Closer to Home: Parent Mentors in Child Welfare

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This article addresses the emerging use of parent mentors—parents who have successfully negotiated the child welfare system and provide support and advocacy to others. The theoretical justification, roles, and expected outcomes and benefits of parent mentors are explored. The organizational factors thought to be required for such programs are also described, drawing on the available literature and the practice experience of a recently implemented Parent Partners program in a county child welfare agency.

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A trend is emerging in services to families involved with the child welfare system: parents and other caregivers who have been service recipients are mentoring others new to the system, providing support, information, and advocacy. Child welfare professionals are beginning to involve parents in many phases of child welfare especially to support permanency and reunification of the child to his or her family. Although there are precedents of similar parent-to-parent helping roles in education (see the Technical Assistance Alliance for Parents, www.taalliance.org), mental health services (Federation of Families for Children’s Mental Health, 2001), and group self-help for child abuse prevention (Murphy-Berman & Melton, 2002), very little literature describes the theoretical assumptions and expected outcomes of these innovative types of services, not to mention their role within formal child welfare services.

The introduction of informal helping within a professional agency brings up numerous practice- and policy-related questions: What roles do parent mentors play in such a complicated service system? What are the underlying assumptions justifying their participation? What are the potential benefits and challenges, and what can parent mentors be expected to accomplish? What organizational factors are required to sustain such participation? This article will explore these issues by reviewing relevant theoretical and program literature, particularly in the areas of family-centered parent support and self-help programs, and drawing on the practice experience of a newly implemented Parent Partners program in a county child welfare system.

Defining the Intervention

The role of a parent advocate: to provide families with information, support and guidance as they negotiate the system ... so they can have successful interactions with the system. (Sayida Sandoval, personal communication, October 17, 2005)
Parents* faced with the removal of a child or an investigation of child abuse or neglect experience a range of emotions including fear, distrust, and ambivalence (Bicknell-Hentges, 1995). Parents experiencing these responses are generally drawn to informal support services because of overwhelming loneliness, social isolation, and their need for help with parenting skills and help with personal problems (Cameron, 2002). Their families often have multiple needs in the most basic of life areas, such as housing, income, education, health, childcare, and family relationships (Maluccio, 1989). Responding to these needs requires the efforts of numerous professional, community, and informal sources of assistance. Resources within the family are considered by most experts to be the most essential in providing solutions to decisions about placement and reunification (Maluccio, 2000). Parents who are suspected of child abuse or neglect, however, may not be able to rely on family members for support throughout the various phases of the investigatory and reunification or placement phases. In families with limited resources as well as substance abuse problems, the parent may have already stretched extended family resources to the limit (Hirshorn, Van Meter, & Brown, 2000).

Budde and Schene (2004) categorize the various types of informal support services as those that use an existing support network, such as family members, and those that create new social networks through the use of individual peers or peer groups. Within the latter category are a wide variety of interventions and types of targeted clients. This article will focus on one specific type of informal support service: the use of parent peers external to the family to provide individualized mentoring and advocacy to other parents in the child welfare system.

* Although similar interventions may be implemented for other types of caregivers such as foster parents or other relative caregivers, in this article the term “parent” refers to birth parents who are the targets of a specific Parent Partner intervention. The term “Parent Partner” refers to the person providing the mentoring.
In one California program designed to support reunification of children with their parents, Parent Partners are defined as "life-trained paraprofessionals" (i.e., those who have successfully negotiated the child welfare system). As contracted paid staff in a county child welfare agency, they serve as mentors by providing one-on-one support at critical moments in the parent's interface with the child welfare system, such as court hearings, important meetings like Team Decision Making (Annie E. Casey Foundation, 2002), and when appropriate, during meetings between the parent and caseworkers. Parent Partners also serve as parent leaders, identifying and recruiting other Parent Partners, training child welfare staff on working with Parent Partners, and collaborating with agency staff in designing and improving services. In addition, many opportunities exist for Parent Partners to provide informal support outside of scheduled meetings.

Contra Costa County is California's ninth largest county characterized by a highly diverse and growing population. The county is one of nine government and tribal authorities nationwide to be awarded a five-year grant from the Children's Bureau entitled "Improving Child Welfare Outcomes through Systems of Care." The focus of the grant is improving placement stability and permanency outcomes for children and youth. One strategy specifically targets reunification with the goals to increase reunification rates and shorten the length of time to successful reunification. To that end, the Parent Partner Program was developed. Two full-time Parent Partners were hired as contract staff. In addition, social workers nominated parents who had successfully reunified with their children to be part-time Parent Partners. The response of these nominees was remarkably similar: They felt honored to be nominated and were committed to giving back and helping others experiencing the trauma of having their children removed from their care.

To pilot the program, the county selected one regional service area. A balanced number of Parent Partners and child welfare staff were trained together intensively and assisted in designing the
pilot. To prepare Parent Partners to assist other parents to navigate the child welfare system, as well as prepare them to understand the system as insiders, a comprehensive training program was developed. Modules of an already existing induction training for new child welfare staff were incorporated into a specially designed curriculum with topics including an overview of the child welfare system, mandated reporting of child abuse, and an overview of the juvenile court, including types and purposes of hearings. In addition, training was developed around the use of self and setting boundaries for paraprofessionals. Each training included a debriefing with the Parent Partners to ensure that adequate attention had been given to their unique questions and that they were developing the confidence to ask questions as peers with the professional staff in the training. As one strategy to infuse the program into the agency, the Parent Partners and newly hired caseworkers were co-trained using a training model informed by the Annie E. Casey Foundation's national training curriculum Building A Better Future (Jimenez & Weinstein, 2003). This curriculum provides child welfare workers and Parent Partners the experience of learning about each other as individuals outside the roles they may have in the child welfare system. Both parents and child welfare staff reported gaining new perspectives as a result of these training sessions.

The next step following this shared experience was to identify what parents would be matched with Parent Partners. Together, the co-trained child welfare staff and Parent Partners determined that the first parents to be offered the mentoring service would be those who had a suspected or identified substance abuse problem that affected their ability to provide a safe environment for their children. Parents would be offered the voluntary mentoring services at the time of the initial hearing when the court would determine whether to legally detain the children in out-of-home care. Parents meeting the basic criteria also could be referred to Parent Partners by caseworkers after disposition decisions.

Once parents are referred, the Parent Partner engages the parent by sharing his or her own experiences, takes an informal
inventory of current needs, and makes suggestions for follow-up. Formal and informal resources are suggested, and from the start parents are strongly encouraged to become active in their own care:

I have a good connection to community resources. When my parents are having a hard time I feel sure that if I give them a resource number to call it makes it easier for them if they say ‘Cheryl Barrett said I should call,’ and they know who I am. (Cheryl Barrett, personal communication, October 17, 2005)

Parent Partner contacts at Team Decision Meetings or court hearings also may be provided to enrolled parents at their request. The number and types of informal contacts vary by parent, but can occur many times during the first few days to engage the parent and provide necessary mentoring and information sharing during a time of crisis. Informal contacts continue on during the relationship and also can occur after case closure, as parents continue to deal with the sequela of their involvement with the system and attempt to go on with their lives after the formal child welfare case has been closed.

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**Expected Outcomes**

Interventions like parent support programs typically address many objectives. In a meta-analysis of Family Support Programs in child welfare services, researchers found that family support programs had numerous program goals, such as improved parenting, child development, social support, family health care, child abuse prevention, and parent self-help empowerment, among others (Layzer, Goodson, Bernstein, & Price, 2001). Child welfare services in general are aimed at ensuring children’s safety, increasing placement permanence and stability, and improving the well-being of children and families (Promoting Safe and Stable Families Act of 1997, 42 U.S.C. § 629 [2003]). As with other human services aimed at improving the quality of life for vulnerable populations, intervention activities are difficult to directly link to these distal
outcomes that are potentially affected by numerous factors beyond the intervention (Rossi, Freeman, & Lipsey, 1999), such as chronically disadvantaged communities (Coulton, Korbin, Su, & Chow, 1995), societal oppression, and the unabated racial disproportionality of those receiving child welfare services (Derezotes, Poertner, & Testa, 2005). Family preservation and family support programs have not been shown to measurably affect outcomes like recurrence of maltreatment or out-of-home placement (Chaffin, Bonner, & Hill, 2001; Schuerman, Rzepnicki, & Littell, 1994). The question remains whether or not a parent-to-parent focused mentoring program is able to affect these outcomes.

The effects of such interventions on more proximal outcomes might be more apparent. With informal support services for parents, engagement with the parent is considered the most important initial objective, albeit one that has not been conceptually well understood (Littell, Alexander, & Reynolds, 2001). Without some type of engagement, the intervention could not be expected to accomplish other objectives. For example, recent research on Family Group Decision Making, a family-centered decision process involving both informal and formal supports (Merkel-Holguin, Nixon, & Burford, 2003), showed high levels of engagement with caregivers as a result of the intervention (Center for Social Services Research, 2004). Engagement consists of multiple constructs (Yatchmenoff, 2005), including the client’s buy-in—receptivity to receiving help and a perception that the help matters. In addition, engagement can mean active participation or goal ownership, a working relationship with the helper, and a reduction of mistrust that characterizes the initial phase of involvement with child welfare authorities.

The use of peer mentors also might be expected to expand social networks (Budde & Schene, 2004), increase self-esteem (Cameron, 2002), and improve family functioning and parenting skills (Layzer et al., 2001). What remains unclear is the relationship of these proximal outcomes to the distal child welfare outcomes of preventing the reoccurrence of maltreatment, increasing the probability of reunification, or ensuring placement stability.
Effectiveness of Parent Support Programs

Elements of effective parent support programs are those that involve peer mentoring or peer support group components and those that are linked to or integrated within formal services and service systems (Chaffin et al., 2001; Layzer et al., 2001). Programs with peer support have larger positive effects on parental attitudes and knowledge compared to those without peer support (Layzer et al., 2001). Regardless of the level of peer support, programs that also address concrete needs resulting from parental poverty (such as assistance with day care, housing, transportation, food, etc.) are more successful than other types of family support programs (Chaffin et al., 2001). The picture that is emerging is that successful programs incorporate some form of peer support, address the concrete needs of parents, and are integrated with the formal service system.

Theoretical Perspectives

In an interaction between a parent and a Parent Partner, the parent, after being advised on a course of action by the Parent Partner, immediately reacted by saying “You don’t know what I’m going through …” Then the parent paused and continued, “Wait. You do know what I’m going through!” (Valerie Earley, personal communication, October 17, 2005)

Why would parent mentoring be expected to make a difference in the complicated and often adversarial environment of the child welfare system? One explanation describes effective social support as that which strengthens an individual’s coping skills through the empathic connection with and actions of significant others (Thoits, 1986). Individuals exposed to stress, the result of sudden life events (e.g., the removal of a child) or chronic strains (e.g., persistent poverty or illness), become overwhelmed in their ability to adjust. Other people are needed to supply alternative coping skills, or participate directly in the individual’s efforts to cope.
A central principle in this support model is the individual’s perception that the helper has had similar experiences, allowing the helper’s suggestions and behavior to become more acceptable to the individual than those of others (such as child welfare professionals) who may be perceived as different in experiences, situation, social status, or authority role. The extent to which the individual perceives the helper as similar in experience (or at least willing and able to understand the individual’s experience) will determine the effectiveness of the mentoring relationship. This perspective is an important component, for example, in parent mentoring programs for children with disabilities (Singer et al., 1999) and peer support groups in general (Taylor, Buunk, & Aspinwall, 1990).

This “I’ve been there” aspect of the mentoring relationship also underlies other family-centered, strengths-based programs, such as those in children’s mental health services. Here, parents’ roles have expanded from that of the recipient of services, marginalized from the traditional clinical focus on the child (or defined as the cause of the problem) to a partner in the treatment process, as well as a partner in the planning of new systems of care (Friesen, 1996). For those settings where this transformation has occurred, important effects on various levels of the service system have occurred. In addition to reducing the traditional tendency to stigmatize and blame parents, treatment processes have been modified to incorporate individual and family strengths, include other significant community members to support the family (such as parent mentors), encourage parents to help others as providers of service, and use parents as advocates for change at higher policy levels (Friesen & Stephens, 1998).

In descriptions of parent involvement at all levels of service from treatment planning to policy reform, empowerment is a common theme and an important theoretical construct that can play a role in the pathway toward achieving outcomes. Without families and caregivers feeling empowered, other outcome objectives are not likely to occur (Vander Stoep, Green, Jones, & Huffine, 2001).
Empowerment is seen as a counter to a one-down position vis-à-vis the treatment professional and clinic setting. Rather than objects of treatment, parents are seen as active collaborators in care. The perception of becoming empowered can be curative in its own right. For example, as a key component in group self-help interventions for adults with severe mental illness, a feeling of being empowered can directly influence positive outcomes in levels of social and mental functioning (Davidson, Chinman, Kloos, Weingarten, Stayner, & Tebes, 1999; Segal, Silverman, & Temkin, 1997). Empowerment is thought to increase people’s ability to make decisions for themselves, gain control over common life domains (e.g., shelter, income, health care), and provide an opportunity to participate in the larger processes of directing how services are delivered (Segal et al.).

In family-centered children’s mental health services, the central role of parents in making decisions about their families has been restored as assessment protocols, and ongoing planning meetings incorporate parent preferences for services and directly involve parents in evaluating progress (Vander Stoep et al., 2001). The learning task for parents new to the system is how to become empowered. That involves a set of skills that also overlap with those of effective communication, decisionmaking, and advocacy (Jones, Garlow, Turnbull, & Barber, 1996). Mentors train parents on the skills of empowerment and how to identify strengths, work effectively with professionals, and fully participate in treatment planning.

The encouragement of empowerment and active involvement is in line with a competency-centered approach that mobilizes or develops the parent’s strengths (Maluccio, 2000). This approach recognizes that people are inextricably linked to their environmental context and highly individual in their particular problems, needs, and available resources. Parents are assumed to possess strengths and capabilities despite the adversity they have experienced. Their environmental context also possesses resources that had previously been untapped, and the role of the helper is to
assist the parent to recognize her internal resources and successfully act on her own behalf in seeking out services.

Helping parents take responsibility for their own decisions and behavior is one common theme in the program language of the Parent Partner program:

Some of our parents come into the system as the victim, pointing fingers, ‘they [police or the system] did this, they did that ...’ We help ... parents become accountable for the part they played having their children removed. (Sayida Sandoval, personal communication, October 17, 2005)

Gaining an understanding of one’s role in such drastic events, especially when substance abuse is involved, may take time beyond the current involvement in child welfare services. Even so, building relationships with other helpers is a prerequisite. Such relationships require, at the very least, some amount of engagement as described previously, such as the parent’s receptivity to receiving this confrontational information and a continued sense that the information is meaningful and helpful (Yatchmenoff, 2005). The level of engagement is especially important when substance abuse treatment is indicated. The client’s motivation for help is highly related to engagement with substance abuse treatment, which in turn influences the chances for recovery (De Leon, Melnick, & Tims, 2001). An issue requiring further study is the cross-cultural relevance of constructs like engagement and empowerment and their role in parent mentoring with culturally and linguistically diverse families.

At a time when a parent is overwhelmed by multiple problems such as the prospect of losing custody of a child and out-of-control substance use, the importance of hope cannot be overstated: “I’ve been clean and sober for eight years. Hearing about someone who has been clean and sober for nine years gives me hope” (Angela Braxton, personal communication, November 17, 2005). In describing the basic role of hope in substance abuse recovery, Braxton, a Family Partner from Kansas, also underscores the need to instill hope in parents facing other kinds of adversity as well.
Organizational Issues

Although little research has examined those organizational characteristics associated with effective parent or family support programs, existing program descriptions offer some promising principles and practices. The development of parent and family friendly environments requires the promotion of family-defined services that encourage positive coping, focusing on strengths, and including parents in decisionmaking at both the case and organizational levels (Friesen, 1996). Programs in mental health and child welfare settings typically place emphasis on family reunification or the avoidance of out-of-home placement whenever feasible. Parent support programs typically emphasize greater acceptance of parents’ authority while reiterating that child abuse or neglect is unacceptable (Cameron, 2002). A controversy often arises when innovative family-centered programs are implemented within child welfare agencies (Schuerman et al., 1994). Should resources be prioritized to ensure the safety of the child or the reunification of the child to the family? This issue also may be present when parent-mentoring programs are implemented and requires discussion during the planning stages as well as further study.

Research is also lacking on how organizations adapt to the collocation of professionals and parent mentors. Professional staff and caseworkers must adapt to the inclusion of parent mentors (some from their recent client caseloads) in meetings, case discussions, and service planning. Parent mentors must be viewed now as resources, with the potential for resolving decisions about difficult cases. If parent mentors are truly empowered, professional staff also must be prepared for honest feedback challenging accepted ways of doing their jobs. How do parent mentors bridge the gap between parents and agency staff? As one parent mentor explains:

We don’t take sides ... we remain neutral. For example, when my parent starts to complain about someone or something, I listen. Then I ask the parent ... what it is that you can do besides vent your frustrations? And we usual-
ly come up with some pretty good ideas ... [keep a] jour-
nal, call someone .... (Sayida Sandoval, personal communi-
cation, October 17, 2005)

Issues requiring thoughtful policy guidelines for agencies incorporating parent mentoring includes confidentiality and protecting clients’ privacy, workload concerns (e.g., balancing availability for ongoing informal contacts with the needs of newly assigned parents), the role of parent mentors in dealing with suspected child abuse or neglect, and boundary issues for Parent Partners, related to the distinction between paraprofessional versus professional roles. Because the Contra Costa County Parent Partners make themselves available at court hearings, what should their role be vis-à-vis legal representatives and should they have a voice? Resolving these issues has the potential for transforming many aspects of the philosophy, values, and operations of child welfare systems and family courts.

Because of the innovative nature of parent mentoring in child welfare services, significant challenges arise when implementing and sustaining this type of service. For Contra Costa County, concerns initially arose about difficulties recruiting parents as mentors. After implementation, however, the number of parents interested in becoming mentors has far exceeded expectations. Agency readiness for parent mentors requires substantial training at all levels of the organization. Parent mentors, many of whom are new to working within bureaucracies, need training on how to work effectively within groups (Federation of Families for Children’s Mental Health, 2001).

Agency staff have to change as well. Staff used to discussing families in deficit-based language may have to temper their discussion of cases with strengths-based language, hopefully mirroring a shift in attitudes towards their assigned families. In the Parent Partners Program, agency staff have had to learn to modify their comments and behaviors in the workplace when Parent Partners are sitting in cubicles nearby. An unintended and desired consequence of housing the Parent Partners in the workplace has
been an increased sensitivity to Parent Partners’ (and thus parents’) concerns and a sharing of the different perspectives of the difficult challenges involved in child welfare work. Sustaining a parent-mentoring program financially is challenging because it does not fit into established funding categories for the Title IV-E Foster Care Program nor within those of other large categorical funding sources such as Medicaid.

Implications for Child Welfare Services

Despite the uncertainties about the effects of a parent mentoring program on child welfare outcomes as measured by federal standards, most descriptions and evaluations of parent support programs, especially those that involve peer support, indicate that parent mentoring promises to ease pathways through the child welfare system for new parents. This is no small matter in a system where decisions about the future of children and families often take place in a highly adversarial and legal environment.

The basic elements of a parent mentoring intervention can be summarized in the areas of parent mentor characteristics and organizational environment. Characteristics of effective parent mentors include a willingness to share their own “story” and use it to instill hope. Parents may not be immediately receptive (i.e. they might not actively seek out help); however, when help is offered by the right person in the right way, parents will respond. The desired outcome is engagement. As the program matures and grows, matching Parent Partners to specific types of new parents may increase the likelihood for effective engagement. Parent mentors also must maintain a flexible and balanced view toward the professional and legal sectors of the child welfare environment. Modeling effective behavior by navigating the system is important to a parent whose behavior has, in the past, served to undermine his or her family’s well-being. Mentors should perceive themselves as empowered and be prepared to be the voice of their assigned parents as well as represent them in larger planning
activities and professional staff training. Empowerment is both an attitude and a set of behaviors that can be modeled in the relationships between the Parent Partner, the parent, and the agency.

The organizational environment refers to the agency’s structural support for a parent mentoring program and the organizational climate and culture that might affect professionals’ attitudes about parent mentoring. Structural support includes management resources such as training, supervision, reimbursement, and recognition. Contra Costa County Parent Partners include two who are paid contractors and collocated in the agency and others who are part-time and compensated hourly. The training program provided by the county was described previously. In addition, information about the new program has been integrated into the ongoing continuing education activities for existing professional staff. The Parent Partners Program includes multiple layers of supervision (e.g., the coordinator of the team is accountable to agency managers). The program is integrated within the agency’s overall system improvement plan, so that Parent Partners represent the parent voice on many short and long-term planning groups.

Organizational climate refers to the attitudes of professional staff about their relationship to clients (Glisson & Hemmelgarn, 1998). Components of a family-centered organization include a shift in attitudes for professional staff so that (a) the family unit is the focus of attention rather than on the child or parent alone, (b) a central objective is to strengthen the capacity of families to function independently, (c) families are engaged in planning all aspects of the service delivery system, and (d) families are linked to a full continuum of community-based supports (National Child Welfare Resource Center for Family-Centered Practice, 2000). Child welfare agencies that have integrated these components into their management structures and operational policies would most likely provide a supportive environment to parent mentors.

The inclusion of parents within professional child welfare has the potential to initiate a transformative change process for agencies. Anecdotal evidence from professionals and Parent Partners
indicates that the change process is a continual one—agency staff and Parent Partners learn from each other, as the program matures and they better understand each other’s priorities, concerns, and strengths. In light of the potential for changing the way child welfare agencies interact with families, the eventual effect of this transformation on bringing children closer to home and keeping them safe does not seem like such a long way off.

References


