child welfare paradigm-changing as originally intended (Williamson & Gray, 2011). Findings suggest that participants' often have a legitimate and purposeful role as it relates to the meeting purpose, but participants have yet to consistently identify legitimacy and purpose with regard to their involvement as parent representative. By keeping this in focus, acts of involvement are distinguished from meeting attendance, and opportunities may occur for meaningful participation. More attention to the legitimacy and purpose of involvement activities also meet social worker's ethical responsibility to promote meaningful participation (NASW, 2017)

Research Implications

This study is the first in a developing research agenda focusing on the system level involvement of birth parents in child welfare. Because this is a new research area, there are many implications. This section identifies those most useful as a next step.

Research on the Perspectives of Others

Future research is needed to obtain the additional perspectives of other meeting attendees including child welfare services staff and leadership and staff from partner agencies. This study also highlights the close relationship between participants' involvement activity and their mentoring role. As such, it is important to gain the perspectives of a birth parents who are involved with the child welfare system and are being mentored by parent partners. These perspectives need to reflect the diversity of parents in the child welfare system already addressed in this chapter.

Research on Involvement Dynamics and Discourse

In addition to obtaining additional perspectives on, and experiences relating to, the system level involvement of birth parents in parent partner roles, future research that include the observation of interactions and discourse in involvement activities are also important. These observations need to be distinguished between those activities with homogeneity across meeting attendees, and those activities with a more heterogenous composition based on characteristics such as race, gender, and disability.

This research can further develop the four, tentative involvement processes and further clarify the role of relationships as a conduit for change. This research may also add further insight into the effective use of experiential and traditional forms of knowledge by parent partners and child welfare professionals in involvement activities.

Research on System Level Involvement Outcomes

Future parent partner program research needs to be more attentive to the involvement of parent partners as an outcome and as a factor to outcome achievement. Research on parent partner programs and research on parent involvement have yet to address the achievement of

child and family outcomes through the system-level involvement of parent partners. Though no prior research has been identified on outcome achievement through birth parent involvement at the system level in parent partner programs, some authors, as highlighted in the review (Bell, 2011; Bossard, 2011; FRIENDS National Resource Center for Community-Based Family Resource and Support Programs, 2002; Kirby et al., 2003; York & Itzhaky, 1991), have conceptualized some anticipated benefits through the involvement of clients, parents, or children more generally (Table 3, page 46). As with this study, these outcomes, though more limited, focus primarily on child welfare services (agency, system) outcomes with other domains such as individuals (participant, client), community, and society addressed to a lesser extent. With the exception of societal outcomes, a similar focus on individual and community level outcomes were identified by participants in this study.

Research on Pathway to Outcome Achievement

Further research is needed to establish if outcomes perceived by participants are indeed being achieved as a result of parent partners' system level involvement. Future research must also explore the relationships that may exist among the perceived outcomes identified by participants. For example, an indirect relationship may exist between the outcome achievement of birth parents receiving child welfare services and parent partners' system level involvement. This may occur from parent partners influencing child welfare service improvements, which in turn positively impact the outcome achievement of birth parents receiving services.

Participants' descriptions of involvement processes and the change they perceive as occurring from their system level involvement, provide early insight into a possible pathway to outcome achievement. This tentative pathway could serve as an initial framework for guiding

future research, which could explore whether some or all of these pathways exist, and any additional routes to outcome achievement.

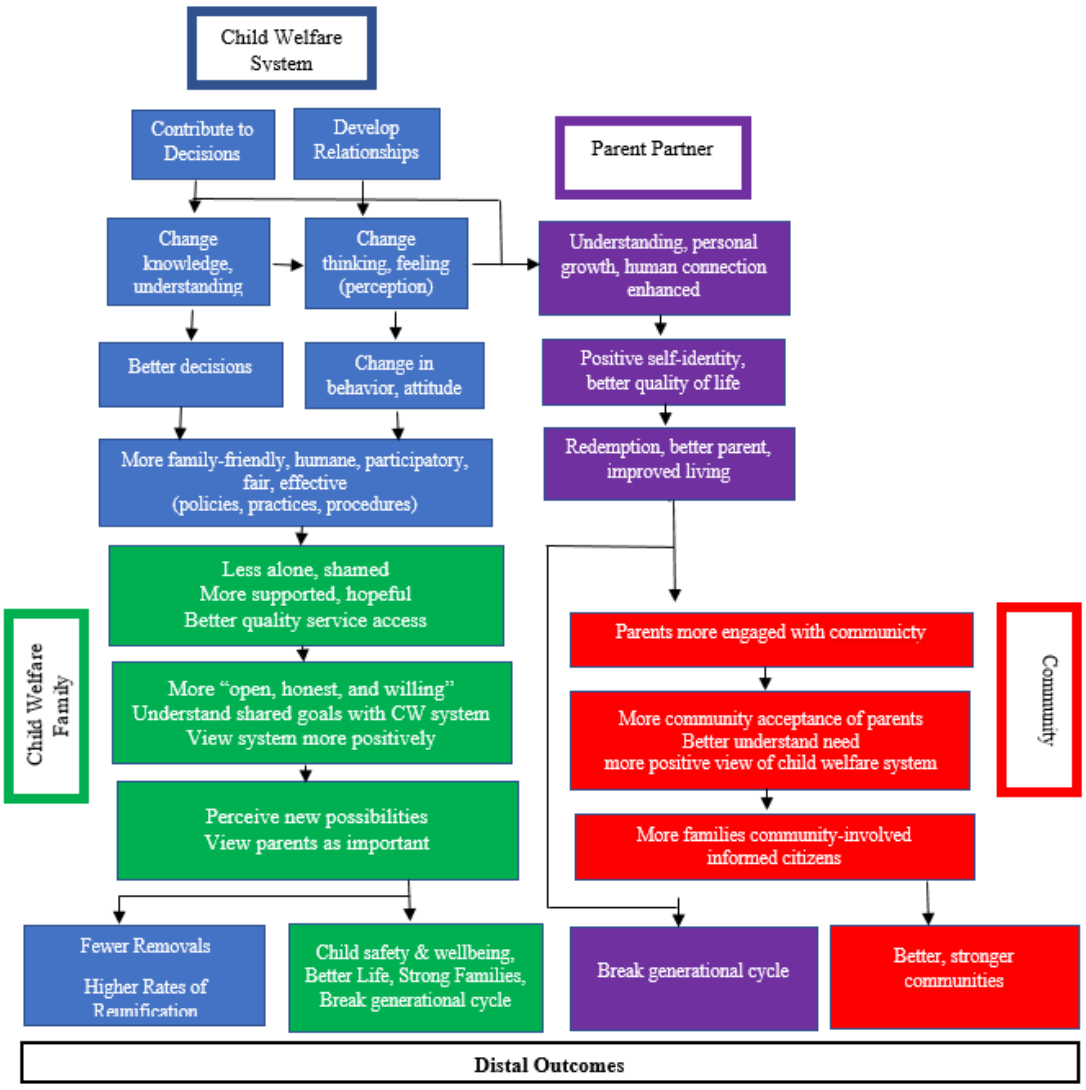
This tentative pathway to change (Figure 8) theorizes that possible change begins with parent partners participating in system level involvement activity where they have the opportunity to contribute to decision making and to develop relationships with meeting attendees. Through these activities, change may begin to occur through two routes. First, by having parent partners involved, meeting attendees may experience a change in knowledge and understanding, which in turn may contribute to better informed decisions. Second, by having parent partners involved, meeting attendees may experience a change in perception. This change in thinking and feeling may contribute to a change in approach through attitudinal and behavioral changes. These changes in approach and better, more informed decisions may contribute to a more family-friendly, humane, participatory, fair, and effective approach as reflected in child welfare practice, procedures, and policies. Through these improved practices, birth parents in the child welfare system may feel less shame and loneliness, and may also feel more supported and hopeful. Birth parents receiving child welfare services may also experience better access to better quality services. As a result, birth parents receiving child welfare services may become more "open, honest, and willing." Birth parents receiving child welfare services may also recognize they have shared goals of family strengthening with child welfare services and may begin to view the system more positively. These birth parents' perception of the possibilities may be extended as they begin to identify their status as birth parent as important and worthy. Through these changes, child safety and wellbeing may be achieved and the families receiving child welfare services strengthened in the long term. The child welfare system may also experience fewer removals and higher rates of reunification.

A similar process of personal growth and development may also occur in the parent partner as a result of their system level involvement. Through their involvement activity of making decisions and building relationships, parent partners may experience personal growth and establish human connections, leading to a positive self-identity and improved quality of life. These changes may result in "redemption," a better quality of life, and being a better parent, which may help to break the generational cycle of child maltreatment.

Finally, parent partner changes may have a positive impact on the community. The system level involvement of parent partners in community meetings may contribute to a greater community acceptance of birth parents with child welfare service experience, and a greater understanding of community need. Community perceptions of the child welfare system may also improve through the parent partner relationships developed. Through greater acceptance and understanding of birth parents in child welfare and their need, more families may become involved in the community, all of which may ultimately contribute to a stronger community.

This tentative theory of a pathway to change from parent partners' system level involvement to outcome achievement as a focus for future research should involve varied methods, to capture both the breadth and depth of potential change. The longitudinal study of this pathway to change is also important to capture both the immediate and long term impacts of parent partners' system level involvement activities.

Figure 8: **Pathway from Birth Parent Involvement to Outcomes Achievement**



Research on Parent Partner Trajectories

Participants' accounts of personal development, growth, and transformation are the hallmark of being a parent partner. Participants described themselves as the 'model' for success and change in their involvement activity. However, during the period of this study, participants from both sites including, Eric and April, left the program. One participant, Angela, also experienced relapse after many years in recovery. Parent partners clearly model a message that

change is possible, but change is not limitless. This raises the question of whether some parent partners may find the pressure of continuous self-improvement and maintaining their status as a model for success too great. How parent partner programs address the social and emotional needs of birth parents in these roles to minimize the risks of burnout or relapse are important to understand. Research to better understand how and why parent partners exit the parent partner program, may be as important as understanding their circumstances when joining the program.

Knowledge of the parent partner trajectory will help to inform parent partner recruitment practices and development of long term supports in child welfare services to sustain the positive life changes made by parent partners. Research to better understand the social and emotional needs of parent partners and how these are addressed in parent partner programs will also help to inform the provision of long term supports.

Research on Birth Parent Compliance

The topic of compliance and cooperation cuts across parent partner descriptions and remains an area of contention in child welfare literature. While efforts to redefine the child welfare system as less punitive and authoritarian and more family-friendly and compassionate, the need for birth parents to comply with child welfare service expectations remains essentially unchanged. Compliance is associated with reunification and case closure, and non-compliance with child removal and labels of resistance. Compliance may be regarded as a necessary evil of child welfare practice to ensure the protection of children. In other instances, compliance is perceived by workers as an indicator of effective parent-worker engagement or readiness for change (Altman 2008a; Smith 2008). Whether compliance is always viewed positively or negatively by birth parents is also unclear. Healy (1998) suggests that compliance, or coercive power, may not be perceived negatively by parents in all instances. Future research needs to

better understand the relationship between parent engagement, compliance, and readiness for change to inform the development of birth parent engagement and involvement practices. Greater clarity on how child welfare professionals and birth parents perceive the need, use, and alternatives to parental compliance will help to clarify how engagement and involvement can be further strengthened.

Conclusion

This study focused on developing a new and in-depth understanding of the system level involvement practices of birth parents in parent partner roles, to promote the provision of meaningful opportunities capable of generating child welfare services improvement.

Of interest in this study was how birth parents became involved, the types of involvement activities they attended, what they perceived was being achieved in the way of improvement and reform, and any future recommendations. In addition to strengthening the child welfare field's policy and practice approach to birth parent involvement, this study is the first to explore birth parent perceptions about their role and influence at the system level, and the presence of perceived barriers and facilitators to involvement. These findings have the potential to provide new insight into how parent perceptions of current involvement practices fit within the current conceptualizations of parent involvement in child welfare.

Parent involvement in child welfare has the potential to contribute to new and innovative ways to better meet the needs of birth parents receiving child welfare services. However, minimal attention has been given to this area as a viable route to securing improved child and family outcomes through services improvement and reform. This study is the first step in this developing area of research that can serve as a platform to better understanding the relationship among birth parent involvement, service improvements, and child and family outcomes.

Whether current system level involvement activity represents the beginning of a paradigm shift in child welfare as envisaged through the child welfare Systems of Care initiative (Williamson & Gray, 2011) has yet to be determined. However, participants perceive tangible changes in how child welfare services engage with birth parents resulting from their system level involvement.

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Appendix A: IRB Approvals of Study

Initial Study Approval

APPROVAL OF PROTOCOL

July 22, 2016

Jeri Damman
jerid@ku.edu

Dear Jeri Damman:

On 7/22/2016, the IRB reviewed the following submission:

Type of Review:	Initial Study
Title of Study:	Birth Parent Involvement at an Agency Level in Child Welfare: Perspectives of Parent Partners at Multiple U.S. Sites
Investigator:	Jeri Damman
IRB ID:	STUDY00004336
Funding:	None
Grant ID:	None
Documents Reviewed:	• Participant Recruitment Letter, • JL Damman - Interview Guide, • JL Damman - HSCL Submission for Initial Review, • JL Damman - Consent Form

The IRB approved the study from 7/22/2016 to 7/21/2017.

1. Before 7/21/2017 submit a Continuing Review request and required attachments to request continuing approval or closure.
2. Any significant change to the protocol requires a modification approval prior to altering the project.
3. Notify HSCL about any new investigators not named in original application. Note that new investigators must take the online tutorial at https://rgs.drupal.ku.edu/human_subjects_compliance_training.
4. Any injury to a subject because of the research procedure must be reported immediately.
5. When signed consent documents are required, the primary investigator must retain the signed consent documents for at least three years past completion of the research activity.

If continuing review approval is not granted before the expiration date of 7/21/2017 approval of this protocol expires on that date.

Please note university data security and handling requirements for your project:
https://documents.ku.edu/policies/IT/DataClassificationandHandlingProceduresGuide.htm

You must use the final, watermarked version of the consent form, available under the "Documents" tab in eCompliance.

Sincerely,

Stephanie Dyson Elms, MPA
IRB Administrator, KU Lawrence Campus

IRB Approval of Study

IRB Approval for Modification: Changed from Skype to Telephone Interviews

APPROVAL OF PROTOCOL

October 11, 2016

Jeri Damman
jerid@ku.edu

Dear Jeri Damman:

On 10/11/2016, the IRB reviewed the following submission:

Type of Review:	Modification
Title of Study:	Birth Parent Involvement at an Agency Level in Child Welfare: Perspectives of Parent Partners at Multiple U.S. Sites
Investigator:	Jeri Damman
IRB ID:	STUDY00004336
Funding:	None
Grant ID:	None
Documents Reviewed:	• JL Damman - Consent Form, • Correspondence_for_STUDY00004336.doc, • JL Damman - HSCL Submission for Initial Review, • Participant Recruitment Letter, • JL Damman - Interview Guide

The IRB approved the study from 10/11/2016 to 7/21/2017.

1. Before 7/21/2017 submit a Continuing Review request and required attachments to request continuing approval or closure.
2. Any significant change to the protocol requires a modification approval prior to altering the project.
3. Notify HSCL about any new investigators not named in original application. Note that new investigators must take the online tutorial at https://rgs.drupal.ku.edu/human_subjects_compliance_training.
4. Any injury to a subject because of the research procedure must be reported immediately.
5. When signed consent documents are required, the primary investigator must retain the signed consent documents for at least three years past completion of the research activity.

If continuing review approval is not granted before the expiration date of 7/21/2017 approval of this protocol expires on that date.

Please note university data security and handling requirements for your project:
https://documents.ku.edu/policies/IT/DataClassificationandHandlingProceduresGuide.htm

You must use the final, watermarked version of the consent form, available under the "Documents" tab in eCompliance.

Sincerely,

Stephanie Dyson Elms, MPA
IRB Administrator, KU Lawrence Campus

IRB Approval of Study

IRB Approval for Study Modification: Added Focus Group

APPROVAL OF PROTOCOL

January 5, 2017

Jeri Damman
jerid@ku.edu

Dear Jeri Damman:

On 1/5/2017, the IRB reviewed the following submission:

Type of Review:	Modification
Title of Study:	Birth Parent Involvement at an Agency Level in Child Welfare: Perspectives of Parent Partners at Multiple U.S. Sites
Investigator:	Jeri Damman
IRB ID:	STUDY00004336
Funding:	Name: University of Kansas, Grant Office ID: DSRF FY17 2310406-906
Grant ID:	None
Documents Reviewed:	• JL Damman - Participant Consent Form (Parent Partner Coordinators).docx, • JL Damman - Consent Form, • JL Damman - HSCL Submission for Initial Review, • JL Damman - Participant Recruitment Letter (Parent Partner Coordinator).docx, • Award Letter, • Proposal, • Focus Group Interview Guide (v1) - JL Damman.docx

The IRB approved the study from 1/5/2017 to 7/21/2017.

1. Before 7/21/2017 submit a Continuing Review request and required attachments to request continuing approval or closure.
2. Any significant change to the protocol requires a modification approval prior to altering the project.
3. Notify HSCL about any new investigators not named in original application. Note that new investigators must take the online tutorial at https://rgs.drupal.ku.edu/human_subjects_compliance_training.
4. Any injury to a subject because of the research procedure must be reported immediately.
5. When signed consent documents are required, the primary investigator must retain the signed consent documents for at least three years past completion of the research activity.

If continuing review approval is not granted before the expiration date of 7/21/2017 approval of this protocol expires on that date.

Please note university data security and handling requirements for your project:
https://documents.ku.edu/policies/IT/DataClassificationandHandlingProceduresGuide.htm

You must use the final, watermarked version of the consent form, available under the "Documents" tab in eCompliance.

Sincerely,

Stephanie Dyson Elms, MPA
IRB Administrator, KU Lawrence Campus

Appendix B: Written Informed Consent

Written Informed Consent – Parent Partners (Telephone Interviews)

Title of the Study
Birth Parent Involvement at an Agency Level in Child Welfare: Perspectives of Parent Partners at Multiple U.S. Sites

Introduction

The School of Social Welfare at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with the agency that identified you as a potential participant to this study. Your withdrawal from this study will also not affect your relationship with the School, the services it may provide to you, or the University of Kansas.

Purpose of the Study

The purpose of this study is to examine birth parent involvement at an agency level through parent partner programs. This study seeks to understand birth parent perceptions about why they are involved, how they are involved, and what is being achieved. In addition to examining motivations, goals, and practices, specific attention will be given to the perceived contribution birth parent involvement has on services improvement and reform. This study aims to develop knowledge about meaningful involvement practices at the agency level to promote services improvement and reform.

Procedures

If you express an interest in participating in the study, I will contact you by telephone to conduct an initial screening as part of the recruitment process. During this call, which should last approximately 5 minutes, I will ask you some basic information about you and your family (gender, age, race, marital status, family composition) and basic information about your previous child welfare experience (length and type of previous involvement). This information will be used to help me select a final sample of participants with diverse demographics and child welfare experience.

If selected to participate in the study, your written consent is required prior to the initial, telephone interview. To provide written consent, this form must be signed and returned to me. Signed consent forms can be sent via hard copy through the U.S. Postal Service or scanned and sent electronically via email. It is possible that this communication by email or postal service that someone other than the intended recipient, either through intent or accident, may see this signed form indicating your consent to participate.

Upon receipt of your written consent, you will be contacted by me to schedule an initial, telephone interview. The initial interview will last approximately 60-90 minutes, and will focus

on: (1) the factors that led to you becoming involved at an agency level; (2) how you are being involved at an agency level and what this looks like; (3) what you hope to achieve through your agency level involvement; (4) how you feel your involvement contributes to service improvement and reform; and (5) your recommendations for the future.

Following the initial interview, you may be asked to participate in a follow-up interview to explore additional areas related to birth parent involvement at an agency level or an area previously discussed in more depth. I may also make brief contact with you by phone or email to seek clarification, or to obtain additional information as needed for the study. You may be asked to review the initial draft of research findings, and comment on the accuracy of my understanding and report of findings.

If you consent to take part in this study, I will contact you directly to schedule the initial interview. Because the interviews are by telephone you can choose a preferred location (e.g. home, work) at a convenient date and time.

Subject to your permission, initial and any follow-up interviews will be audio recorded and transcribed. You will be given the option of having taping stopped at any time. Audio recording will be transcribed by the researcher and an external transcriptionist bound by a signed, confidentiality agreement. Original digital and transcribed recordings will be maintained securely by me using a locked cabinet and secure technology and sent to an external transcriptionist via encrypted email. It is possible, however, with internet communications, that through intent or accident someone other than the intended recipient may see your response.

Risks

There are some possible risks from participating in the study. Sharing your experiences may cause some emotional reactions. If at any time during the interview you are uncomfortable, please let me know, and you can decide if you wish to terminate the line of inquiry or the interview. Participants will be provided with references to local agencies who provide counselling services prior to the interview as an additional measure to reduce adverse effects. Another risk is that while your confidentiality will be maintained throughout the study and personal or identifying details will be removed to ensure anonymity, agency staff may know that you participated in this study.

Benefits

This study has the potential to improve birth parent involvement practices in child welfare agencies. While there are no evident direct benefits from your participation, you will have the opportunity to share your knowledge and experiences to contribute to these improvements. Through this study, the child welfare field will develop a better understanding of the types of involvement perceived as beneficial and valuable by parents, and how parent involvement may be used to best improve child welfare services and the system.

Payment to Participants

A $35 one-off payment will be made to participants in the form of a gift card (prepaid MasterCard) in recognition of participant's willingness, time, and contribution. The payments will be made at the end of the study after the primary interview, and any follow-up interview activity have been completed. I may ask for your social security number in order to comply with federal and state tax and accounting regulations. Payments will be sent via US Postal Service (First Class Mail with USPS Tracking) to an address provided by you at the time of interview. I am not

responsible for non-receipt of payment and will make available to you all postal tracking information to help you follow up should payment not be received.

Participant Confidentiality

Your name will not be associated in any publication or presentation with the information collected about you or with the research findings from this study. Instead, I will use a pseudonym, or fictitious name, rather than your name. Your identifiable information will not be shared unless (a) it is required by law or university policy, or (b) you give written permission. Permission granted on this date to use and disclose your information remains in effect indefinitely. By signing this form you give permission for the use and disclosure of your information for purposes of this study at any time in the future.

Refusal to Sign Consent and Authorization

You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your right to any services you are receiving or may receive from the University of Kansas or to participate in any programs or events of the University of Kansas. However, if you refuse to sign, you cannot participate in this study, nor receive any payment for study participation.

Cancelling this Consent and Authorization

You may withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use and disclose further information collected about you, in writing, at any time, by sending your written request to:

Jeri Damman, MSc, Doctoral Candidate
1545 Lilac Lane
School of Social Welfare
University of Kansas
Lawrence, KS 66045-3129
Tele: 785-864-8966
Fax: 785-864-5277
Email: jerid@ku.edu

If you cancel permission to use your information, I will stop collecting additional information about you. However, I may use and disclose information that was gathered before I received your cancellation, as described above.

Questions about Participation

If you have any questions about the study or its procedures, please direct your questions to me or my Faculty Supervisor listed at the end of this consent form.

Participant Certification

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call (785) 864-7429 or (785) 864-7385, write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7568, or email irb@ku.edu.

I agree to take part in this study as a research participant. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

_____ _____

Type/Print Participant's Name Date

_____

Participant's Signature

Researcher Contact Information

Jeri Damman, MSc, PhD Candidate
Principal Investigator
School of Social Welfare
1545 Lilac Lane
University of Kansas
Lawrence, KS 66045-3129
Tele: (785) 864-8966

Professor Michelle Johnson-Motoyama, Ph.D.
Faculty Supervisor
School of Social Welfare
1545 Lilac Lane
University of Kansas
Lawrence, KS 66045-3129
Tele: (785) 864-2378

Written Informed Consent – Parent Partner Coordinators (Focus Group Interviews)

Title of the Study

Birth Parent Involvement at an Agency Level in Child Welfare: Perspectives of Parent Partners at Multiple U.S. Sites

Introduction

The School of Social Welfare at the University of Kansas supports the practice of protection for human subjects participating in research. The following information is provided for you to decide whether you wish to participate in the present study. You may refuse to sign this form and not participate in this study. You should be aware that even if you agree to participate, you are free to withdraw at any time. If you do withdraw from this study, it will not affect your relationship with the agency that identified you as a potential participant to this study. Your withdrawal from this study will also not affect your relationship with the School, the services it may provide to you, or the University of Kansas.

Purpose of the Study

The purpose of this study is to examine birth parent involvement at an agency level through parent partner programs. This study seeks to understand birth parent perceptions about why they are involved, how they are involved, and what is being achieved. In addition to examining motivations, goals, and practices, specific attention will be given to the perceived contribution birth parent involvement has on services improvement and reform. This study aims to develop knowledge about meaningful involvement practices at the agency level to promote services improvement and reform.

Procedures

If you express an interest in participating in the study, your written consent is required prior to the focus group interview with parent partner coordinators. To provide written consent, this form must be signed and returned to me. Signed consent forms can be sent via hard copy through the U.S. Postal Service or scanned and sent electronically via email. It is possible that this communication by email or postal service that someone other than the intended recipient, either through intent or accident, may see this signed form indicating your consent to participate.

Upon receipt of your written consent, you will be contacted by me with the focus group date, time, and location that will be convenient to you and other parent partner coordinators. The focus group will last approximately 2.5 hours. Focus group content will focus on: (1) the factors that led to you becoming involved at an agency level; (2) how you are being involved at an agency level and what this looks like; (3) what you hope to achieve through your agency level involvement; (4) how you feel your involvement contributes to service improvement and reform; and (5) your recommendations for the future.

Following the focus group, I may make brief contact with you by phone or email to seek clarification, or to obtain additional information as needed for the study. You may be asked to review the initial draft of research findings, and comment on the accuracy of my understanding and report of findings.

Subject to your permission, focus group interviews will be audio recorded and transcribed. You will be given the option of having taping stopped at any time. Audio recording will be

transcribed by the researcher and an external transcriptionist bound by a signed, confidentiality agreement. Original digital and transcribed recordings will be maintained securely by me using a locked cabinet and secure technology and sent to an external transcriptionist via encrypted email. It is possible, however, with internet communications, that through intent or accident someone other than the intended recipient may see your response.

Risks

There are some possible risks from participating in the study. Sharing your experiences may cause some emotional reactions. If at any time during the focus group you are uncomfortable, please let me know, and you can decide if you wish to terminate your participation in the focus group interview. References to local agencies who provide counselling services will be made available to participants as an additional measure to reduce adverse effects. Another risk is that while your confidentiality will be maintained throughout the study and personal or identifying details will be removed to ensure anonymity, agency staff may know that you participated in this study.

Benefits

This study has the potential to improve birth parent involvement practices in child welfare agencies. While there are no evident direct benefits from your participation, you will have the opportunity to share your knowledge and experiences to contribute to these improvements. Through this study, the child welfare field will develop a better understanding of the types of involvement perceived as beneficial and valuable by parents, and how parent involvement may be used to best improve child welfare services and the system.

Payment to Participants

Participants will not receive payment for their participation in the study. At present, participants will not receive payment in recognition of participant's willingness, time, and contribution. Participants will be notified in the event that funds become available to provide participant reimbursement, and I may ask for your social security number in order to comply with federal and state tax and accounting regulations.

Participant Confidentiality

Please be advised that although the researchers will take every precaution to maintain confidentiality of the data, the nature of focus groups prevents the researchers from guaranteeing confidentiality. The researchers would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the focus group to others.

Your name will not be associated in any publication or presentation with the information collected about you or with the research findings from this study. Instead, I will use a pseudonym, or fictitious name, rather than your name. Your identifiable information will not be shared unless (a) it is required by law or university policy, or (b) you give written permission. Permission granted on this date to use and disclose your information remains in effect indefinitely. By signing this form you give permission for the use and disclosure of your information for purposes of this study at any time in the future.

Refusal to Sign Consent and Authorization

You are not required to sign this Consent and Authorization form and you may refuse to do so without affecting your right to any services you are receiving or may receive from the University of Kansas or to participate in any programs or events of the University of Kansas. However, if you refuse to sign, you cannot participate in this study, nor receive any payment for study participation.

Cancelling this Consent and Authorization

You may withdraw your consent to participate in this study at any time. You also have the right to cancel your permission to use and disclose further information collected about you, in writing, at any time, by sending your written request to:

Jeri Damman, MSc, Doctoral Candidate
1545 Lilac Lane
School of Social Welfare
University of Kansas
Lawrence, KS 66045-3129
Tele: 785-864-8966
Fax: 785-864-5277
Email: jerid@ku.edu

If you cancel permission to use your information, I will stop collecting additional information about you. However, I may use and disclose information that was gathered before I received your cancellation, as described above.

Questions about Participation

If you have any questions about the study or its procedures, please direct your questions to me or my Faculty Supervisor listed at the end of this consent form.

Participant Certification

I have read this Consent and Authorization form. I have had the opportunity to ask, and I have received answers to, any questions I had regarding the study. I understand that if I have any additional questions about my rights as a research participant, I may call (785) 864-7429 or (785) 864-7385, write the Human Subjects Committee Lawrence Campus (HSCL), University of Kansas, 2385 Irving Hill Road, Lawrence, Kansas 66045-7568, or email irb@ku.edu.

I agree to take part in this study as a research participant. By my signature I affirm that I am at least 18 years old and that I have received a copy of this Consent and Authorization form.

_____ _____

Type/Print Participant's Name Date

_____

Participant's Signature

Researcher Contact Information

Jeri Damman, MSc, PhD Candidate
Principal Investigator
School of Social Welfare
1545 Lilac Lane
University of Kansas
Lawrence, KS 66045-3129
Tele: (785) 864-8966

Professor Michelle Johnson-Motoyama, Ph.D.
Faculty Supervisor
School of Social Welfare
1545 Lilac Lane
University of Kansas
Lawrence, KS 66045-3129
Tele: (785) 864-2378

Appendix C: Confidentiality Agreement, Transcriptionist

I, _____ transcriptionist, agree to maintain full confidentiality with regard to any and all electronic and hard copy files and documents from Jeri L. Damman related the research study for which your transcriptionist services have been commissioned:

Further, I agree:

1. To hold in strictest confidence the identification of any individual that may be inadvertently disclosed during the transcription of electronic audio and/or video file interviews, or in any associated documents.

2. To make no electronic or hard copies of any audio or video recording of the transcribed interviews texts, including the use of an automatic computer backup of the recordings, unless specifically requested to do so by the researcher, Jeri L. Damman.

3. To store all study-related materials in a safe, secure location for the entire period in which they are in my possession.

4. To return all study-related materials to Jeri L. Damman in a complete and timely manner.

5. To permanently delete all electronic files and folders containing study-related documents from my computer hard drive and any back-up devices.

6. To restrict the delivery and receipt of all study-related material to methods determined by the researcher, Jeri L. Damman, and which will include digitally signed, encrypted email supported by the University of Kansas (DigiCert KU).

I understand that I can be held legally responsible for any breach of this confidentiality agreement, and for any harm incurred by individuals if I disclose identifiable information contained in the electronic audio and/or video recordings and/or documents to which I will have access.

Transcriber's name (printed): _____

Transcriber's signature: _____

Date: _____

Appendix D: Site Recruitment Letter

Date

Name
Title
Agency
Address Line 1
Address Line 2

Dear XXX,

Re: Invitation to Participate in Research Study

I am writing to invite your agency to participate in a research study entitled *Birth Parent Involvement at an Agency Level in Child Welfare: Perspectives of Parent Partners at Multiple U.S. Sites*. As part of this study, I am interested in sites that are recognized as national leaders in parent partner programs in child welfare and your parent partner program has been identified as such by the Birth Parent National Network, a national network administered by the National Alliance of Children's Trust and Prevention Funds. This dissertation study is through The University of Kansas, School of Social Welfare, Lawrence, Kansas and has been approved by the University's Institutional Review Board.

This study is a response to the lack of knowledge available on birth parent involvement practices beyond the case level, often referred to as agency, program, or system level involvement. Current descriptions are limited and refer to birth parents attending meetings, committees, and events (e.g. planning, review, evaluation, and staff development) to share their perspectives and inform improvements to policies and practices. Research is needed to develop the field's understanding of parent involvement practices at an agency level and to inform the advancement of meaningful and effective policies and practices. Parent partner programs provide an ideal structure for the study of agency level involvement since parent partners not only mentor parents, but also represent and promote the parent voice in the agency. As a first step in this emergent field of research, this study seeks to understand how birth parents as parent partners perceive their involvement at an agency level and how it contributes to services improvement. Your agency has been approached because it is at the forefront of parent partner programs nationally so your parent partners may have important insights that are not yet available in less established or advanced programs.

There would be no monetary cost to your agency but a small amount of staff time is needed. Your agency's participation in this study would primarily involve allowing me to recruit birth parents who are in parent partner roles to participate in a Skype interview with me. I hope to

identify one staff member as the primary contact who has an in-depth understanding of the parent partner program. This primary contact will be asked to electronically forward the letter inviting parent partners to participate in the study. I will undertake an initial telephone screening with interested parent partners to ensure diverse final sample based on demographics and child welfare experience. Parent partners selected to participate in the study will be asked to review and sign an informed consent form and return it to me prior to the interview taking place.

In addition to requesting that the primary contact forward the invitation letter, it would be helpful if they could assist me in accessing any program-related materials and documents for added context. For example, program materials or documents that describe the program and the agency level involvement of birth parents as parent partners. It may also be necessary for me to communicate with the primary contact for clarification or information to establish further context.

With regard to the Skype interviews with parent partners, interviews will explore how birth parents are involved at an agency level, their motivations and goals, and how they perceive their involvement reflects opportunities to contribute to improvements. I anticipate the interview will last approximately 60-90 minutes and follow-up interviews may be completed with select participants. The interview will be scheduled at a time convenient to the participant, including evenings or weekends. However, participants will need to have access to a computer with the equipment needed for a Skype interview (i.e. speaker, microphone, and camera). If participants are interested in being interviewed but do not have personal access to a computer and equipment, I hope that the agency would be willing to offer computer access. As a last resort, I will consider telephone interviews. No costs will be incurred by participants and participants will receive an incentive payment as compensation for their willingness to participate and time.

The interviews will be transcribed and all participant names and identifiable information will remain confidential and anonymous. To protect the anonymity of participants, your agency name and identifiable information will not be used in any publications or presentations.

Through your participation, your agency will be contributing to new knowledge to inform the advancement of meaningful birth parent involvement practices in child welfare. The information provided by your parent partner staff may also help child welfare agencies better understand the types of agency level involvement perceived as beneficial and valuable by parents and how parent involvement may be used to help strengthen child welfare services and the system. In recognition of your willingness to participate in the study, I will provide your agency with the full research report upon completion of the study.

Your agreement to contribute to this study will be greatly appreciated. If you agree, I ask that you please kindly submit a signed letter of permission on agency letterhead acknowledging your consent and permission for me to conduct this study at your agency.

Sincerely,

Jeri L. Damman
Doctoral Candidate, MSc
1545 Lilac Lane
School of Social Welfare
University of Kansas
Lawrence, KS 66045-3129
Tele: 785-864-8966
Fax: 785-864-5277
Email: jerid@ku.edu

Enclosures

cc:
Dr. Michelle Johnson-Motoyama, Associate Professor, Interim Associate Dean for Academic Affairs, School of Social Welfare, University of Kansas
Teresa Rafael, Executive Director, National Alliance of Children's Trust and Prevention Funds
Meryl Levine, Senior Consultant, National Alliance of Children's Trust and Prevention Funds and Birth Parent National Network

Appendix E: Participant Recruitment Letters

Participant Recruitment Letter: Parent Partner (Telephone Interviews)

Date

Dear Parent Partner,

You are receiving this letter because I have asked your agency to forward this letter to all parent partners who are birth parents with previous child welfare experience. I am writing to inform you about a study I am conducting and your willingness to participate would be greatly appreciated. My study focuses on birth parents with previous child welfare service experience in parent partner roles and how they are being involved at an agency level in child welfare agencies. This study seeks to understand birth parent perceptions about why they are involved, how they are involved, and what is being achieved. This is the first study to undertake an in-depth examination of this type of birth parent involvement and will make an important contribution to the development of knowledge about meaningful involvement practices.

I am a PhD Candidate at the University of Kansas, School of Social Welfare and I am interested in developing knowledge in the child welfare field about how birth parents are being involved beyond the case level. In parent partner programs, parent partners not only provide a direct service to families, but often represent the voice of birth parents at an agency level. An example of this agency level involvement is attendance in meetings, committees, forums, or other events to share the parent perspective in order to improve current child welfare practices and services. It is this agency level involvement that is the focus of this study. If you are a birth parent aged 18 or over with previous child welfare service experience, and have been working as a parent partner for at least six months, I am interested in interviewing you as part of this study.

If selected, your participation will involve taking part in a telephone interview with me, which should take between 60-90 minutes of your time. A follow-up telephone interview may also be conducted as needed. As a study participant, you will be invited to comment on a draft version of the findings. In recognition of your willingness to participate and time, you will receive a $35 gift card upon completion of the study.

Participating in this study means that you will be invited to talk about how and why you are involved at an agency level and how this involvement relates to improvements to child welfare practices and services. This will include spending some time talking about how you became involved as a parent partner following your experience with child welfare services. To ensure your privacy, all information you share during the interview will be kept confidential. Whether you participate or not in this study will not have an effect on your employment with your agency.

With your participation in this study, you may be contributing to new knowledge relating to meaningful birth parent involvement practices in child welfare. The information you provide may also help child welfare agencies better understand the types of agency level involvement perceived

as beneficial and valuable by parents and how parent involvement may be used to help improve child welfare services and the system.

If you would like to assist me by sharing your experiences as a parent partner or if you have any further questions, please contact me at your earliest convenience via email at jerid@ku.edu or by telephone on 785 864 8966.

Thank you in advance for your consideration,

Jeri L. Damman, PhD Candidate
School of Social Welfare
1545 Lilac Lane, Room 2D
University of Kansas
Lawrence, KS 6604-3129
Email: jerid@ku.edu
Tele: 785 864 8966

Participant Recruitment Letter: Parent Partner Coordinators (Focus Group Interviews)

January 11, 2016

Dear Parent Partner Coordinator,

You are receiving this letter because I have asked your agency to forward this letter to all parent partner coordinators who are birth parents with previous child welfare experience. I am writing to inform you about a study I am conducting and your willingness to participate would be greatly appreciated. My study focuses on birth parents with previous child welfare service experience in parent partner roles and how they are being involved at an agency level in child welfare agencies. This study seeks to understand birth parent perceptions about why they are involved, how they are involved, and what is being achieved. This is the first study to undertake an in-depth examination of this type of birth parent involvement and will make an important contribution to the development of knowledge about meaningful involvement practices.

I am a PhD Candidate at the University of Kansas, School of Social Welfare and I am interested in developing knowledge in the child welfare field about how birth parents are being involved beyond the case level. In parent partner programs, parent partners not only provide a direct service to families, but often represent the voice of birth parents at an agency level. An example of this agency level involvement is attendance in meetings, committees, forums, or other events to share the parent perspective in order to improve current child welfare practices and services. It is this agency level involvement that is the focus of this study.

I will be conducting telephone interviews with parent partners as part of this study but am also interested in conducting a focus group with parent partner coordinators. If you are a birth parent aged 18 or over with previous child welfare experience and employed as a parent partner coordinator, I would like to invite you to participate in the focus group interview as part of this study. Your participation in a focus group will involve meeting with me and other parent partner coordinators, which should take approximately 2.5 hours of your time. The focus group will be scheduled to coincide with your agency's monthly parent partner coordinator meeting.

Participating in this study means that you will be invited to talk about how and why you are involved at an agency level and how this involvement relates to improvements to child welfare practices and services. This will include spending some time talking about how you became involved as a parent partner following your experience with child welfare services. To ensure your privacy, all information you share during the interview will be kept confidential. Whether you participate or not in this study will not have an effect on your employment with your agency.

With your participation in this study, you may be contributing to new knowledge relating to meaningful birth parent involvement practices in child welfare. The information you provide may also help child welfare agencies better understand the types of agency level involvement perceived as beneficial and valuable by parents and how parent involvement may be used to help improve child welfare services and the system.

If you would like to assist me by sharing your experiences as a parent partner coordinator or if you have any further questions, please contact me at your earliest convenience via email at jerid@ku.edu or by telephone on 785 864 8966.

Thank you in advance for your consideration,

Jeri L. Damman, MSc, PhD Candidate
School of Social Welfare
1545 Lilac Lane, Room 2D
University of Kansas
Lawrence, KS 6604-3129
Email: jerid@ku.edu
Tele: 785 864 8966

Appendix F: Interview Guides

Interview Guide: Telephone interviews

Birth Parent Involvement at an Agency Level in Child Welfare: Perspectives of Parent Partners at Multiple U.S. Sites

A. Participants Details

Participant's Name	----------
Gender	□ Male □ Female
Age as of 2016 in yrs	
Race	□ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White □ Other (specify)
Ethnicity	□ Hispanic or Latino/a □ Not Hispanic or Latino/a
Highest level of education	□ Some High School, no formal education credentials □ High School Diploma or equivalent □ Some college, no degree □ Postsecondary non-degree award □ Associate's degree □ Bachelor's degree

	□ Master's degree □ Doctoral or professional degree
Employment Status	□ Full time (40 hours per week or more) □ Part time (30-39 hours or more per week) □ Part time (20-29 hours or more per week) □ Part time (10-19 hours per week) □ Less than 10 hours per week □ Not working
If employed, number of paid jobs per week	
Income	□ $5,000 or less annual household income □ $5,001 - $10,000 annual household income □ $10,001-$25,000 annual household income □ $25,001-$50,000 annual household income □ $50,001-$75,000 annual household income □ $75,001-$100,000 annual household income □ over $100,001 annual household income

Site & Program Details

Site Name		
Participant's Title and Position in Program		
Position Responsibilities	Does role include peer mentoring Does role include agency level involvement activities	□ Yes □ No □ Yes □ No
Number of hours per week in this position		
Number of hours in a typical month spent in agency level involvement activities		
Nature of Service with Program	□ Paid, permanent contract with benefits □ Paid, temporary contract with benefits □ Paid, temporary contract with no benefits □ Paid at specified rate, as needed self employed □ Paid in kind (gift card, etc.), as needed self-employed □ Unpaid but reimbursed for expenses, as needed self-employed □ Unpaid, voluntary	
Length of Service with Program	□ less than 1 year □ 1-3 years □ 3-5 years	

	□ 5-7 years □ 7 years or more

Family Status

Marital Status	□ Married □ Common Law/Cohabiting/Domestic Partnership/Civil Union □ Widowed □ Separated □ Divorced □ Single
Children in Household	• List age in 2016 and gender for each child on a separate line:

Children Not in Household	• List age in 2016, gender, and living arrangements for each child on a separate line. • Living arrangement categories: Living independently, With Kin/Fictive Kin, With Adopted Family, Other (specify)

Before we begin talking about how you became involved in your current work, it would be helpful to hear a little about your family's story and how you became involved with child welfare services, how long your case was open, and the outcome.

Research Question I: What personal, interpersonal, and structural factors and processes contribute to participant's decision to become involved at an agency level?

1. **I'm interested in hearing about the factors and processes that led to your decision to become involved in representing birth parents at an agency level. Can you tell me about how and why you became involved in this way?**

   (Note: if participant view is that they are involved as a parent representative because it's their job, focus on why they chose to become a parent partner, whether they knew agency level involvement formed part of this role, and how they felt about that)

   - Personal Influences
     - interest/motivations
     - experiences/life events (including child welfare experience; agency & CPS if different)
     - facilitators and barriers
   - Interpersonal Influences
     - Relationship with the staff/agency
     - Relationship with other birth parents
     - Facilitators and barriers
   - Structural Influences
     - Perceptions of agency/system needs
     - Perceptions of parent/children/family needs
     - Facilitators and barriers

(Note: literature varies about why individuals choose to become involved – to give back to agency that helped family, to educate system on realities of family difficulties, to mobilize/organize for change. This question aims to develop this knowledge)

Research Question II: How are participants involved at an agency level? Specifically, what are the forms and functions of participant's involvement at an agency level?

2. **Parent partners attend various meetings, trainings, and forums but little is known about the way parents are involved when they are there. Thinking about the activities you are involved in at an agency level, I'd like you to tell me about how you are involved and what this looks like.**

    a. **What sort of activities are you involved in? Who else are involved? How? Why?** ***(What are these meetings? Agency, Agency + Partners, Agency + Community..)***

        - The Activities – Type, Scale, Duration, Frequency, Purpose
        - Communication – from highly structured to open discourse
        - Individuals Involved – size of group; roles; professional/parent balance; other stakeholders

    b. **What do you do in these activities and what is the (expected) purpose of/reason for your involvement?**
        - The Role of Parent
            - expected/actual, defined/undefined, written/unwritten, imposed/voluntary, structured/self-initiated
            - providing/receiving info, agenda setting/responding.
            - Position – is parent voice one of multiple stakeholders, one of multiple parent voices, single voice alongside agency staff
        - Focus on Decision Making & Content of Decision Making
        - Who is Parent Representing/Who is Not Represented
            - Caregivers, Parents, Family, Birth Parents
            - Individual parents (self, cases) or Collective (agency parents, birth parents receiving child welfare services)
            - Characteristics (demographics, maltreatment concerns)

    (note: consider the above prompts in the context of the level of participation according to Arnstein (1969) - manipulation, therapy, consultation, placation, partnership, delegated power, citizen control)

    c. **Power, both personal and interpersonal, is an important dynamic to understand in involvement practices because involvement processes may differ based on who holds the power, how those with power use it, and how (or if) some of this power is shared with others. How do you perceive the issue of power in your work as a parent representative at the agency level?**
        - Power Held By
            - Power in agenda setting, leadership, decision making (agency, parent, shared)
            - Does parent feel empowered in their role/as a result of the involvement process/what empowers them
        - Use of power
            - Parents ability to influence process/people
            - Power over/power with

- Potential for power sharing/transfer
- Variability in power across activities (meeting process/individuals)

d. In these activities, you represent the 'voice' of birth parents but you are also employed with the child welfare agency. How do you manage these two different roles in your involvement activity?
- Personal/Interpersonal conflict
- Balancing Support vs. Challenge child welfare system
- Reactions to conflict/challenge - the 'right type' of parent partner

e. How would you describe your agency's approach to promoting birth parent involvement in general?
- Agency perspectives of the involvement of birth parents as stakeholders
- Leadership
- Organizational policies and standards for engagement
- Organizational culture
- Monitoring and QA of engagement activity
- External assistnce to promote inovlvement activities

f. How would you describe your agency's approach to supporting your full involvement in these activities?
- Barriers and facilitators, including:
  - Involvement forums/structures
  - Process & Participation techniques
  - Information
  - Training
  - Resources
  - Access

3. First of all, about how long have you been involved in the agency's work in this way?

a. During this time, how do you feel your involvement has changed?
- Personal development of self and others
- Role development of parent partners (involvement as a core function)
- Agency development (origins of participation to now, attitudes about participation)
- Barriers and facilitators

Research Question III: What do participants hope to achieve through parent involvement at an agency level?
Research Question IV: How do participants perceive their involvement at an agency level contributes to services improvement and reform intended to prevent child maltreatment occurrence or recurrence?

4. **Parent involvement at the agency level is often discussed as a way to achieve services improvement and reform, but we know less about what parents hope to achieve through this type of involvement. When you think about why you are doing this and the various ways in which you are involved, what difference do you hope to make?**
    - Outcomes (what difference it makes) and outputs (products)
    - Levels: Child, Parent, Worker, Family, Group (CW Involved Parents), Agency, CW System, Community, Society

    a. **When you hear that involvement is meant to achieve services improvement and reform, what does this mean to you?**

    b. **How do you perceive your involvement as contributing to services improvements and reform?**

    (note: This is key to answering policy and program issues. Need to allow sufficient time to answer fully)

Research Question V: What recommendations do participants have for addressing services improvement and reforms through parent involvement in the future?

5. **Birth parent involvement at the agency level is in its early stages of development. I'd like to ask you a few questions about how it should be further developed in future. What do you feel is needed to ensure that parent involvement reflects and represents the 'voice' of all birth parents receiving child welfare services?**
    - Diversity (gender, race, age, presenting difficulties, marital status, no. and age of children)
    - Capable, skilled, empowered parents

    a. **What activities are you currently not involved in that you feel birth parent involvement would be beneficial? (i.e. underutilized in areas?)**

    b. **How can the practices of involving parents be more effective in promoting services improvement and reform?**

    c. **How can the field be more explicit about the value and contribution of birth parent involvement and its contribution to services improvement and reform?**

    d. **Is there anything else you would recommend for the future?**

This concludes my questions but is there anything else you would like to add that you haven't had a chance to share yet?

The End.

Interview Guide: Focus Groups

Focus Group Interview Guide: **Birth Parent Involvement at an Agency Level in Child Welfare:** **Perspectives of Parent Partners at Multiple U.S. Sites**

Participants to individually complete questionnaire at the beginning of the focus group interview

Participants Details	
Participant's Name	----------
Gender	□ Male □ Female
Age as of 2016 in yrs	
Race	□ American Indian or Alaska Native □ Asian □ Black or African American □ Native Hawaiian or Other Pacific Islander □ White □ Other (specify)
Ethnicity	□ Hispanic or Latino/a □ Not Hispanic or Latino/a
Highest level of education	□ Some High School, no formal education credentials □ High School Diploma or equivalent □ Some college, no degree □ Postsecondary non-degree award □ Associate's degree □ Bachelor's degree

	□ Master's degree □ Doctoral or professional degree
Employment Status	□ Full time (40 hours per week or more) □ Part time (30-39 hours or more per week) □ Part time (20-29 hours or more per week) □ Part time (10-19 hours per week) □ Less than 10 hours per week □ Not working
If employed, number of paid jobs per week	
Income	□ $5,000 or less annual household income □ $5,001 - $10,000 annual household income □ $10,001-$25,000 annual household income □ $25,001-$50,000 annual household income □ $50,001-$75,000 annual household income □ $75,001-$100,000 annual household income □ over $100,001 annual household income

Site & Program Details	
Site Name	
Participant's Title and Position in Program	

Position Responsibilities	Does role include peer mentoring Does role include agency level involvement activities	□ Yes □ No □ Yes □ No
Number of hours per week in this position		
Number of hours in a typical month spent in agency level involvement activities		
Nature of Service with Program	□ Paid, permanent contract with benefits □ Paid, temporary contract with benefits □ Paid, temporary contract with no benefits □ Paid at specified rate, as needed self employed □ Paid in kind (gift card, etc.), as needed self-employed □ Unpaid but reimbursed for expenses, as needed self-employed □ Unpaid, voluntary	
Length of Service with Program	□ less than 1 year □ 1-3 years □ 3-5 years □ 5-7 years □ 7 years or more	

Family Status

Marital Status	□ Married □ Common Law/Cohabiting/Domestic Partnership/Civil Union □ Widowed □ Separated □ Divorced □ Single
Children in Household	List age in 2016 and gender for each child on a separate line:
Children Not in Household	List age in 2016, gender, and living arrangements for each child on a separate line (living arrangement categories: Living independently, With Kin/Fictive Kin, With Adopted Family, Other: *specify*)

Introduction

Before we begin talking about how you became involved in your current work, it would be helpful to hear a little from each of you about your family's story and how you became involved with child welfare services, how long your case was open, and the outcome.

Research Question I: What personal, interpersonal, and structural factors and processes contribute to participant's decision to become involved at an agency level?

6. **I'm interested in hearing about the factors and processes that led to your decision to become involved in representing birth parents at an agency level. Can you tell me about how and why you became involved in this way?**

   (Note: if participant view is that they are involved as a parent representative because it's their job, focus on why they chose to become a parent partner, whether they knew agency level involvement formed part of this role, and how they felt about that)

   - Personal Influences
     - interest/motivations
     - experiences/life events (including child welfare experience; agency & CPS if different)
     - facilitators and barriers
   - Interpersonal Influences
     - Relationship with the staff/agency
     - Relationship with other birth parents
     - Facilitators and barriers
   - Structural Influences
     - Perceptions of agency/system needs
     - Perceptions of parent/children/family needs
     - Facilitators and barriers

(Note: literature varies about why individuals choose to become involved – to give back to agency that helped family, to educate system on realities of family difficulties, to mobilize/organize for change. This question aims to develop this knowledge)

Research Question II: How are participants involved at an agency level? Specifically, what are the forms and functions of participant's involvement at an agency level?

7. **Parent partners attend various meetings, trainings, and forums but little is known about the way parents are involved when they are there. Thinking about the activities you are involved in at an agency level, I'd like you to tell me about how you are involved and what this looks like.**

a. What sort of activities are you involved in? Who else are involved? How? Why? *(What are these meetings? Agency, Agency + Partners, Agency + Community..)*

- The Activities – Type, Scale, Duration, Frequency, Purpose
- Communication – from highly structured to open discourse
- Individuals Involved – size of group; roles; professional/parent balance; other stakeholders

b. **What do you do in these activities and what is the (expected) purpose of/reason for your involvement?**
- The Role of Parent
    - expected/actual, defined/undefined, written/unwritten, imposed/voluntary, structured/self-initiated
    - providing/receiving info, agenda setting/responding.
    - Position – is parent voice one of multiple stakeholders, one of multiple parent voices, single voice alongside agency staff
- Focus on Decision Making & Content of Decision Making
- Who is Parent Representing/Who is Not Represented
    - Caregivers, Parents, Family, Birth Parents
    - Individual parents (self, cases) or Collective (agency parents, birth parents receiving child welfare services)
    - Characteristics (demographics, maltreatment concerns)

(note: consider the above prompts in the context of the level of participation according to Arnstein (1969) - manipulation, therapy, consultation, placation, partnership, delegated power, citizen control)

c. Power, both personal and interpersonal, is an important dynamic to understand in involvement practices because involvement processes may differ based on who holds the power, how those with power use it, and how (or if) some of this power is shared with others. How do you perceive the issue of power in your work as a parent representative at the agency level?
- Power Held By
    - Power in agenda setting, leadership, decision making (agency, parent, shared)
    - Does parent feel empowered in their role/as a result of the involvement process/what empowers them
- Use of power
    - Parents ability to influence process/people
    - Power over/power with
- Potential for power sharing/transfer
- Variability in power across activities (meeting process/individuals)

d. In these activities, you represent the 'voice' of birth parents but you are also employed with the child welfare agency. How do you manage these two different roles in your involvement activity?
- Personal/Interpersonal conflict
- Balancing Support vs. Challenge child welfare system
- Reactions to conflict/challenge - the 'right type' of parent partner

e. How would you describe your agency's approach to promoting birth parent involvement in general?
- Agency perspectives of the involvement of birth parents as stakeholders
- Leadership
- Organizational policies and standards for engagement
- Organizational culture
- Monitoring and QA of engagement activity
- External assistnce to promote inovlvement activities

f. How would you describe your agency's approach to supporting your full involvement in these activities?
- Barriers and facilitators, including:
  - Involvement forums/structures
  - Process & Participation techniques
  - Information
  - Training
  - Resources
  - Access

8. First of all, about how long have you been involved in the agency's work in this way?

a. During this time, how do you feel your involvement has changed?
- Personal development of self and others
- Role development of parent partners (involvement as a core function)
- Agency development (origins of participation to now, attitudes about participation)
- Barriers and facilitators

Research Question III: What do participants hope to achieve through parent involvement at an agency level?
Research Question IV: How do participants perceive their involvement at an agency level contributes to services improvement and reform intended to prevent child maltreatment occurrence or recurrence?

9. Parent involvement at the agency level is often discussed as a way to achieve services improvement and reform, but we know less about what parents hope to achieve

through this type of involvement. When you think about why you are doing this and the various ways in which you are involved, what difference do you hope to make?

- Outcomes (what difference it makes) and outputs (products)
- Levels: Child, Parent, Worker, Family, Group (CW Involved Parents), Agency, CW System, Community, Society

a. When you hear that involvement is meant to achieve services improvement and reform, what does this mean to you?

b. How do you perceive your involvement as contributing to services improvements and reform?

(note: This is key to answering policy and program issues. Need to allow sufficient time to answer fully)

Research Question V: What recommendations do participants have for addressing services improvement and reforms through parent involvement in the future?

10. Birth parent involvement at the agency level is in its early stages of development. I'd like to ask you a few questions about how it should be further developed in future. What do you feel is needed to ensure that parent involvement reflects and represents the 'voice' of all birth parents receiving child welfare services?

- Diversity (gender, race, age, presenting difficulties, marital status, no. and age of children)
- Capable, skilled, empowered parents

a. What activities are you currently not involved in that you feel birth parent involvement would be beneficial? (i.e. underutilized in areas?)

b. How can the practices of involving parents be more effective in promoting services improvement and reform?

c. How can the field be more explicit about the value and contribution of birth parent involvement and its contribution to services improvement and reform?

d. Is there anything else you would recommend for the future?

This concludes my questions but is there anything else you would like to add that you haven't had a chance to share yet?
The End.

Appendix G: Codebook

Child Welfare Involvement History

- Case Decisions & Duration
    - Duration of Case
    - Removal and Reunification
- Parent Experiences of Challenges-No Challenges
    - Decision making related to case
    - Good experience, no problems
    - Lack of support,felt alone
    - Multiple workers, providers
    - Post-child welfare challenges
    - Someone believed in me
    - Support from others (foster-adoptive parents)
    - Unique challenges for fathers
    - Wait for treatment, difficult staying clean
    - Workers (positive, mixed, negative)
- Parent Feelings & Behaviors about CW Contact & Involvement
- Parental Difficulty Contributing to CW Involvement
    - Domestic violence
    - Parental Substance abuse history
- Person Referring to CW
- Reason for CW Referral
    - Domestic violence
    - Multiple reports
    - Substance abuse
        - Substance and birth
        - Substance and child unsupervised
        - Substance and DV
        - Substance and police involvement
- Services Received
- Turning Point to Success
    - Faced with situation where had to come clean, confess
    - Life changing support
    - Ready for better life, deserved a change

Factors in Becoming a Parent Partner

- Personal
    - Employment related
    - Purpose, Giving Back, Helping Others
    - Part of recovery
- Interpersonal
    - Being given the chance

    - Prior experience of PP program
    - You'd be a great parent partner
- Child Welfare System
    - Helping others, offset negative effects of system
    - Wanted to improve the system

What Birth Parents Bring to Involvement Activities

- Contribution (what they bring)
    - Authenticity
    - New, important knowledge
- Principles of Involvement
    - Child-focused
        - Child safety, not reunification or case closure
        - Common ground to get things done
        - Work with parent, but it's about the child
    - Held to Higher Standards
    - Partnership with CW (non-adversarial)
- Values of Involvement

Who are the Birth Parents

- Parents unique, the exception
- Passionate about work
- Strong parent identity
- Respect for the system (not bitter, saved our lives)
- General view of CW system
    - Some important changes need
    - Much improvement since case open
    - Not many changes needed

The Child Welfare System

- CW Agency (Relationship)
    - CW agency accepts, values, supports PP
- Leadership (CW, PP)
    - Leadership beliefs based on personal experience
    - Relationships with Leadership (Personal, Supportive, Long Term)
    - Strong leadership buy-in essential
- The Parent Partner Agency
    - PP Agency Employment
        - Employment status and benefits
        - Give you a job when others won't
    - PP Agency Philosophy
        - A path to something else
        - Democratic, equal, inclusive
    - PP Agency Supports, Resources
        - Build skills to move on, a springboard

        - Very supportive team
        - Supporting continued education

Barriers and Limitations to Involvement

- Barriers to Access to PP Involvement
    - Geographical Differences re meetings
    - Negative beliefs about parents
- Barriers to productive PP involvement
    - Unproductive meetings
    - PP do not have a purpose
        - Poor fit for PP
        - PP role in mtg unclear, undefined
        - No contribution to agenda
    - PP involvement not valued
        - Convener not interested in change, PP involvement
        - Some individuals, groups not on board
        - Some conversations wouldn't matter
    - Limitations to Representing Parents in BP Involvement
        - Being realistic about CW System change
        - Being realistic about parent change
        - CW cases aren't meant to be easy
        - Intimidating in challenging, criticizing the CW system
        - Early focus on child focus, killing with kindness

Developing PP for Involvement

- Development Area (Attributes, Skills, Knowledge)
    - Personal Development
        - Attributes
            - Being okay with uncertainty, wing it
            - Developing confidence, positive outlook
            - Developing passion, purpose
            - Realize potential, possibilities in life
            - Value and importance of self, voice
        - Knowledge
            - Learning a new way of life
        - Skills
            - Managing emotions
            - Stepping out, interacting with others
    - Professional Development
        - Attributes
            - Being professional =
            - Finding your own style, finding yourself
        - Skills
            - Developing competence in involvement activity
            - Effective communication
                - Communicating appropriately

        - Communicating productively
        - Communicating strategically (Skill)
            - Learning to be strategic
            - Learning to tailor a story
    - Knowledge
        - Understanding expectations
        - Understanding the child welfare system

- Development – General (Stages, Importance, Abilities)
    - Development stages
        - Continued development
        - Early Development
            - Early feelings re system level involvement
            - Early understanding of involvement purpose and activities
        - Future development (focused on next generation)
            - Career progression
            - Future education
            - Glass ceiling to development
            - Stepping back from involvement activity
            - Transition from PP to Coordinator

- Development Methods (Relational, Experiential, Reflexive)
    - Experiential (Developing Involvement Skills)
        - Access
            - Providing opportunities, opening doors
        - Application
            - Attending meeting with someone
            - Gradually being 'forced' to speak
        - Observation
            - Observing others, shadowing opportunities
            - Observe meeting (dynamics, communication)
        - Practice
            - Practice opportunities
                - Talking about program, telling story with support
    - Reflexive (Knowledge, Understanding)
        - Establishing purpose
            - Strategic Sharing (Method)
        - Harnessing Strengths & Passion
        - Transformation
            - Reflect & change my practice
            - They don't want to you expect anything
            - When the light comes on
    - Relational (Mentoring, Supervision)
        - Emotional support
            - Strong personal relationships
            - Protect them

        - To understand (know) them and their story
        - Being part of a team
        - Build trust
    - Empowering PP
        - Belief and encouragement
        - My voice matters
        - Others reaching out
        - Pushing beyond comfort zone
    - Mentorship
        - Teaching Skills
- Form & Timeframe
    - Dialogue
    - Mentoring
    - Monthly consultation
    - Training (varied, early)
    - Timeframe
        - Immediate to six months
        - Slow, incremental

Dynamics, Relationships, Skills

- Build strong, mutually respectful relationships
- Effective communicator
    - Challenge respectfully
    - Confident, passionate speaker, storyteller
    - Learning to express a personal side-difficult story
    - Managing shame, guilt
    - Open, honest, transparent
    - Perseverance and change focused
    - Reflective, delicate, respectful communication
    - Tailoring my story to audience
- Effective response
    - Highly receptive, warmth
    - Receptive to positive and negative
- Factors in developing relationships
    - Developing trust
    - Feedback builds relationships
    - Work in other contexts
    - People know your approach
- Ineffective communication and response
- Relationship qualities – equal, respectful, approachable

Power and Influence

- Power held in involvement activities
    - Collective power
    - Power varies by mtg leadership, goals

    - Process of evolving power
    - Synergistic power
    - System power (power imbalance)
- Power of parent partner
    - External source of PP empowerment
        - Being heard and taking action
        - Brining parents into circle, inclusion
        - Providing platform for voice
        - Recognizing value of parent voice
        - Relationships with leadership
    - Internal Power of PP
        - Ability to influence
        - Ability to initiate change
        - Passivity and passion
        - Possessing important information
        - My voice, having voice
- Power of the story
    - Delivery and receipt of story
    - Experiencing the story
    - Action because of the story
    - Content of story
    - Use of story for good

PP Assignment, Prep, Getting Started

- Getting started
    - Figuring out what they want
    - Intimidating, Awkward
- PP assignment to involvement activity
    - Matching PP to Mtg (life experiences, strengths, style)
    - Who assigns
- PP preparation for involvement activity
    - Suit up and show up
    - Tailoring my story

Role of Parent

- Parents Role in involvement activity
    - To contribute
        - Contribute ideas
        - Contribute to decision making
    - To deliver
        - Establish network of resources
        - Gather resource info
        - Info sharing to team, families
        - Provide PP Program Info
    - To inform
        - What is the perspective

        - Whose perspective is it
        - Why perspective is elicited
- Role Balance, Conflict
    - Role integration – mentoring and involvement activity
    - Halfway and in between professional and parents
    - Balancing the BP and PP Employee role
        - Roles integrated (BP & Employee)

The Meeting

- Meeting Frequency
- Meeting Participants
- Meeting Purpose
- Favorite Meetings (most enjoyable, impactful, influential, passionate about)
- The Meeting Type
    - Agency
        - Improve
        - Initiate
        - Provide
    - Community
        - Improve
        - Provide
    - Families
        - Provide
    - National Child Welfare Structure
        - Improve
        - Initiate
    - System
        - Improve

Future Recommendations

- Future recs for BP Involvement
    - Address current barriers
    - More established involvement beliefs, practices
    - More parents, more opportunities
    - New Involvement models
    - Nothing identified

Impact of BP Involvement

- Improvement and Reform
    - How parents contribute to improvement and reform
        - Contributing to improvement work
        - Developing knowledge in cw system
        - Minimal contribution
    - Meaning of improvement and reform
        - Client informed so they work for families
        - Approach with parents, families

        - Outcome achievement for families
        - Service Delivery
- Outcomes
    - Being achieved (actual, perceived)
        - Community
        - Family (CW Family)
        - Parent Partner (Individual, Family)
        - System
    - Hope to achieve (anticipated outcomes)
        - Community
        - Family (CW Family)
        - Parent Partner (Individual, Family)
        - System
    - Pathway to outcome achievement (change process)
        - Change through Better Relationships
            - Better Understanding
            - Changed Behavior, Feelings
            - Changed Perspective
            - Getting to know us as people
            - Improved working relationships