

National Technical Assistance and Evaluation Center for  
**Systems of Care**



**Family Involvement in the  
*Improving Child Welfare Outcomes  
through Systems of Care Initiative***



# **Family Involvement in the *Improving Child Welfare Outcomes through Systems of Care Initiative***

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U.S. Department of Health and Human Services  
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In addition to evaluating and documenting the outcomes of the demonstration initiative, Center staff provided technical assistance to the grant communities on all aspects of planning, developing, implementing, evaluating, and sustaining their Systems of Care change efforts. At the conclusion of the demonstration program, Center staff work closely with the Children's Bureau to generate and disseminate knowledge about child welfare-led systems of care implementation. For further information, contact Janice Shafer at:

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## Executive Summary

In 2003, the Children’s Bureau funded nine demonstration grants to test the efficacy of a system of care approach to improving outcomes for children and families involved in the child welfare system, and to address policy, practice, and cross-system collaboration issues raised by the Child and Family Services Reviews. This 5-year initiative, *Improving Child Welfare Outcomes through Systems of Care* (Systems of Care), focused on infrastructure development to strengthen the capacity of human service agencies to support families involved in public child welfare through a set of six guiding principles:

- Interagency collaboration.
- Individualized, strengths-based care.
- Cultural and linguistic competence.
- Child, youth, and family involvement.
- Community-based approaches.
- Accountability.

As one component of the national evaluation of the demonstration initiative, this case study provides a comprehensive overview of how the principle of child, youth, and family involvement was implemented across the grant communities. The case study draws on data collected via telephone and face-to-face interviews and document reviews. A total of 44 interviews were conducted with stakeholders in 10 of the 18 grant communities (see the interview protocols, participant list, and individual community profiles in appendices A, B, and D–K, respectively). Interview participants included child welfare agency staff, Systems of Care project staff, and family members actively involved in implementing the initiative.

Family involvement, as conceptualized by the Children’s Bureau Systems of Care initiative, encouraged child welfare agencies to:

- Engage families as partners in developing their own case plans.
- Recruit and work with families in developing peer support services.
- Empower families to participate in decision-making and apply their experiences as service recipients to system change activities.

Based on this conceptualization, the literature, and experiences of the demonstration grant communities, the National Technical Assistance and Evaluation Center has identified three broad categories that represent the multiple realms of family involvement:

- Case-level family involvement – Integrates family-centered practices to promote full engagement of parents and families throughout the development, implementation, and assessment of their case plans.
- Peer-level family involvement – Features implementation of a peer-support model in which family members who have been involved in the child welfare system serve as mentors, partners, or resource guides to help other parents navigate the child welfare system and meet their case plan goals.
- Systems-level family involvement – Involves family members serving on decision-making bodies and often consists of family members training agency staff on the importance of incorporating family voice into policies, procedures, and practices.

Utilizing this framework, the case study draws on the experiences of the grant communities to synthesize the strategies and approaches used to enhance family involvement under the Systems of Care initiative. The case study begins with an overview of the history of family involvement within child welfare and the local contexts of the grant communities. The study then describes the planning processes used by the

grant communities as well as their engagement of family members, followed by grant communities' implementation of family involvement at the case, peer, and systems levels. Finally, the case study concludes by identifying lessons learned and recommendations to enhance implementation of future family involvement efforts within the child welfare system.

## Understanding the Context of Family Involvement in the Child Welfare System

In 2007, 3.2 million referrals were made to child protective service (CPS) agencies, resulting in an estimated 794,000 children confirmed to be victims of abuse or neglect.<sup>1</sup> These findings resulted in provision of post-investigation services to more than 475,000 children, and more than 150,000 children being placed in foster care (Children's Bureau, 2007). Recognizing that, among others, two of the most common permanency options for these children are reunification with their birth parents and placement with family members, the child welfare system has recently begun engaging in a paradigm shift that focuses on identifying and building on parents' and families' strengths to support the safety, permanency, and well-being of their children (Children's Bureau, 2007). To enhance family involvement in their service delivery models, some child welfare agencies have begun implementing family teaming models as one approach to actively engaging families in their own case planning.

Numerous family teaming models have been developed to support parents serving as decision makers in their children's safety, permanency, and well-being. While there is a wide variety of family teaming approaches utilized by State and county child welfare agencies, the three most frequently used models are (Children's Bureau, 2009):

- Family Group Decision-Making/Family Group Conferences
- Family Team Conferencing, and
- Team Decision-Making.

In addition to encouraging families to take more active roles in development of their case plans, child welfare systems have developed other approaches aimed at facilitating family involvement at the peer and systems levels. For example, some child welfare agencies have developed peer-to-peer support services where family members with prior system involvement provide support and resources to families who are currently involved in the child welfare system.

At the systems level, child welfare agencies have begun to look at other child-serving systems, specifically the mental health system, to identify ways to enhance their family involvement efforts. As part of the Substance Abuse and Mental Health Services Administration (SAMHSA) systems of care initiative, the mental health system invited families to partner in policy and program oversight activities (e.g., serving on decision-making bodies and participating in strategic planning meetings); management and operations activities (e.g., training and recruiting staff); and quality monitoring activities (e.g., collecting data and participating on evaluation committees) (SAMHSA, 2006). Through these efforts, family representatives can work with stakeholders to assess needs, develop goals, identify strategies, and develop implementation plans. Given the promising nature of this approach, many child welfare agencies have begun empowering family members to serve as representatives on decision-making bodies where they support and inform development of policies, procedures, and practices. To date, however, no research has been conducted to assess the impact of family involvement at the systems level on systems and organizational change or on child and family outcomes.

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<sup>1</sup> 3.2 million referrals to CPS were made in Fiscal Year 2007, while 794,000 children were confirmed to be victims of abuse or neglect in calendar year 2007.



## Context of Implementing Family Involvement in Systems of Care Grant Communities

Recognizing the unique context of each of the local grant communities, the Children’s Bureau gave them the flexibility to implement the Systems of Care initiative in the manner that most effectively met the particular needs of their respective communities. To implement the child, youth, and family involvement principle, most grant communities examined their existing family engagement efforts, and together with key interagency and family stakeholders, identified strategies to build on the strengths and address the weaknesses and gaps of those efforts. Through this assessment process, the communities also identified the target populations that would serve as the focuses of their family involvement activities. The target populations included birth parents, foster parents, kin-caregivers, youth, and community members.

To build on the progress they had already made, most grant communities integrated the Systems of Care initiative with their existing family involvement efforts, allowing for a more robust notion of family involvement.

## Building Child Welfare Agencies’ Capacity to Implement the Principle of Family Involvement

To build child welfare agencies’ capacity and support integration of family involvement at the case, peer, and systems levels, most grant communities hired Parent Partner Coordinators<sup>2</sup> exclusively dedicated to implementing the Systems of Care principle of child, youth, and family involvement. The coordinators were charged with developing, managing, and overseeing

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<sup>2</sup> Although grant communities used various titles to describe the staffing position dedicated to implementing the principle of family involvement, the term Parent Partner Coordinator was the most common and thus is used in this report. Appendix C includes a glossary of commonly used titles.

all aspects of the Systems of Care initiative related to family involvement.

To facilitate success of Parent Partner programs, as an important aspect of the child, youth, and family involvement principle, some grant communities piloted their programs. By piloting Parent Partner programs in one location and gaining the support and commitment of child welfare staff, initiative leaders were able to build a foundation for change and develop and refine all program components before implementing them throughout their communities.

## Engaging and Supporting Family Members in Implementing the Principle of Family Involvement

In addition to building the capacity of child welfare agencies to incorporate family involvement into their service delivery models, Systems of Care leaders actively engaged family members with prior involvement in the child welfare system to help inform and develop systems change at the case, peer, and systems levels. To ensure family members were able to serve effectively in their roles, many grant communities developed requirements for the Parent Partner positions and supported these individuals through training, supervision, and compensation.

To be referred for, and serve in, Parent Partner positions, family members in most grant communities had to meet specific requirements. Although requirements varied across communities, they often included having closed child welfare cases, being clean and sober from substance abuse, and passing background checks. In addition, prior to serving in peer- and systems-level family involvement efforts, grant communities required family members to attend trainings to become familiar with the mandates and structure of the child welfare system, and ensure they gained the skills required of their new roles.



Issues addressed in these trainings typically included mandated reporting, boundaries, strength-based service delivery, family teaming meetings, drug and alcohol use/abuse, court processes, presentation and communication skills, self-care, and crisis management.

To support Parent Partners in their roles, child welfare agencies ensured they had regular access to group and individual supervision. Supervision was a critical factor that, when provided on a consistent basis, greatly enhanced the sustainability of the Parent Partner programs. In addition to training and supervision, grant communities made financial compensation available. Across the communities, Parent Partners and child welfare staff identified compensation as a critical element for successfully implementing family involvement programs and initiatives. At the same time, grant communities acknowledged that despite their best intentions, compensation provided to Parent Partners, especially part-time partners, was not sufficient to financially support an individual or family.

## Implementing the Principle of Family Involvement

Grant communities engaged in specific activities to promote family involvement at the case, peer, and systems levels. Similar to child welfare agencies across the Nation, many of the family involvement programs and activities that developed out of the Systems of Care initiative were focused on increasing family involvement at the case and peer levels. While these programs and activities were critical in supporting families with open child welfare cases, the Systems of Care grant communities broke new ground by also engaging families at the systems level, where they were able to serve on decision-making bodies; inform development of agency policies, procedures, and practices; and cofacilitate trainings aimed at enhancing family involvement throughout the entire child- and family-serving system. Across grant communities, this level of engagement

built leadership capacity among family representatives, transformed relationships among child welfare and other child- and family-serving staff and families, altered communities' perception of child welfare agencies, and ultimately helped to improve the design and delivery of services to children and families.

### Case-Level Family Involvement

Case-level family involvement integrates family-centered practices to promote full engagement of parents and families throughout development, implementation, and assessment of their case plans.

#### *Family Teaming in Case Planning*

Most grant communities enhanced family involvement at the case level by implementing or expanding their existing family teaming approaches to be more consistent with the values and principles of systems of care. Specifically, child welfare agencies began actively engaging families to play more active roles in development and execution of their case plans. As part of this, families were encouraged to bring members of their support systems (e.g., extended family members, neighbors, and pastors) to their family teaming meetings. Engaging families and their support systems in the case planning process ensured that case plans were strength-based and responsive to the unique needs and values of each family. Furthermore, by bringing these supportive resources to the table, child welfare agencies built on existing community resources and maximized the community's role in helping to improve outcomes for children and families.

Other actions taken by grant communities to enhance existing family teaming programs included:

- Implementing quality assurance systems to alert child welfare staff to schedule family teaming meetings.
- Developing streamlined definitions of what constitutes a family teaming meeting.

- Establishing policies and procedures describing how and when family teaming meetings should be conducted in practice.
- Developing curricula to provide family teaming training to child welfare staff.

### Peer-Level Family Involvement

Peer-level family involvement refers to implementation of a peer support model in which family members who have been involved with the child welfare system serve as mentors, partners, or resource guides to help other parents navigate the system and meet their case plan goals.<sup>3</sup> Peer-level programs, especially peer mentoring programs, were the most common form of family involvement throughout implementation of the Systems of Care initiative.

#### *Peer Mentoring Programs*

The peer mentoring programs developed under the Systems of Care initiative bring Parent Partners together with system-involved families to mentor and help them better navigate the child welfare system. Most Parent Partner programs provide support services to birth parents; however, in Clark County, NV, the program targets kin-caregivers.<sup>4</sup> Due to the different structures of the Parent Partner programs and target populations, the programs vary greatly in terms of the services they offer, with some providing more intensive one-on-one mentoring to birth parents while others provide information and general support. In general, Parent Partners connect families to resources, educate family members about their rights and responsibilities, and, in some communities, offer appointment and court accompaniment. Parent Partners also often attend family

<sup>3</sup> In some grant communities, individuals assigned to peer mentoring roles were community members who had no prior personal experience with the child welfare system. These people might have had personal experiences with other child-serving systems (e.g., special education) and lived in the same communities as the families they were assigned to mentor or support.

<sup>4</sup> A full profile describing all the efforts to implement the principle of family involvement in Clark County is available in Appendix E.

teaming meetings, where they provide support to family members and advocate for services on their behalf.

### Systems-Level Family Involvement

Systems-level family involvement includes family members serving in decision-making capacities and on decision-making bodies, and often consists of members training agency staff on the importance of incorporating family voices and perspectives into child welfare policies, procedures, and practices.

#### *Family Members Serving on Decision-Making Bodies*

Appointing family members to serve on decision-making bodies was the most common systems-level activity implemented across the grant communities, as it facilitated integration of family voice into policies, procedures, and practices. Communities invited Parent Partners to serve on the Systems of Care advisory committees and subcommittees. Some grant communities asked family members to serve on other decision-making bodies as well. For example, in Contra Costa, CA, the Child and Family Services (CFS) agency appointed family members to serve on its Parent Partner Leadership Council, a committee internal to the agency.<sup>5</sup> In addition to serving on decision-making bodies, a few grant communities invited family members to participate in the interview process for new case managers.

#### *Family Members Conducting Trainings*

At the systems level, Parent Partners were also actively involved in conducting trainings on the importance of family involvement and how child- and family-serving agencies can effectively involve families at the case, peer, and systems levels. These trainings were made available to child welfare staff, attorneys, court professionals, other service providers, foster parents, social work students, and community members. In some cases, Parent Partners shared their personal experiences with the child welfare system as part of these trainings.

<sup>5</sup> A full profile describing all the efforts to implement the principle of family involvement in Contra Costa is available in Appendix D.

### *Family Members Engaging in Other Systems-Level Activities*

Other systems-level activities developed by grant communities included:

- Encouraging family members to actively participate in their systems of care social marketing campaigns.
- Supporting Parent Partners to participate in the Child and Family Services Reviews process.
- Soliciting family members' feedback on client forms developed by child welfare agencies, and in creating/ updating resource materials aimed at helping family members better navigate the child welfare system.
- Including family members in the evaluation of contract agencies' customer service performance.
- Leveraging family members' knowledge of community services to develop a database of services that case managers can use to refer families in need.

### **Sustaining Family Involvement Within a Child Welfare System**

Recognizing the importance of continuing their family involvement efforts and programs beyond the initial Federal grant funding, some grant communities began working to ensure the sustainability of their efforts early in the initiative.

Some of the grant communities that partnered with local nonprofit organizations to implement their family involvement programs continue to operate their programs through these partnerships. Some grant communities applied for and/or secured Federal and/or private foundation grants to support their Parent Partner programs. In Clark County, the Department of Family Services (DFS) was actually able to bring the Kinship Liaison Program under its control, where it continues to operate. Under this structure, Kinship Liaisons were hired as county employees, and they receive the same benefits as other employees.

Although grant communities have been effective in identifying ways to sustain their family involvement efforts, the current economic environment has resulted in some concerns regarding the ability of child welfare agencies and nonprofit organizations to obtain the necessary funding to sustain these efforts over time. As a result of current budget cuts and increased caseloads, some grant communities report not being able to dedicate as much time or resources to family involvement activities as they had done previously.

### **Lessons Learned and Recommendations**

Through the Children's Bureau Systems of Care initiative, grant communities have identified and addressed challenges to increasing family involvement across the child welfare system. Some of the strategies used by the communities to engage families strengthened well-established child welfare practices, while others tested new approaches. Grant communities not only strengthened families' roles in informing development of their own case plans but also helped family members develop the leadership skills and capacities necessary to support and advocate for their peers. In many communities, family members have been able to sit at the table with decision-makers, where they contribute their perspectives to inform the design and development of policies and practices that are family-centered and result in improved outcomes for children and families.

The lessons learned by these communities, highlighted below, can help inform development of future family involvement efforts that could lead to transformation of the child welfare system:

- Develop policies requiring family involvement at all levels of the child welfare agency.
- Identify and make available dedicated full-time staff to manage and coordinate implementation of family involvement activities.

- Create structures and mechanisms that form a direct feedback loop between child welfare staff, individuals assigned to provide mentoring services, and families involved in the child welfare system.
- Conduct information gathering at the agency and community levels to inform the design of family involvement programs and activities.
- Provide training on family involvement to child welfare and other child- and family-serving agency staff.
- Provide comprehensive training to family members serving as peer mentors and advocates for system-involved families, and as leaders on decision-making bodies.
- Develop clear standards and guidelines related to requirements and supervision of, and compensation for, peer mentor/advocate positions.
- Engage multiple family members to serve as peer mentors, Parent Partners, governance board members, committee members, and advocates.
- Evaluate family involvement programs to demonstrate their impact on child, family, and systems outcomes, and ensure their success and long-term sustainability.

## Conclusion

As more child welfare agencies begin to implement programs and activities aimed at enhancing family involvement, there is a greater need to identify and disseminate best practices on how to intentionally and effectively engage and integrate families at the case, peer, and systems levels. The family involvement strategies implemented by the Systems of Care grant communities altered child welfare agencies' understanding of the true meaning of family-centered practice. In addition, findings from this qualitative study suggest that family involvement was an important and transformative element in implementation of the Systems of Care initiative. Although more research is needed to document the true impact of family involvement at the multiple levels described throughout this case study, the experiences and lessons learned from the grant communities provide critical information and can inform development of policies and practice to help child welfare and other child- and family-serving systems promote and implement meaningful and sustainable family involvement.

# Introduction

In 2003, the Children’s Bureau funded nine demonstration grants to test the efficacy of a system of care approach to improving outcomes for children and families involved in the child welfare system, and to address policy, practice, and cross-system collaboration issues raised by the Child and Family Services Reviews. This 5-year initiative, *Improving Child Welfare Outcomes through Systems of Care* (Systems of Care), focused on infrastructure development to strengthen the capacity of human service agencies to support families involved in public child welfare through a set of six guiding principles:

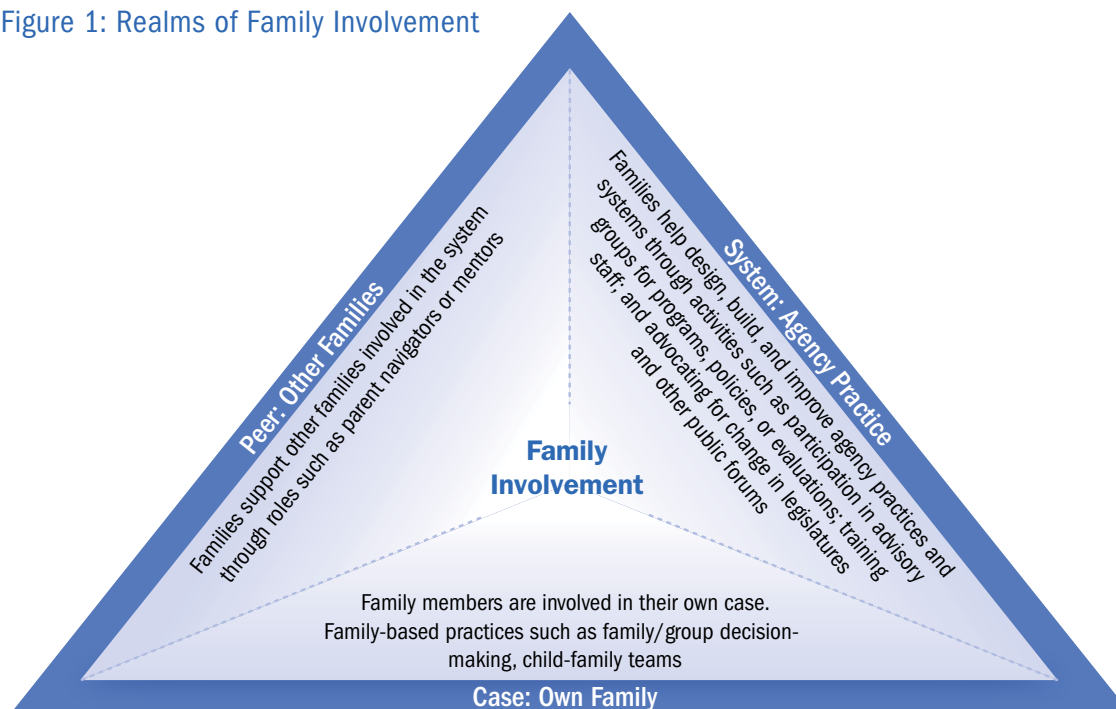
- Interagency collaboration.
- Individualized, strengths-based care.
- Cultural and linguistic competence.
- Child, youth, and family involvement.
- Community-based approaches.
- Accountability.

As one component of the national evaluation of the demonstration initiative, this case study provides a comprehensive overview of how the child, youth, and family involvement principle was implemented across the grant communities. Family involvement, as conceptualized by the Systems of Care initiative, encouraged child welfare agencies to:

- Engage families as partners in developing their own case plans.
- Recruit and work with families in developing peer support services.
- Empower families to participate in decision-making and apply their experiences as service recipients to system-change activities.

Based on this conceptualization, the literature, and experiences of the demonstration grant communities, the National Technical Assistance and Evaluation Center for Systems of Care (Center) has identified three broad categories that represent the multiple realms of family involvement (see Figure 1):

Figure 1: Realms of Family Involvement



- **Case-level family involvement** – Integrates family-centered practices to promote full engagement of parents and families throughout the development, implementation, and assessment of their case plans.
- **Peer-level family involvement** – Features implementation of a peer support model in which family members who have been involved in the child welfare system serve as mentors, partners, or resource guides to help other parents navigate the system and meet their case plan goals.
- **Systems-level family involvement** – Involves family members serving on decision-making bodies, and often consists of family members training agency staff on the importance of incorporating family voice into policies, procedures, and practices.

Using this framework, this case study draws on the experiences of the grant communities to synthesize the strategies and approaches used to enhance family involvement under the Systems of Care initiative. The case study begins with an overview of the history of family involvement within child welfare and the local contexts of the grant communities. It then describes the planning processes used by the communities as well as their engagement of family members, followed by focusing on their implementation of family involvement at the case, peer, and systems levels. The case study concludes by identifying lessons learned and recommendations to enhance implementation of future family involvement efforts within the child welfare system.

# 1. Understanding the Context of Family Involvement in the Child Welfare System

## 1.1 Overview of Family Involvement in Child Welfare

In 2007, 3.2 million referrals were made to child protective services (CPS) agencies, resulting in an estimated 794,000 children confirmed to be victims of abuse or neglect.<sup>6</sup> These findings resulted in provision of post-investigation services to more than 475,000 children, and more than 150,000 children being placed in foster care (Children's Bureau, 2007). Given that almost 80 percent of abused and neglected children will either remain or return to live with their families of origin (Administration for Children and Families, 2005), actively involving families as equal partners, both in development of case plan goals and as key stakeholders in systems change, is a critical strategy for ensuring the safety, permanency, and well-being of children who are involved in the child welfare system.

Historically, however, most of the families who are involved with the child welfare system have been mandated to participate and receive those services. Mandatory participation has often created a power differential in the relationship between parents and case managers that has interfered with development of a working alliance between them. In addition, case managers have employed deficit-based practice approaches to working with families, viewing parents as the problem, rather than strength-based approaches that view parents as a primary part of the solution and as experts in their own and their children's needs (The Center for Human Services, 2009).

The child welfare system recognizes that two of the most common permanency options for these children are reunification with their birth parents and placement with family members. In addition, it is understood that approaches that build on families' strengths and enable them to identify solutions to problems are more likely to enhance families' buy-in and motivation to make needed changes to achieve case plan goals. Therefore, the system recently began a paradigm shift that focuses on identifying and building on parents' and families' strengths in order to support the safety, permanency, and well-being of their children (The Center for Human Services, 2009). To enhance family involvement in their service delivery models, some child welfare agencies have begun implementing family teaming models as one approach to actively engaging families in their own case planning.

## 1.2 Family Teaming Models and Other Family Involvement Approaches

Numerous family teaming models have been developed to support parents serving as decision-makers in their children's safety, permanency, and well-being. While there are a wide variety of family teaming approaches used by State and county child welfare agencies, three of the most frequently used models are (Children's Bureau, 2009):

- Family Group Decision-Making/Family Group Conferences
- Family Team Conferencing, and
- Team Decision-Making.

<sup>6</sup> 3.2 million referrals to CPS were made in Fiscal Year 2007, while 794,000 children were confirmed to be victims of abuse or neglect in calendar year 2007.



Although all the models use an individualized, collaborative, strength-based approach that brings together families, their personal support networks, and child welfare and other professionals as collaborative case planners and decision-makers, differences exist among the models, as represented in Table 1.

In addition to encouraging families to take more active roles in development of their case plans, child welfare agencies have started to enhance family involvement at the peer level. For example, some agencies have developed peer-to-peer support services where family members with prior system involvement provide support and resources to families who are currently involved in the child welfare system.

**Table 1: Family Teaming Models**

<i>Grant Community</i>	<i>Structure</i>	<i>Team Membership</i>	<i>Decision-Making Responsibility</i>
<b>Similarities Across Models</b>	All approaches involve meetings in which the family is actively engaged.	In all approaches, team members may include birth parents, extended family, nonrelative supports, community resources, service providers, agency staff, and the caregiver if the child is placed outside the family.	All teaming approaches emphasize shared planning and decision-making by the team
Family Group Decision-Making/ Family Group Conferences	Meetings are voluntary; with the family’s approval, meetings occur to make critical decisions or as needed by the family. Private family time is provided during each meeting.	All members of the child’s extended family network.	The agency and family make a collaborative decision. The family crafts an initial plan; the agency works with the family to finalize and ensure the plan achieves child safety, well-being, and permanency.
Family Team Conferencing	Meetings occur when a plan is needed or requires modification. The team continues beyond formal system involvement. Meetings are voluntary; they occur only with the family’s approval. Meetings take place from the first system interaction.	Participating individuals are identified by the family, with input from the facilitator.	Decisions are made by the team, within nonnegotiable limits. Expectations are that the family’s goals will be paramount in reaching team consensus.
Team Decision-Making	Meetings occur when any placement-related decision is required. Meetings are mandatory; a meeting must be held prior to any placement, re-placement, or court hearing (in cases of imminent risk of removal).	Individuals who have the family’s permission or are members of the “treatment team.”	Agency maintains responsibility if consensus on placement cannot be reached.

At the systems level, child welfare agencies have begun to look at the mental health system to identify ways to enhance family involvement. As part of the Substance Abuse and Mental Health Services Administration's (SAMHSA) systems of care initiative, the mental health system invited families to partner in policy and program oversight activities (e.g., serving on decision-making bodies and participating in strategic planning meetings), management and operations activities (e.g., training and recruiting staff), and quality monitoring activities (e.g., collecting data and participating on evaluation committees) (SAMHSA, 2006). These efforts focused on engaging family members as equal partners, essentially infusing family involvement into the core operations of the mental health system.

### **1.3 Measuring the Impact of Family Involvement on Case Outcomes**

While awareness and use of family involvement models and approaches have increased over the years, relatively few studies have measured the effect of these activities on improving child safety, permanency, and well-being. In addition, the studies that have been conducted have demonstrated mixed results (Weigensberg, Barth & Guo, 2009). Similarly, no research has been conducted to date to assess the impact of family involvement on systems and organizational change, or on child and family outcomes.

Measuring the impact of family involvement on case outcomes proves challenging for several reasons. One of the most significant challenges is the variation among programs. While models exist for family teaming, implementation of these models, as well as other approaches to family involvement, varies across communities. This variation results in studies that are often community-specific, with small sample sizes, hindering the comparison of models across communities and geographic locations (Weigensberg, Barth & Guo, 2009).

Only a few longitudinal studies have measured the effect of family involvement on cases over time, and those that have been conducted have shown mixed results. Longitudinal studies are often complicated by the difficulty of establishing valid and reliable comparison groups of children and families who do not participate or benefit from family involvement programs. One of the primary obstacles to establishing comparison groups is selection bias. Studies indicate that some families are not referred to family team meetings because of their specific case characteristics or circumstances. Therefore, researchers suggest propensity score matching as an approach to developing valid comparison groups that are not influenced by the selection bias caused by differences in referrals (Weigensberg, Barth & Guo, 2009).

Given the limited research that exists regarding the actual effectiveness of family involvement strategies and their potential impact in supporting the safety, permanency, and well-being of children, this case study aims to build current knowledge, informing both research and practice, by examining how different family involvement models and approaches were integrated into the Systems of Care initiative and offering recommendations to better inform implementation of future family involvement efforts.

## 2. Context of Implementing Family Involvement in Systems of Care Grant Communities

Recognizing the unique context of each of the local grant communities, the Children’s Bureau gave each community the flexibility to implement the Systems of Care initiative in the manner that most effectively met its particular needs. To implement the child, youth, and family involvement principle, most grant communities examined their existing family engagement efforts and, together with key interagency and family stakeholders, identified strategies to build on the strengths and address the weaknesses and gaps of their existing approaches to family involvement. Through this assessment process, the communities also identified the target populations that would be the focuses of their family involvement activities (see Table 2).

**Table 2: Grant Communities’ Target Populations**

<i>Grant Communities</i>	<i>Target Populations</i>
Bedford-Stuyvesant, NY	Birth parents, foster parents, community members
Clark County, NV	Kin-caregivers
Contra Costa, CA	Youth, birth parents
Dauphin County, PA	Youth, birth parents, foster parents, kin-caregivers, community members
Jefferson County, CO	Birth parents
Kansas	Birth parents
North Carolina	Birth parents
Umatilla/Morrow, OR	Birth parents

Prior to receiving the Children’s Bureau Systems of Care grant, the most common method of integrating family involvement by the grant communities was through the Family-to-Family model, a nationwide child welfare and foster care reform initiative that provides principles, goals, strategies, and tools to help States and local child welfare agencies achieve better outcomes for children and families (The Annie E. Casey Foundation, 2009). Among other core strategies, Family-to-Family uses Team Decision-Making meetings. Recognizing the importance of building on the progress they had already made, most of the Systems of Care grant communities integrated Systems of Care with their previous family involvement efforts, as illustrated in Table 3, enabling a more robust notion of family involvement.

In addition to integration and adaptations to the grant communities’ family teaming models, the Systems of Care initiative provided an opportunity for the communities to develop new approaches to support family involvement at the case, peer, and systems levels.

Table 3: Grant Communities' Previous Family Involvement Efforts and Systems of Care Integration

<i>Grant Communities</i>	<i>Previous Family Involvement Efforts</i>	<i>Adaptations &amp; Systems of Care Integration</i>
<b>Bedford-Stuyvesant, NY</b>	Family-to-Family	The Administration for Children's Services expanded its family involvement efforts to include the community at large.
<b>Contra Costa, CA</b>	Family-to-Family	Child and Family Services expanded its Family-to-Family work to include: <ul style="list-style-type: none"> <li>▪ Children and youth at risk for placement failure</li> <li>▪ Transition-age youth (16-18 years old)</li> <li>▪ Multisystem youth</li> </ul>
<b>Dauphin County, PA</b>	Family-to-Family	Social Services for Children and Youth integrated the Systems of Care principles into its existing Family-to-Family model.
<b>Jefferson County, CO</b>	Family-to-Family	The Department of Human Services merged Family-to-Family and Systems of Care in a way that enhanced its family involvement and child welfare practices as a whole.
<b>North Carolina</b> <ul style="list-style-type: none"> <li>▪ Alamance</li> <li>▪ Bladen</li> <li>▪ Mecklenburg</li> </ul>	Child and Family Teams	The Division of Social Services developed a common definition of what a Child and Family Team meeting is and how it should be put into practice.
<b>Clark County, NV</b>	Child and Family Teams	The Department of Family Services developed a common definition of what a Child and Family Team meeting is and how it should be implemented at the practice level.
<b>Umatilla/Morrow, OR</b>	Family-to-Family	The Department of Human Services integrated the Systems of Care principles into its existing Family-to-Family model.

## 3. Building Child Welfare Agencies' Capacity to Implement the Principle of Family Involvement

Grant communities engaged in numerous planning activities to build the capacity of child welfare and other child- and family-serving agencies to successfully implement the principle of child, youth, and family involvement. Planning activities primarily focused on the following areas:

- Program staffing to develop the capacity to integrate family involvement.
- Training and technical assistance to learn lessons from other family involvement systems of care initiatives.
- Needs assessments to solicit feedback from community and family members.
- Personnel training to gain support, ensure readiness, and attain buy-in of child welfare staff.
- Program piloting to develop and refine family involvement activities.

### 3.1 Program Staffing

To build child welfare agencies' capacity and support integration of family involvement at the case, peer, and systems levels, most grant communities hired Parent Partner Coordinators<sup>7</sup> exclusively dedicated to implementing the Systems of Care principle of child, youth, and family involvement. **Parent Partner Coordinators were charged with developing, managing, and overseeing all aspects of the Systems of Care initiative related to family involvement.** Systems of Care staff identified key qualities that Parent Partner Coordinators should embody, including passion, self-motivation, desire to work with former clients, respect of the professional community, and commitment to family involvement.

<sup>7</sup> Although grant communities used various titles to describe the staffing position dedicated to implementing the principle of family involvement, the term Parent Partner Coordinator was the most common and thus is used in this report. Appendix C includes a glossary of commonly used titles.

People hired to fill the Parent Partner Coordinator positions had substantial knowledge and previous involvement with the child welfare system, either through their work or personal experience. Stakeholders noted that this experience helped Parent Partner Coordinators garner respect among case managers and supervisors. The experience also helped build trust with parents and **Parent Partners, a common term used to describe parents who served in peer- and systems-level roles.**<sup>8</sup> In Kansas<sup>9</sup> and Contra Costa, CA, the Parent Partner Coordinators had social work backgrounds as well as personal experiences with the child welfare system. As a result, they could understand the perspectives of case managers and parents alike, enabling them to succeed as mediators and advocates in their local Systems of Care initiatives.

The success of Parent Partner Coordinators in integrating family involvement into their local child welfare agencies was significantly affected by the structure and capacity of their positions. While most Parent Partner Coordinator positions were full-time, in Alamance County, NC,<sup>10</sup> the coordinator position was part-time. This person was responsible for conducting direct advocacy, co-leading parent education groups, and participating in committees. Although this person engaged in all these activities and made some progress integrating family involvement into the county's existing systems of care, leaders of the Children's Bureau's initiative acknowledged that their family involvement efforts were hindered by the extensive responsibilities and limited resources dedicated to the position.

<sup>8</sup> Although grant communities used various titles to describe parents who served in peer- and systems-level roles, the term Parent Partner was the most common and thus is used in this report.

<sup>9</sup> A full profile describing all the efforts to implement the principle of family involvement in Kansas is available in Appendix I.

<sup>10</sup> A full profile describing all the efforts to implement the principle of family involvement in North Carolina is available in Appendix J.

Grant communities that chose not to hire Parent Partner Coordinators were also less effective in implementing the principle of family involvement. In Bladen, NC, for example, the Systems of Care Coordinator was responsible for implementing all activities related to the initiative, including development of a Parent Partner program.<sup>11</sup> Due to the extensive and multiple responsibilities of the position, the Systems of Care Coordinator was unable to dedicate the time and resources necessary to attain case managers' support for a Parent Partner program. Thus, in addition to high turnover among Parent Partners in the first few years of the grant, this resulted in limited systemic integration of family involvement into Bladen County's child welfare system.

### 3.2 Training and Technical Assistance

Program staff responsible for managing the Systems of Care initiative, and Parent Partner Coordinators charged with developing Parent Partner programs, understood the importance of educating themselves and building on the lessons learned from other family involvement initiatives. Because of the limited information on family involvement in child welfare systems, some Parent Partner Coordinators examined and drew from other sources of information, including the literature on effective consumer involvement practices in general, to identify the important components of their Parent Partner programs. In addition, Center staff provided grant communities with literature on the family involvement efforts under the SAMHSA systems of care initiative.<sup>12</sup>

Beyond these individual research efforts, many Systems of Care staff identified the training they received at the Systems of Care grantee kickoff meetings as an

important information resource on integration of family involvement into the child welfare system. While the initial grantee kickoff meeting, in 2003, focused on helping grant communities gain a comprehensive understanding of all six Systems of Care principles, the 2004 meeting included a panel presentation dedicated to the principle of family involvement. The panel, comprised of and facilitated by parents who had been involved in the child welfare system, offered recommendations on how to engage, recruit, and maintain active family participation as part of grant communities' Systems of Care development and implementation.

Systems of Care staff also sought to build their knowledge by reaching out to peers in the mental health system who had been involved in the SAMHSA systems of care efforts. In Contra Costa, the Project Manager of the local SAMHSA initiative served as a mentor to the Systems of Care Coordinator for the Children's Bureau initiative, sharing information and lessons learned regarding the family involvement efforts that took place under the SAMHSA initiative.

Although some SAMHSA systems of care leaders provided important advice and technical assistance to the grant communities prior to development of the Children's Bureau Systems of Care Parent Partner programs, as the Children's Bureau initiative progressed, grant communities increasingly sought the experience and knowledge of their child welfare system systems of care colleagues and counterparts. When Systems of Care staff in Umatilla/Morrow, OR,<sup>13</sup> became interested in developing a Parent Partner peer mentoring program, Systems of Care leaders in Oregon visited and received training and technical assistance from the Systems of Care programs in Contra Costa, and Jefferson County, CO.<sup>14</sup> Similarly, Parent Partners in Reno County, KS, also researched the Contra Costa

11 Although grant communities used various titles to describe family involvement programs, the term Parent Partner program was the most common and thus is used in this report.

12 Two of the documents distributed by the Center included SAMHSA's *New Roles for Families in Systems of Care* and *Promising Practices in Family-Provider Collaboration*.

13 A full profile describing all the efforts to implement the principle of family involvement in Umatilla/Morrow, is available in Appendix K.

14 A full profile describing all the efforts to implement the principle of family involvement in Jefferson County is available in Appendix H.

and Jefferson County Parent Partner programs to inform development of their own program.

### 3.3 Needs Assessments

Beyond learning about other family involvement initiatives, a few of the grant communities sought to increase their understanding of family involvement in their own communities by soliciting feedback from the communities and family members they served. As one Systems of Care Community Coordinator noted, “Anytime you have a consumer of a service, it’s important to hear their feedback in order to improve your service.”

In Dauphin County, PA,<sup>15</sup> the Systems of Care Community Coordinator, Systems of Care Project Director, Social Services for Children and Youth (SSCY) representatives, county judges, county commissioners, and other service providers began holding community forums with church members, members of grassroots organizations, foster parents, kin-caregivers, birth parents, and other community members. During these forums, the Systems of Care Community Coordinator provided information on Systems of Care and the county’s interest in enhancing community and family involvement in child- and family-serving systems. The forums were also an opportunity for the Systems of Care Community Coordinator to solicit feedback from attendees regarding the changes they thought needed to be made at child- and family-serving agencies to achieve greater family and community involvement, and the role(s) they wanted to play in helping to realize these changes.

In Clark County, members of the local evaluation team from the University of Nevada, Las Vegas, implemented a needs assessment to solicit feedback from kin-caregivers. Kin-caregivers involved in the Systems of Care initiative, referred to as Kinship Liaisons, helped develop and edit the needs assessment and facilitated

<sup>15</sup> A full profile describing all the efforts to implement the principle of family involvement in Dauphin County is available in Appendix G.

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“How can we presume to know what a family needs without listening to that family?”

– *Child Welfare Project Manager*

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recruitment of about 800 kin-caregiver participants. The needs assessment examined numerous issues affecting kin-caregivers, including:

- Common conditions that result in the need for kin-care.
- Caregiver motivations and sustaining factors.
- Caregiver perceptions and experiences.
- Service needs and community resources.
- Caregiver perceptions of children’s needs and well-being.
- Family involvement and social support.
- Family characteristics.
- Permanency intentions.

By obtaining information on other family involvement initiatives and soliciting direct feedback from community and family members, grant communities developed relationships and obtained critical information that served as the foundation and helped to inform development of their family involvement programs.

### 3.4 Personnel Training

As Systems of Care program staff and Parent Partner Coordinators began developing their family involvement strategies, they made significant efforts to gain the support of child welfare administrators, other child- and family-serving agency leaders, supervisors, and case managers. During meetings and trainings, child welfare staff were provided information about family involvement, the role of Parent Partners, and the resources Parent Partners could provide to system-involved families.



Initial education and outreach efforts helped dispel misconceptions about family involvement programs and addressed case managers and supervisors' concerns and questions. Some of the issues that were addressed through these trainings included:

- Concern that family representatives did not possess the skills to work with other parents.
- Concern that Parent Partner programs might result in greater workloads for case managers.
- Fear that family representatives could not be trusted.
- Anxiety about speaking freely in the presence of family representatives.
- Worry that family representatives could not maintain appropriate boundaries.
- Concern that Parent Partner programs might increase the chances of recidivism and substance abuse relapse among Parent Partners.

In addition to dispelling these concerns and misconceptions, one of the main goals of the trainings was to emphasize that true family involvement meant viewing family members as equals. As one Systems of Care representative stated, "If you want people to share their expertise, you have to treat them like their expertise is just as important as yours, because it is. They are the experts on their families and community." Systems of Care program staff recognized that viewing family members as equals was a significant paradigm shift for administrators and case managers. To model effective partnerships between practitioners and family members, most grant communities chose to have Parent Partners cofacilitate all trainings related to family involvement. Partners often shared their personal experiences in order to provide case managers and supervisors with a better understanding of families' perspectives and the ways that peer support could help meet families' needs while also achieving the child welfare agency's goals of safety, permanency, and well-being.

In Umatilla/Morrow, Parent Partners conducted trainings for Department of Human Services (DHS)' staff, Systems of Care advisory board members, and partner agencies to educate service providers on the multiple demands placed on parents involved in child welfare and other systems, and the importance of including family voice in development of policies, procedures, and practices. According to case managers, this training resulted in greater collaborative case planning among social service agencies.

Similarly, in Alamance County, Systems of Care leaders conducted retreats with each of the units within the North Carolina Department of Social Services (NCDSS). The focus of these retreats was informed by findings from an internal assessment examining the department's strengths and weaknesses, especially as they related to family involvement. Engaging staff at all levels of the organization, Systems of Care leaders discussed the principles of systems of care, their importance to family-centered practice, and their implications for service provision. These retreats were effective in developing an environment within the department that facilitated systems change at both the policy and practice levels.

In Kansas, Systems of Care staff realized that child welfare workers believed they were already providing family-centered services. As one Parent Partner noted, "A lot of child welfare agencies believe that they're doing family involvement and they're really not, because inviting someone to the table to sit there means nothing. Family involvement is when you listen to that voice and you take some of their suggestions and use them and try to apply them to the changes you're trying to make." As a result of this perception, the Systems of Care staff asked child welfare program administrators and supervisors to develop a plan to enhance their current family-centered work based on the Systems of Care principles. Specific examples of action items that program administrators and supervisors incorporated in their developed plans included:

- Working with the families to identify their strengths and weaknesses, individual strengths in particular.
- Being more proactive in identifying what community resources could be available to families.
- Recognizing the different cultures of families and trying to maintain that for the children.

Due to the high turnover among case managers, Systems of Care leaders recognized that educating and attaining buy-in from supervisors was critical to instituting long-term systems change as it related to family involvement. In North Carolina, the Division of Social Services developed a specialized training for supervisors on how to implement and support case managers in using family-centered practice. In addition, Systems of Care leaders in many of the grant communities sought to institutionalize family involvement programs by introducing them during new employee orientations. This practice greatly facilitated use of the programs among new case managers.

Recognizing the important role of leadership in institutionalizing systems change, many child welfare directors played active roles in supporting family involvement programs. The Director of the child welfare agency in Clark County began speaking about the Kinship Liaison Program at various staff and agency meetings. According to the Director, Project Managers “often aren’t in a position to really be a key integrator of the project into the larger vision of the leadership of the organization. So...it comes back to the organization’s leader to have a concept of how all the parts fit together and work together. Otherwise...you can end up with a project that remains a project.” When asked about the role of agency leadership in the success of family involvement programs, one key stakeholder pointed out, “I think it has to be headed up by folks who really truly do believe in it. I think if you don’t have a champion within [the organization], it’s never going to happen.”

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## Recruiting and Retaining Male Parent Partners

Contra Costa is one of two grant communities to successfully recruit and retain a male Parent Partner. While this Parent Partner is assigned to a specific geographic area, he is often called on by other Parent Partners, particularly when they are having difficulty engaging child welfare-involved fathers. Stakeholders noted that having a male Parent Partner has increased Parent Partners’ and case managers’ recognition of the need and importance of engaging fathers. Judges are also recognizing the importance of engaging fathers in child welfare cases and have begun to involve fathers in court proceedings.

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### 3.5 Program Piloting

To facilitate the success of Parent Partner programs as an important aspect of the child, youth, and family involvement principle, some grant communities piloted their programs prior to implementing them across their entire service delivery areas. In Contra Costa, initiative leaders began implementing their Parent Partner program in the CFS Central Office. Piloting the program allowed initiative leaders to develop and refine all the program components prior to implementing it throughout the county. In addition, it also helped generate buy-in from case managers. As word spread about the important resources the program provided to families and the workload support it provided to case managers, CFS staff began to introduce the program in other district offices. Similarly, in Umatilla/Morrow, Systems of Care leaders initially implemented

the Parent Partner program in one community, later expanding it into another community at the request of case managers and parents alike. By piloting Parent Partner programs in one location and gaining the support and commitment of child welfare staff, initiative leaders in Contra Costa and Umatilla/Morrow were able to build a foundation for change across their counties.

## 4. Engaging and Supporting Family Members in Implementing the Principle of Family Involvement

In addition to building the capacity of child welfare agencies to incorporate family involvement into their service delivery models, Systems of Care leaders actively engaged family members with child welfare experience to help inform and develop systems change at the case, peer, and systems levels. At the case level, grant communities worked to enhance family involvement by inviting families with active cases to become more involved in their own case planning. At the peer and systems levels, most grant communities sought to engage family members with prior child welfare experience to serve as peer mentors to families touched by the system, and to help inform child welfare policy and practice by serving on government boards and other policy setting committees. To ensure that family members were able to serve effectively in their roles, grant communities developed requirements for the Parent Partner positions and supported these individuals through training, supervision, and compensation.

### 4.1 Requirements for Parent Partners

Given the limited information on effective recruitment of family members for peer- and systems- level family involvement efforts in the child welfare system, most grant communities relied on referrals from case managers to identify potential family members to serve as Parent Partners. To be referred for and serve in Parent Partner positions, family members in most grant communities had to meet specific requirements.

In Contra Costa, Parent Partners are required to be former child welfare clients whose cases have been successfully closed for at least 1 year. Successful case closure does not necessarily mean that the case resulted in reunification, but that it closed in the child's best interest. In addition, to become a Parent Partner in Contra Costa, parents with histories of substance abuse

must be clean and sober for at least 2 years. Eligible people are interviewed by the Parent Partner Coordinator as well as current Parent Partners. Having current Parent Partners participate in the interview process enables the program to assess potential Parent Partners on a peer-to-peer basis. It also underscores parents as equal contributors to services of the child welfare system.

In Jefferson County, requirements for the Parent Partner position included:

- Closed child welfare case.
- Positive recommendation from the family member's case manager or the case manager's supervisor.
- Sobriety at the time of becoming a Parent Partner.
- Successful background check that included no outstanding warrants and all open court cases resolved.
- Signed release form allowing child welfare staff to speak with any system the parents were still involved in, such as Alcoholics Anonymous.

Parents interested in becoming a Parent Partner completed a readiness tool, which enabled the Parent Partner Coordinator to ensure that potential candidates met all requirements. Those who met these criteria were then interviewed by the coordinator. At the beginning of the program, the Department of Human Services required that Parent Partners' cases be closed for at least 1 year prior to joining the program. However, due to the lack of referrals and other challenges in identifying family representatives to serve as Parent Partners (e.g., frequent relocation of families), the department opened up this requirement and began accepting parents whose cases had been closed for less than a year. According to key stakeholders, this decision contributed to significant recidivism and substance abuse relapse among Parent Partners.

## Challenges of Recidivism and Substance Abuse Relapse

Recidivism and substance abuse relapse among Parent Partners were common concerns among many of the grant communities:

- **Recidivism** – Re-referrals to the child welfare system after case closure.
- **Substance abuse relapse** – Return to use of alcohol or drugs after a period of abstinence.

While only a few of the grant communities actually experienced these challenges, when they occurred, recidivism and relapse affected multiple components of the Parent Partner programs and the Systems of Care initiative as a whole. They reignited concerns about parent involvement among child welfare administrators and case managers, temporarily reduced the number of Parent Partners able to provide support to families, and caused

major disruption in the lives of the families being served by the programs.

Some grant communities, such as Contra Costa and Umatilla/Morrow, recognized these potential challenges early in the grant period and pro-actively structured their programs to address them. These communities experienced significantly lower rates of recidivism and relapse than other communities where Parent Partner programs often struggled to implement the principle of family involvement.

Key stakeholders agreed that the following components help support Parent Partners and reduce the rates of recidivism and relapse:

- Clear requirements for Parent Partner positions
- Comprehensive and ongoing training
- Consistent individual and group supervision

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“Seventy or 80 percent of us are recovering addicts or alcoholics. I definitely say a year of sobriety [is needed] before starting as a Parent Partner...We’re addicts; we shouldn’t be trying to help other people get clean and through the court system, and bring up all those emotions when we’re just trying to get clean ourselves... Some people might relapse or get overwhelmed from that...Get your life together first and then you can help other people.”

– Parent Partner

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## 4.2 Training of Parent Partners

Prior to serving in peer- and systems-level family involvement efforts, family members were required by grant communities to attend trainings to become familiar with the mandates and structure of the child welfare system and ensure they gained the skills required of their new roles. Issues addressed in these trainings tend to include mandated reporting, boundaries, strength-based service delivery, family teaming meetings, drug and alcohol use/abuse, court processes, presentation and communication skills, self-care, and crisis management. In Cherokee County, KS, Parent Partners participated in an extensive 60-hour training that included instruction

on State forms, court procedures, and health information privacy laws. Similarly, in Dauphin County, Parent Partners attend a 10-module family development credentialing program. In most grant communities, Parent Partners were also invited to attend child welfare agency trainings offered to case managers. In Contra Costa, program managers and supervisors supplemented the training provided to Parent Partners. These people met with Parent Partners prior to the Team Decision-Making meetings to provide information about the meeting participants and their roles and expectations. Following the meetings, program managers and supervisors conducted debriefings with Parent Partners to get feedback about their experiences with the process.

### 4.3 Supervision for Parent Partners

To support Parent Partners, child welfare agencies ensured they had regular access to group and individual supervision. During supervision, Parent Partners were able to discuss the cases they were working on and the challenges they were facing. Typically, individual supervision occurred weekly or every other week, with group supervision occurring monthly. The Parent Partners in Contra Costa also developed an informal support system among themselves, calling on each other when they needed assistance, advice, or support on their cases or in their personal lives. According to one Parent Partner, a key factor in helping Parent Partners effectively engage system-involved families is helping them recognize that their participation in the program is not about their case but about making the system better for future cases.

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**“We have to keep each other engaged; let each other know we’re supportive of one another.”**

*– Parent Partner*

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In Dauphin County and Umatilla/Morrow, Parent Partners received clinical supervision from trained therapists.

Key representatives of these communities noted that clinical supervision allowed Parent Partners to address issues of transference and issues related to their own recovery in safe environments with trained professionals. Recognizing that Parent Partners often continue to face crises in their lives, stakeholders attributed the low rate of recidivism in those communities in part to the clinical supervision that was provided to them.

Overall, supervision was a critical factor that, when provided on a consistent basis, greatly enhanced the sustainability of the Parent Partner programs by reducing recidivism and substance abuse relapse, and ensuring that issues were addressed in a timely and appropriate manner. Unfortunately, grant communities that were not able to provide comprehensive, consistent supervision saw an increase in recidivism and substance abuse relapse, greatly hindering implementation of their family involvement programs and activities.

### 4.4 Compensation for Parent Partners

In addition to training and supervision, grant communities understood that family members needed to be compensated for their service. In Contra Costa, Parent Partners who work full-time receive salaries, while those who work part-time are compensated at hourly rates. In addition, full-time Parent Partners are eligible for benefits, such as vacation, medical leave, and paid holidays. Full-time partners have also been offered medical and dental benefits; however, because the out-of-pocket cost is significant, none of the current partners has opted into the program. In Jefferson County, parents received \$10 per hour for the time they spent serving on committees, and \$50 per month to those who served as peer mentors. In other grant communities, Parent Partners were compensated at rates of \$10–\$25 per hour. Some communities compensated Parent Partners with gift cards, thereby ensuring that compensation did not hinder eligibility for government benefits. Parent Partners in most of the



communities also received mileage reimbursement in addition to the hourly compensation.

Across grant communities, Parent Partners and Systems of Care initiative and child welfare staff identified compensation as a critical element for successfully implementing family involvement programs and initiatives. As one Parent Partner noted, “Do everything you can to try to make that compensation piece available. Without it, people will continue to struggle [to be involved], because a lot of times it’s not that they don’t want to participate, it’s that they do not have the financial ability to participate.” At the same time, grant communities acknowledged that despite their best intentions, the compensation provided to Parent Partners, especially part-time partners, was not sufficient to support an individual or a family.

#### 4.5 Family Involvement Program Location

While Systems of Care grant communities played leadership roles in designing their local family involvement programs and providing the resources necessary to recruit, train, and support Parent Partners, some communities implemented these programs through partnerships with local nonprofit organizations. According to initiative leaders, nonprofits are often better equipped to implement family involvement programs because of their previous work with families. These organizations also typically have long-standing community relationships that enable family involvement programs to be more connected to the communities they serve. In addition to the benefits that nonprofit partners can bring, community leaders indicated that family members serving as Parent Partners often had criminal records that precluded their hiring by the child welfare agency.

In Contra Costa, CFS partnered with the nonprofit Child Abuse Prevention Council (CAPC). Under this structure, the Parent Partner Coordinator and Parent Partners are fiscally housed under CAPC. The Parent

Partner Coordinator serves as the conduit between the council and CFS, and supervises some council staff, thereby ensuring the sustainability of the position within the council.

Similarly, in Umatilla/Morrow, the Department of Human Services implemented its Parent Partner program through a partnership with the Eastern Oregon Alcoholism Foundation (EOAF), a nonprofit organization with a 20-year history of partnering with the department. Despite being employed by EOAF, Parent Partners in this community are stationed within or adjacent to the local child welfare offices where they are able to sit alongside and work in conjunction with case managers. Close physical proximity to case managers has helped facilitate positive relationships

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“There’s never going to be a template for how this works...I think our growing pains and our bumps along the way are what made us stronger, and I think each community has to face those in their own way. You just really have to have a certain tenacity to do this... to have our entire effort turned upside down and started over half-way through the grant, and I know other Systems of Care communities did the same thing at different points in their projects—some of them scrapped and started over in the very beginning of the project, some of them had major changes near the end ... Maybe it’s just kind of an expected part of the process; you’re going to have to fall off the horse and get back up a couple of times. It’s very difficult to implement this kind of programming. It’s a paradigm shift for agencies, for families, and for workers.”

– *Systems of Care Project Director*

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between Parent Partners and case managers in these communities. The relationship also has helped incorporate the Parent Partner program into agency practice and demonstrate to staff that Parent Partners are valued in helping children and families succeed.

Grant communities that succeeded in partnering with local nonprofit organizations to house their family involvement programs tended to have long-standing relationships and share common values, beliefs, and approaches with the nonprofits. When these commonalities were not present, communities encountered challenges identifying effective partnerships for their family involvement programs.

In Clark County, DFS partnered with Nevada Parents Encouraging Parents (PEP) for its Kinship Liaison Program. PEP, a local nonprofit agency that offers support programs to families with children who have serious emotional disturbances, was selected as a partner due to its experience implementing systems-based family involvement programs through Clark County's SAMHSA systems of care initiative. However, as an outside agency with limited capacity and no prior relationship with the child welfare system, PEP had difficulty recruiting kin-

caregivers to participate in its peer mentoring program. According to key stakeholders, the organization's strong focus on serving families with children who have serious emotional disturbances hindered its ability to focus more generally on all system-involved families. In addition, PEP was founded as an advocacy agency that had historically advocated for parents from outside the system; under the Systems of Care grant, the organization struggled to modify its practices to partner effectively with DFS and work from within the system.

Unlike the partnerships in Contra Costa and Umatilla/Morrow, the Kinship Liaisons in Clark County were stationed at PEP instead of the DFS office. Working in an outside agency that was not in close physical proximity to case managers greatly hindered program buy-in from child welfare workers and referrals from the case managers. As a result of these challenges and significant turnover of Kinship Liaisons, in 2007 the department relocated the kinship program to the child welfare agency. That change was possible because kin-caregivers were able to pass the background checks required for employment in the child welfare agency.<sup>16</sup>

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<sup>16</sup> Important to note: As classified positions within the Department of Family Services, Kinship Liaisons can no longer be mandated by the agency to be kin-caregivers.

## 5. Implementing Family Involvement

Using the three broad categories of case-, peer-, and systems-level family involvement identified by the Center, the following section describes the specific activities that grant communities engaged in to promote family involvement at each level.

### 5.1 Case-Level Family Involvement

Case-level family involvement integrates family-centered practices to promote full engagement of parents and families throughout development, implementation, and assessment of their case plans. As one of the grant community's child welfare directors observed, "How you engage families to be a part of their own case planning process and gather feedback is critical to getting good outcomes."

#### Family Teaming in Case Planning

Most grant communities enhanced family involvement at the case level by implementing or expanding their existing family teaming approaches. In Contra Costa, CFS expanded its use of Team Decision-Making meetings to include youth at risk of placement change and all youth 17 and older. To ensure that more families and youth have the opportunity to participate in Team Decision-Making meetings to inform development of their case plans, CFS hired two additional meeting facilitators and implemented a quality assurance system to alert social workers, supervisors, and managers by email to schedule at least one Team Decision-Making meeting for all emancipating youth. While the quality assurance system automatically generates a second notification if a meeting is not scheduled in a timely manner, agency leaders indicated that these are typically unnecessary, as the Team Decision-Making meeting process has become integrated into agency practice. In fact, from 2003 to

2008 the number of Team Decision-Making meetings conducted by CFS increased 24 percent, from 105 to 433 (Anthony, Berrick, Cohen & Wilder, 2009).

Child welfare agencies in Clark County and North Carolina enhanced their implementation of Child and Family Team meetings by developing streamlined definitions of what constitutes a meeting and establishing policies and procedures describing how it should be conducted. In Clark County, DFS developed an intensive curriculum to provide Child and Family Team training to all case managers. This five-step training combines instruction with hands-on experience. One stakeholder noted that the curriculum proved so successful that it has been adopted into the State training policy.

In a similar effort to streamline use of Child and Family Team meetings, North Carolina's Division of Social Services developed a curriculum and an entire chapter in its policy manual dedicated to implementation of the meetings. Findings from the local evaluation in North Carolina indicated that when compared with non-Systems of Care counties, parents in the three Systems of Care counties:

- Reported greater preparation by social workers during the Child and Family Team meetings.
- Felt that social workers encouraged them to bring supports to the meetings.
- Felt they had more input in selecting who attended the meetings.

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**"There's just that kind of intrinsic value of when you are helping people through something that you've lived through."**

*– Systems of Care Project Director*

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In addition, Systems of Care grant communities had higher numbers of parents, relatives, and service providers attending Child and Family Team meetings, and most participants reported understanding their roles, feeling engaged, and being satisfied with the way the meetings were run (Lawrence & Snyder, 2009).

## 5.2 Peer-Level Family Involvement

Peer-level family involvement refers to implementation of a peer support model in which family members who have been involved with the child welfare system serve as mentors, partners, or resource guides to help other parents navigate the system and meet their case plan goals.<sup>17</sup> Peer-level programs, especially peer mentoring programs, were the most common form of family involvement that took place throughout implementation of the Systems of Care initiative. As one key informant noted, “[Parent mentor programs] are promising programs that can have very direct benefits fairly quickly with clients and help overburdened case managers.”

### Peer Mentoring Programs

The peer mentoring programs developed under the Systems of Care initiative bring Parent Partners together with families involved in the child welfare system to mentor and help them better navigate the system. Grant communities recognize that Parent Partners are often able to provide the time, direct feedback, and one-on-one support that most system-involved families require.

In most grant communities, family members are referred to Parent Partner programs by their case managers. In Contra Costa, case managers initiate the referral process by faxing copies of court petitions for child removal to the Parent Partner Coordinator. The coordinator then assigns Parent Partners to the families,

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17 In some grant communities, people assigned to peer mentoring roles were community members who had no prior experience with the child welfare system.

who have an opportunity to accept or reject the services offered by the partners. Similarly, Clark County’s Kinship Liaisons, who provide peer mentoring<sup>18</sup> to kin-caregivers, are provided with daily relative placement lists to alert the program of any new kin-caregivers entering the system. Stakeholders in both communities noted that fully engaging case managers in the referral process initially proved challenging; however, referrals typically increased after case managers began hearing about the benefits of the programs from their colleagues, and after Parent Partners shared their own child welfare experiences and explained the purpose and importance of Parent Partner programs.

In addition to direct referrals, families are informed of the services Parent Partners provide through flyers, brochures, word-of-mouth, and other means. Many communities reported that as the benefits of having a Parent Partner spread through word-of-mouth, system-involved parents began actively requesting the services of Parent Partners.

Once referred to the program, families are often matched with Parent Partners based on their life experiences (e.g., a family with instances of drug abuse is matched with a Parent Partner who has also experienced drug issues). In some grant communities, cases are assigned based on geographic location, with Parent Partners responsible for cases in their designated areas.

Parent Partner programs vary greatly in terms of the caseloads that partners carry. In Umatilla/ Morrow and Dauphin County, part-time Parent Partners provide intensive one-on-one services to an average of three families. Full-time Parent Partners in Contra Costa maintain caseloads of 25–30 families, some requiring

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18 Although Clark County’s Kinship Liaison program did not focus exclusively on one-on-one mentoring throughout the grant period, the Department of Family Services’ peer support programs mirrored those of mentoring programs in other grant communities. Therefore, the Clark County peer support program is referred to as a peer mentoring program throughout this case study.

more services than others. Parent Partners in Contra Costa have found that most of the parents they serve require substantial assistance and support at the beginning of a case, and less support once they begin to receive other services, such as substance abuse treatment. Because Kinship Liaisons in Clark County provide less intensive, information-based support, they are able to carry larger caseloads than Parent Partners in other communities. Full-time Kinship Liaisons can serve up to 60 kin-caregivers at a time.

### *Peer Mentoring Supports*

Once families are assigned to Parent Partners, their first encounter typically occurs prior to family team meetings or court appointments. In Contra Costa, Parent Partners often have their first contact with families when they arrive at court for their initial detention hearing. Parent Partners introduce themselves and the Parent Partner program. If parents express interest in receiving services through the program, which most do, Parent Partners offer same-day support by helping families prepare for and understand the hearing process. In cases where Parent Partners are unable to attend initial court hearings, they make every effort to attend families' second court hearings or initial Team Decision-Making meetings. In Clark County, Kinship Liaisons reach out to new kin-caregivers with phone calls and by providing orientation packets, which include kin-caregiver resource guides entitled *Raising Your Relative's Kids: How to Find Help*<sup>19</sup> and an introductory letter written by the Kinship Liaison Team.

Family members who elect to receive support through peer mentoring programs receive a wide variety of support services. Typically, Parent Partners connect families to resources, educate family members

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19 The kin-caregiver resource guide was developed by the Department of Family Services' Community Outreach Program and is based on input from department personnel, community representatives, and kin-caregivers. It is intended to serve as a resource for all community kin-caregivers, not only those involved in the child welfare system. The guide is available at <http://www.unce.unr.edu/publications/files/cy/2009/sp0905.pdf>.

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**“I kind of feel like I’m helping [case managers] out because I can talk to the parent if it’s something not life threatening...[Parents] can call me instead [of their case managers].”**

*– Parent Partner*

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about their rights and responsibilities, and, in some communities, accompany families on medical, dental, social service, and court appointments. Case managers note that sometimes Parent Partners are aware of services and resources that case managers themselves are not aware of because the partners have sought these services out for themselves. In Cherokee County, Parent Partners meet with and provide services to families in their homes once or twice a week. During this time, the partners provide transportation to help families obtain resources and attend appointments and meetings. Because Umatilla/Morrow is a rural community with no public transportation, Parent Partners are required to have active driver's licenses, access to cars, and liability insurance so they can transport parents to meetings and service agencies.

Beyond connecting families to resources and educating them about their rights and responsibilities, Parent Partners often attend family team meetings, where they provide support and advocate for available services on their behalf. In Bedford-Stuyvesant, NY,<sup>20</sup> community representatives serving in peer support roles provide support to families prior to as well as during Child Safety Conferences and Family Team Conferences.<sup>21</sup>

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20 A full profile describing all the efforts to implement the principle of family involvement in Bedford-Stuyvesant is available in Appendix D.

21 Child Safety Conferences are similar to Family Team Conferences in that they are attended by Administration for Children's Services workers, provider agencies, family members, and family support networks. What distinguishes Child Safety Conferences from Family Team Conferences is that they occur prior to removal and/or prior to initiating any type of court intervention, to determine whether to accept a voluntary placement request for a child, to develop an in-home safety plan when it is safe to do so, or to review decisions immediately after an emergency removal and ensure that appropriate placement is made.

Prior to such a conference, community representatives explain the purpose of the conference, identify the key players attending the conference, and discuss any of the family's concerns. During the conference, community representatives act as neutral parties and serve as community resource advocates for the family. While agency policy does not mandate that community representatives be present during Child Safety Conferences and Family Team Conferences, the practice has become so common that community members are now always present at these meetings.

In addition to peer support for parents, Dauphin County developed a similar peer mentoring program for youth. As of 2009, the program was comprised of 10 youth mentors, all of whom have been through the child welfare system. Youth mentors provide one-on-one mentoring to youths their age or younger who have had similar life experiences. While there are no specific requirements for youth to become mentors, every effort is made to only accept youth who are not using drugs and are living in stable environments. To prepare for their role, youth mentors receive training under the parent peer mentoring program, training on family team meetings, and 2 days of intensive skill-building training.

Evaluations of some of the Systems of Care-based peer mentoring programs demonstrate the important impact they are having in helping children and families attain safety, permanency, and well-being. In Contra Costa, 62 percent of children whose parents were served by Parent Partners reunited with their parents within 18 months of removal, compared to 37 percent of children whose parents were not served. Parents participating in this program reported that they felt supported, informed, and empowered to make necessary changes in their lives. They also reported that working with Parent Partners gave them a voice in decision-making and helped support their relationships with their children (Anthony, Berrick, Cohen & Wilder, 2009).

In Clark County, 70 percent of kin-caregivers receiving peer mentoring services reported that they were aware of the various permanency options available to them (Denby, 2009). In addition, kin-caregivers reported that as former kin-caregivers, Kinship Liaisons understood the challenges of kin-caregiving and were able to hold them accountable, ensuring the safety and well-being of the children for whom they cared. In fact, the percentage of alleged re-abuse cases of children placed with kin-caregivers decreased from 13 percent in 2005 to 4 percent in 2008 (Denby, 2009).

In most grant communities, stakeholders reported that Parent Partners typically close cases once permanency has been attained. However, many programs will provide support services to former clients in serious need. In Contra Costa and Clark County, the peer mentoring programs never officially close cases. In Contra Costa, cases simply go on inactive status when parents no longer need services. Similarly, in Clark County, kin-caregivers whose cases result in adoption or reunification can continue to receive support services; for example, kin-caregivers caring for children in cases of reunification are offered services to help them cope with any grief or loss they may experience.

### Other Peer Support Services

Some grant communities implemented other peer-level family involvement programs in addition to peer mentoring programs. While these programs varied, peer training was a central focus. In Umatilla/Morrow, initiative leaders worked with local parents to develop Project Helping Other Parents Excel (HOPE). Through this weekly support group, parents with personal child welfare experience came together to discuss the issues and challenges they faced. Overseen by the Systems of Care Coordinator, the objective of this support group was to facilitate grassroots family involvement in safe and supportive environments. Recognizing the importance of helping parents better understand and

navigate the child welfare system, members of Project HOPE began conducting trainings for parents whose children were at risk for entering or who were already involved in the child welfare system.

Parent support also emerged in the St. Mary's housing community served by the Turtle Mountain Child and Family Services agency in North Dakota. In particular, the local Systems of Care Coordinator and a parent established a parent support group that evolved into an advocacy group working to obtain and improve services in the community. Throughout the grant period, community members, recipients of Temporary Assistance for Needy Families (TANF), and parents created a mission and vision statement, conducted a community needs assessment, hosted Kid's Day, and collected donations for families in need residing in a housing complex. The group also established a Memorandum of Agreement with the North Dakota State Job Service to serve as an official work site for parents receiving TANF.

Contra Costa offers training through its Navigation Orientation Program. This training is cofacilitated by a Parent Partner and a case manager, and provides information to parents and community members on navigating the child welfare system. The Parent Partner Coordinator is currently seeking legal clearance that will enable Parent Partners to offer this orientation inside the county's jails in hopes of reaching and educating incarcerated parents about the child welfare system and their rights and responsibilities within the system. One of many challenges in obtaining this clearance has been the fact that many Parent Partners themselves have criminal records, which restricts their access to the jails.

Understanding that most placement disruptions in Clark County involving kin-caregivers occur in placements where kin-caregivers are not licensed, the DFS, in conjunction with the Kinship Liaisons, developed a kinship training curriculum. This training,

cofacilitated by a department trainer and a Kinship Liaison, provides an overview of the child welfare system and discusses issues such as relative care giving, family dynamics, grief and loss, teamwork, discipline, and other issues often experienced during kinship placements. To ensure that kin-caregivers received this training, it was incorporated into the agency's kin-caregiver licensing process, which is required for kin-caregivers to be eligible for financial assistance.<sup>22</sup> Once kin-caregivers have completed these classes, they may attend advanced classes focused on different aspects of the care-giving experience. In addition to providing important resources, the classes often serve as support groups for kin-caregivers. Evaluation of the kinship training program showed that kin-caregivers overwhelmingly reported a high degree of satisfaction with the program, and the program resulted in significant knowledge gains among kin-caregivers (Denby, 2009).

Similar to its youth peer mentoring program, Dauphin County's SSCY established a peer training program for youth. With assistance from community members, the agency created the New Beginnings Summer Enrichment Program for youth ages 9 to 19. The program provides structured activities for youth focused on academic enrichment, life skills, drug and sex education, self-esteem building, job readiness training, and conflict resolution. As part of the program, youth perform skits for their peers on how to build better relationships with law enforcement and speak to key decision-makers about the importance of youth voice in decision-making. According to a 2008 evaluation of the program, 90 percent of participating youth reported learning things that helped them stay out of trouble, and 88 percent reported learning skills that will help them in the future (Zajac, 2008). One key stakeholder noted that in 2009

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<sup>22</sup> Due to the high demand for licensing, the Department of Family Services has established an expedited licensing program unique to Clark County that allows it to prepare and license kin-caregivers prior to children's arrival, creating a smoother transition process for kin-caregiver and children.



the program served more than 300 youth, about 65 percent of whom had been involved in at least one child- and family-serving system (Spence, 2009).

### 5.3 Systems-Level Family Involvement

While the family involvement programs and activities developed at the case and peer levels were critical in supporting individual families with open child welfare cases, the Systems of Care initiative broke new ground by also engaging families at the systems level, where they were able to serve on decision-making bodies to inform development of agency policy and cofacilitate trainings aimed at enhancing family involvement throughout the entire child- and family-serving system. Engaging families at the systems level helps ensure that policies, practices, and procedures developed by the child welfare system are informed and guided by the families it serves. Family involvement at this level has the potential to transform child welfare agencies by ensuring the direction the agency takes is guided by the experiences and perspectives of the families it serves. As one Systems of Care Project Manager noted, “We are working with families. They have strengths and we need to build on those. [Case managers] need to hear that from managers and supervisors...but it also has to come structurally through policy and procedure...With both of those things we can involve parents.”

#### Family Members Serving on Decision-Making Bodies

Appointing family members to serve on decision-making bodies was the most common systems-level activity implemented across the grant communities, as it facilitated integration of family voice into policies, procedures, and practices at all levels of child- and family-serving agencies. In 2004, Colorado passed legislation to encourage collaboration and service coordination among child- and family-serving agencies. The law mandated participation of family advocacy organizations in the Interagency Oversight Group, a

collaborative body tasked with establishing a shared system to manage multi-agency services provided to children and families. As a result of its systems of care experience and its experience with family-centered practice, Jefferson County decided to include family members in the Interagency Oversight Group, as mandated by the legislation, and in the Systems of Care Collaborative.<sup>23</sup> By participating, family representatives are able to inform and help guide decision-making among these collaborative groups, and ensure that service coordination is guided by families’ perspectives and experiences with child- and family-serving systems.

Although other grant communities did not mandate family participation, they invited Parent Partners to serve on Systems of Care advisory committees and their subcommittees. Community and family members in Dauphin County came together to form five Systems of Care subcommittees focused on faith-based involvement, community involvement, cultural competency, parents and guardians, and youth. The parents and guardians subcommittee, tasked with leading the county’s family involvement efforts, was comprised of birth parents, foster parents, and individuals who had relatives involved in the child welfare system.

While most communities focused on integrating parents or adult relatives in decision-making committees, Contra Costa was one of a few communities that also recruited youth to serve on these panels. However, key stakeholders in Contra Costa acknowledged that while youth representatives were invited to sit on the county’s Systems of Care advisory committee, it was difficult to keep these youth engaged.

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<sup>23</sup> House Bill 1451 was enacted in 2004 but each county was given the option of participating in the collaborative process. Stakeholders noted that Jefferson County’s systems of care experience was an impetus to participate. The project director for the child welfare systems of care initiative also served as co-chairman of the Interagency Oversight Group, which ensured integration of the systems of care principles into the collaborative process.



Family members served on other decision-making bodies in addition to participating on the Systems of Care advisory committees and subcommittees. In Contra Costa, CFS appointed family members to serve on its Parent Partner Leadership Council, which was comprised of staff at all levels of the child welfare agency. The council focused on building the Parent Partner program and integrating family involvement into service delivery. According to initiative leaders, having family members on the council played a critical role in generating early buy-in for the Parent Partner program from staff at all levels of CFS. In Jefferson County, Parent Partners were invited to serve in the interview process for new child welfare case managers, allowing family members to provide feedback on candidates prior to their being hired by the Department of Human Services.

All grant communities sought to appoint family members to key decision-making bodies, but fully engaging people to serve in these roles proved challenging at times. Some key stakeholders reported that they did not always have a good sense of how best to maximize the involvement of family members. Unlike other committee members, many family members' expertise was their personal experience. Key stakeholders reported that it was challenging to identify effective ways to incorporate this personal experience into development of policies and procedures; however, they recognized that being able to do so was critical to ensuring effective family involvement in decision-making bodies.

Another barrier identified by key stakeholders, including many Parent Partners, was the fact that several child- and family-serving agency staff serving on decision-making bodies were resistant to fully integrating family members as equal collaborative partners.<sup>24</sup> The stakeholders noted that family members were often not viewed as professional or as having expertise, and

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<sup>24</sup> Although resistance was reported by numerous key stakeholders, including many Parent Partners no specific examples were provided.

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“Consumers [should] be included in the development of policy, practice, and procedures from the beginning. That’s not something that’s done in the ivory tower and by practitioners... True sustainability is only going to be successful if everyone engages in the values and principles of Systems of Care. It can’t be done by a grant team that comes and goes. It has to be embodied by everybody.”

– *Systems of Care Project Director*

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some collaborative members could not appreciate how family members' personal experiences were relevant to the committee's work. In addition, child welfare agency staff convening the committee meetings often neglected to provide family members with the information (e.g., descriptions of their roles and responsibilities) and resources (e.g., meeting agendas prior to the actual meeting) necessary to fully participate in the meetings. Some grant communities worked to overcome this challenge by providing training opportunities to better prepare Parent Partners for their roles and enable them to serve as active participants in decision-making bodies.

Stakeholders also identified structural challenges to full engagement of family members in decision-making bodies. These barriers included the time and location of committee meetings as well as the lack of compensation for time spent attending meetings. To increase involvement of key leaders and agency staff from a variety of systems, decision-making bodies typically convened during business hours, when most family members were working. To attend these meetings, family members often had to take time off from their jobs, which many could not afford to do. In Dauphin County and Contra Costa, the local child welfare agencies adjusted their policies to allow agency workers to participate in meetings outside of

traditional hours. Although the policy change enabled family members to attend the meetings, it posed a challenge for agency staff who were not compensated for this after-hours work. In terms of the location of the meetings, some family members, especially those in rural communities, lived far away. Many grant communities provided mileage reimbursement, but family members were not compensated for time they spent traveling to and from the meetings. Other barriers to family participation included lack of transportation and child care options, the significant time commitment required for the meetings, and the crises that tend to emerge in the lives of system-involved families.

Several stakeholders noted that the barriers to family involvement in decision-making bodies often resulted in the same Parent Partners representing the family voice in all local decision-making bodies, meaning only a few family experiences informed child welfare policy decisions.

### Family Members Conducting Trainings

Parent Partners were actively involved in conducting trainings on the importance of family involvement. These trainings were made available to child welfare staff, attorneys, court professionals, other service providers, foster parents, social work students, and community members. In some cases, Parent Partners shared their personal experiences with the child welfare system as part of these trainings.

In Kansas, the statewide Family Advisory Council developed the Partnership and Leadership Strategies curriculum, a 2-day training that brings parents, practitioners, and community members together to discuss the importance of family involvement. This training, cofacilitated by a parent and a child welfare practitioner, is designed to help case managers, parents, foster parents, and community leaders learn how to work with each other more effectively. It addresses issues such as fears, trust, and follow-through. The goal is to show participants that the

concerns of parents and practitioners often mirror each other. In addition, the training helps practitioners understand that family involvement means advocating for reunification with birth parents only when it is in the best interest of the children. As a key informant noted, "Sometimes permanency for birth parents...is not just about that child coming home. I believe that parents do have the capacity to get to the point where they can decide what's best for their children no matter what that outcome is. Permanency could mean adoption; it could mean kinship care; it doesn't necessarily have to mean my kid is coming home. And some parents just can't do it but will never say that because they're not given permission to say that without being judged."

In North Carolina, the Systems of Care training and technical assistance workgroup (with funding from the Department of Public Instruction (DPI)<sup>25</sup> and NCDSS, developed a cross-agency/cross-systems training curriculum, written from the family's perspective, to ensure consistent implementation of Child and Family Team meetings across child- and family-serving systems. The training, delivered by a professional trainer in conjunction with parent and youth partners, is offered across the State to all Department of Social Services employees who participate in or facilitate Child and Family Team meetings, as well as mental health and other service providers, as requested by local communities. Through this training, participants learn the philosophies and benefits of convening meetings that include family, extended family, friends, service providers, and community members in order to make plans and decisions that promote child and family safety and well-being. An important focus of the training is moving participants from an authoritative, prescriptive approach to planning and intervention, to a more collaborative and empowering approach to working with families. As of July 2008, more than 500

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<sup>25</sup> DPI used funds from the McKinney-Vento Act to support development of the cross-agency training curriculum and make training available for school personnel who participate in the school-based Child and Family Support Teams.

staff from multiple child- and family-serving agencies participated in the cross-agency/cross-systems training.

Locally, in Mecklenburg County, initiative leaders worked with MeckCARES<sup>26</sup> to create the Mecklenburg County Systems of Care Training Institute to develop and deliver trainings focused on family engagement and other issues. Trainings are developed and cofacilitated by service providers and parents who have been through the child welfare system, and target different constituencies including frontline workers, supervisors, judges, and lawyers. As the institute evolved, the training was made available to the entire community, not just child- and family-serving agency staff, to further institutionalize family involvement and other Systems of Care principles across the county.

### Family Members Engaging in Other Systems-Level Activities

In addition to serving on decision-making bodies and conducting trainings, several grant communities encouraged family members to actively participate in their Systems of Care social marketing campaigns. These efforts focused on increasing the understanding and support for systems of care among key constituencies both inside and outside the child welfare system. As part of these campaigns, family members participated in focus groups, radio, and television interviews; conducted workshops and presentations; assisted in creation of social marketing plans; and developed marketing materials. In Clark County, Kinship Liaisons led the county's social marketing campaign, working with the local evaluation team to develop the *Issue Brief on Systems of Care Development* and a training and marketing video entitled *So Now You Are Raising Your Relatives: Community and Family Together*.

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<sup>26</sup> MeckCARES is the Systems of Care partnership among local child- and family-serving agencies, families, and the community, funded by the SAMHSA grant, to improve outcomes for youth ages 10–21 that have severe emotional problems and for their families. It adopts a unified approach across provider organizations and enables families to participate as partners in planning, delivery, and evaluation of services.

The Standing Rock Child Protection Services agency in North Dakota convened a group of community elders to help inform development of its cultural competency Systems of Care activities. The group continued to meet throughout the Systems of Care initiative and played an integral role in developing a social marketing plan to educate Tribal families about the child welfare system, its mission, programs, and the services available to families. Similarly, in the Turtle Mountain community, elders developed a poster to educate community members about the Systems of Care principles and how they align with the Tribe's cultural values.

In addition to assisting with social marketing, Parent Partners were also asked to provide feedback on client forms developed by child welfare agencies, and create/update resource materials aimed at helping family members better navigate the child welfare system. In Kansas, families with child welfare experience rewrote the child welfare agency's *Family Handbook*, which was written by practitioners and had not been updated in more than 10 years. Allowing Parent Partners to update client forms and develop resource materials ensures these materials are written from a parent's perspective, in plain language, and contain information and suggestions that parents might find useful. Some grant communities found development of resource materials to be an important concrete project that families and case managers could rally behind.

To evaluate the customer service performance of agencies contracted to provide child welfare services across the State, members of Kansas's Family Advisory Council, comprised of birth, adoptive, and foster parents; kin-caregivers; Systems of Care staff; and community members, participated in the Customer Service Enhancement Project. Council members assessed agencies' waiting areas, staff responsiveness, and other customer service elements, and completed a form evaluating each agency's overall performance. Feedback from this project

was then used to develop improvement plans across child welfare service agencies. Initiative leaders also surveyed customer performance through the Department of Social and Rehabilitation Services' (SRS) customer service program.<sup>27</sup> Through this program, Systems of Care staff managed complaints issued by parents and relatives and worked with families to identify a proactive approach to resolving their problems. By staffing the customer service program, Systems of Care staff, including the Parent Partner Coordinator, were able to convey a broader understanding of the issues concerning kin-caregivers and birth, foster, and adoptive parents to State and regional child welfare staff.

In Dauphin County, family and community members united to support families by creating the Network of Faith, an initiative in which the faith-based community provides services that government agencies do not have the time or resources for (e.g., counseling, babysitting, handiwork, and other supportive services). To facilitate use of these services, family and community members worked with child welfare staff to develop a database of services that case managers can use to refer families in need.

To integrate family involvement with child welfare delivery systems, several grant communities asked Parent Partners to participate in the Child and Family Services Reviews<sup>28</sup> process to provide their perspectives and feedback regarding their communities' family involvement efforts. As part of the process, several

grant communities incorporated family involvement language and their Parent Partner programs into their Program Improvement Plans.<sup>29</sup> By incorporating family involvement into the review process and improvement plans, communities were able to ensure that the perspectives of family members were being incorporated into development of agency policies to effectively address families' needs and increase the likelihood of improved outcomes. It also facilitated buy-in among key decision-makers and helped ensure institutionalization of family involvement beyond the initial Systems of Care grant period.

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*"I feel like [the local child welfare agency] has been extremely open to the family voice and has made changes in its policies and procedures because of that family voice. We've had a lot of struggles but overall I think we've made a huge difference."*

*– Family member who participated in the Customer Service Enhancement Project*

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27 The Department of Social and Rehabilitative Services' customer service program responds to all customer service issues that come to the attention of the department's Central Office. These issues are either addressed onsite or referred to the appropriate regional office for review.

28 The Child and Family Services Review is a Federal review assessing State agencies' capacity to create positive outcomes for children and families. States are assessed for substantial conformity with Federal requirements for child protective, foster care, adoption, family preservation and family support, and independent living services. The review process includes a statewide assessment and an onsite review of child and family service outcomes and program systems.

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29 States determined not to have achieved substantial conformity in all the areas assessed as part of the Child and Family Services Reviews process are required to develop and implement Program Improvement Plans addressing the areas of nonconformity. The Children's Bureau supports the States with technical assistance and monitors implementation of their plans.

## 6. Sustaining Family Involvement Within a Child Welfare System

The Systems of Care initiative targeted effective implementation of meaningful and sustainable family involvement. The experiences of the grant communities suggest that family involvement that enables family members to inform how services are designed and delivered, and what supports and resources are available to address families' needs, has the potential to change the way child welfare systems operate and relate to families. The findings also suggest that effective implementation of family involvement is challenging, and sustaining it requires ongoing commitment and support at all levels of the organization to ensure it becomes an ongoing component of the work of child welfare and not a time-limited project or activity. As one key informant noted, "There is a tendency for projects to remain projects, and I think from the very beginning you really have to begin to think about how you are going to make this effort organic within the system so that it doesn't remain an attachment like a lot of projects tend to do. We all talk about sustainability but a lot of times sustainability, is about funding a project more so than moving what is a project into an organic part of an operating system."

Recognizing the importance of continuing their family involvement efforts and programs beyond the initial Federal grant, some grant communities began working to ensure the sustainability of their efforts early in the initiative. In Contra Costa, CFS leaders invested significant time planning for their Parent Partner program's sustainability. Specific tasks undertaken by these directors included:

- Prioritizing which activities could be sustained.
- Examining alternative funding sources, such as State funding.
- Identifying ways to maintain staff positions paid through the Systems of Care grant.

Some of the grant communities that partnered with local nonprofit organizations to implement their family involvement programs, such as Contra Costa and Umatilla/Morrow, continue to operate their family involvement efforts through these partnerships. In Contra Costa, the CFS Director utilized funding from the Substance Abuse and HIV Exposed Children and Promoting Safe and Stable Families grant programs to help sustain the Parent Partner program. In 2007, Child and Family Services received a Comprehensive Assessment for Positive Family Outcomes grant from the Children's Bureau, which will also enable the agency to enhance and sustain its family involvement efforts. Similarly, in Umatilla/Morrow, the Department of Human Services continues to provide support for the Parent Partner program, and EOAF has applied for grants to assist its sustainable funding.

Several of the grant communities that did not partner with local nonprofit organizations to implement their family involvement programs were able to sustain their efforts through development of other nonprofits. In Kansas, the State Family Advisory Council created the Kansas Family Advisory Network, a 501(c)3 nonprofit. As a membership organization, the network is comprised of family members; family partner groups, which are organizations where at least 51 percent of members are family partners; community partners; and community agencies. The network is operated by a voluntary staff and board of directors whose bylaws require it to be comprised of a minimum of 51 percent family partners, of which two must be birth parents. The organization and its members continue to enhance family involvement through the following activities:

- Developing and distributing literature.
- Supporting family advisory councils across the State.



- Serving as family representatives on decision-making bodies.
- Conducting trainings and workshops to educate providers and community members on the importance of family involvement.

The Kansas Family Advisory Network receives most of its funding from the Department of Social and Rehabilitative Services. The organization also receives support through a variety of other funding sources, including membership dues and grant funding to support the family advisory councils, through its participation in Kansas University's National Child Welfare Workforce Institute, and fees garnered from the Partnership and Leadership Strategies trainings.

In Dauphin County, family and community members incorporated as the nonprofit New Beginnings Youth and Adult Services. New Beginnings was created with the financial support of individual and corporate donors, including Capital Blue Cross, as well as through contracts with various child- and family-serving systems to provide family support services. New Beginnings continues to operate the county's parent and youth peer mentoring programs as well as the youth Summer Enrichment Program. In addition, parents and community members continue to serve on decision-making bodies and provide training on the importance of family involvement. Under New Beginnings, three youth working groups have been established to focus on family, crime, and violence in the community, and school issues. Through these working groups, which are governed and facilitated by youth, young people discuss issues that they and their community are facing. Participating youth also conduct workshops and presentations for service providers to educate them about the impact of Family Group Conferences on youth.

Similarly, in Bedford-Stuyvesant, a group of community activists known as the Bed-Stuy Activists incorporated as a 501(c)3, becoming the Bed-Stuy Advocates.

Housed within the Administration for Children's Services (ACS), the Bed-Stuy Advocates' role is to focus on improving collaboration among the agency, community members, and families involved in the child welfare system. Members of the Bed-Stuy Advocates continue to serve as community representatives on decision-making bodies and hold monthly forums to assess the needs of the community, educate community members about the services and supports available for families and any changes taking place within ACS, and correct common misconceptions regarding the agency's role in child abuse and neglect cases. Members also provide training and technical assistance to case managers on the importance of community involvement and host interagency meetings of various social service systems to improve interagency collaboration. While the Bed-Stuy Advocates were initially funded through the Systems of Care grant, members have applied for community grant funding. Currently, the organization is primarily supported through in-kind services, volunteers, and fee-for-service contracts to provide support to social service agencies looking to improve their community and family engagement efforts.

Alamance County was able to leverage additional funding from SAMHSA to support continued development of its family involvement efforts. Building on its prior Systems of Care experience, the Alamance Department of Social Services is in the process of identifying a nonprofit organization with which it can partner to operate its family involvement program. In 2007, the Department of Social Services received a 5-year Children's Bureau grant, Comprehensive Assessment for Positive Family Outcomes, to improve the safety, permanency, and well-being outcomes of children in the child welfare system. The grant supports a Child and Family Team facilitator within the Department of Social Services who serves as a coach for family-centered practice and motivational interviewing with families. In Bladen and Mecklenburg counties, child welfare agencies have been able to



attain additional funding to continue their family involvement efforts. In Bladen County, the Department of Social Services and Local Management Entity<sup>30</sup> blended funding to sustain the family involvement program, and in Mecklenburg County, two Parent Partner positions will be funded through a 1-year grant from Casey Family Programs.

In Clark County, the Kinship Liaison Program continues to operate as part of DFS. The kinship program has been so successful within the agency that the proportion of children being placed with kin-caregivers doubled from 16 to 32 percent in 2004–2008 (Denby, 2009). As a result, in 2008 the county expanded its efforts by offering services to kin-caregivers who are caring for children not involved in the child welfare system.

Although grant communities have been effective in identifying ways to sustain their family involvement efforts, the current economic environment has resulted in some concerns regarding the ability of child welfare agencies and nonprofit organizations to attain the necessary funding to sustain these activities over time. As a result of current budget cuts and increased caseloads, some grant communities report being unable

to dedicate as much time to family involvement activities as they had done previously. For example, in Contra Costa, CFS has had to reduce the number of Child Safety Conferences and Team Decision-Making meetings offered to system-involved families. While partnering with and/or developing nonprofit organizations to operate Parent Partner programs has been effective in protecting Parent Partners from many of the recent layoffs experienced by child welfare agencies, it has also made these programs susceptible to the economic conditions of partnering agencies, which might not be able to attain ongoing funding to sustain the programs.

As grant communities continue to implement strategies to support meaningful family involvement at the case, peer, and systems levels, an important and necessary component of long-term sustainability is documenting the process of implementation as well as the short- and long-term impacts of these efforts at the systems, organization, and individual levels.

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<sup>30</sup> In 2001, North Carolina's legislature moved mental health, developmental disabilities, and substance abuse services from institutional to community settings. As part of this, Area Authorities—once responsible for directly providing services—became Local Management Entities and contracted with community providers for services.

## 7. Lessons Learned and Recommendations

Actively engaging family members in case planning; provision of supports to their peers; and incorporating their perspectives and voices in policy development, service planning, training and evaluation is critical to improving outcomes for children and families. These realms of family involvement have the potential to improve the efficiency and effectiveness of child welfare services by increasing buy-in and motivation among family members to meet their case plan goals and improve the fit between services and families' needs.

Through the Children's Bureau Systems of Care initiative, grant communities have identified and addressed a number of challenges to increasing family involvement across the child welfare system. These challenges have included the lack of structure and capacity of child welfare agencies to support family involvement, resistance of child welfare staff to embrace the concept of establishing true partnerships with families, and capacity of family members to partner successfully. Some of the strategies used by grant communities to engage families strengthened well-established child welfare practices, while others tested new approaches. Grant communities not only strengthened families' roles in informing development of their own case plans but also helped family members to develop the leadership skills and capacities necessary to support and advocate for their peers. In many communities, family members have been able to sit at the table with decision-makers, where they contribute their perspectives to inform design and development of policies and practices that are family-centered and result in improved outcomes for children and families.

The lessons learned by these communities, as highlighted below, can help inform development of future family involvement efforts that could lead to transformation of the child welfare system.

- **Developing policies requiring family involvement at all levels of the child welfare agency**, including enacting legislation and memorandums of understanding (MOUs) that mandate family involvement and give family members roles in policymaking bodies, ensures integration and sustainability of family involvement efforts throughout the child welfare system. These policies not only help ensure that family representatives are included in agency work groups and committees but also provide a mechanism to facilitate allocation of fiscal resources necessary to support family involvement at the systems and organizational levels.
- **Identifying and making available dedicated full-time staff to manage and coordinate the implementation of family involvement activities** is critical to providing these programs the support and resources necessary for systemic integration of family involvement in the child welfare system. Given the involuntary nature of families' participation in the system and misconceptions often held by case managers and family members alike, staffing these positions with people who have experience with the child welfare system (personal and/or professional) can help garner respect among case managers and supervisors and build trust with families.
- Staff assigned to coordinate peer mentoring programs should consider developing **structures and mechanisms that allow for a direct feedback loop** between child welfare staff, people assigned to provide mentoring services, and system-involved families. This will help ensure that case managers, supervisors, peer mentors, and families have a vehicle for voicing concerns and providing constructive feedback that facilitates continuous refinement and improvement of peer mentoring

programs. This structure also can help identify staff and peer mentor training needs.

- **Information gathering activities that include needs assessments and examining family involvement efforts in other settings and communities** can help child welfare agencies design programs and activities that take into account the unique contexts and meet the particular needs of their communities. Community, agency, and family assessments can help agency leaders identify structural, cultural, and organizational needs and barriers to family involvement. These efforts can be supplemented by examination of other family involvement initiatives, which can identify promising strategies and practices to overcome such barriers and increase agency leaders' capacity to integrate family involvement. Similarly, piloting family involvement programs will enable agency leaders to develop and refine program components prior to bringing family involvement efforts to scale.
- **Provision of training to child welfare and other child- and family-serving agency staff** can help garner support for family involvement activities by dispelling misconceptions about system-involved families and developing an environment that facilitates integration of family voices into child welfare policies, practices, and procedures. Of particular importance is providing training to better prepare child- and family-serving staff and other stakeholders to sit at the table with youth- and system-involved families as their partners. Training topics might include viewing families as equal partners and strategies for establishing youth-adult partnerships. Trainings can be especially effective when family members serve as cofacilitators, to share their personal experiences with the system, and help child- and family-serving staff better understand the family perspective.
- **Family members must have access to comprehensive training opportunities** that will help increase their capacity and enable them to succeed in their roles as peer mentors and advocates for system-involved families, and as leaders in decision-making bodies. In particular, family members must develop an understanding of the mandates and operation of the child welfare system, including roles and responsibilities of case managers, the court system, and the rights and responsibilities of families touched by the system. Family members should also have opportunities to develop the leadership skills that will enable them to serve as equal partners with child- and family-serving staff on decision-making bodies. Training is particularly critical when family members create a nonprofit organization to guide their family involvement efforts. In these instances, family members may require training more targeted toward organizational development.
- **To ensure the success of family involvement programs, agency leaders must develop clear standards and guidelines related to the requirements of peer mentor/advocate positions, supervision, and compensation.**
  - *Clear requirements for peer mentor/advocate positions* are critical to preventing recidivism and substance abuse relapse among family members serving in these roles. In general, key Systems of Care representatives, child welfare staff, and Parent Partners agreed that parents should be sober and have their cases closed for 1–2 years prior to serving as peer mentors. In addition, it is important to staff these positions with people who see their involvement in the child welfare system as an experience that helped to improve their lives and the lives of their children. Because not all former child welfare clients can serve as effective Parent Partners, agency leaders need to invest

significant time and resources identifying appropriate people to fill these positions.

- *Supervision* provided on a regular basis can help peer mentors address challenges associated with their work as well as challenges they experience in their personal lives. Clinical supervision, in particular, helped Parent Partners address issues of transference and substance abuse recovery.
- *Compensation and employment benefits* such as a competitive salary, vacation, medical leave, paid holidays, and health insurance provide family members with the financial resources that many need to serve as peer mentors/advocates. However, family members should have a clear understanding of the level of compensation that agencies can provide. In cases where funds are in short supply, agency leaders might consider using gift cards and transportation reimbursement to compensate family members. However, it is important to note that this form of limited compensation often hinders long-term family involvement.
- **Engaging multiple family members** to serve as peer mentors, Parent Partners, governance board members, committee members, and advocates is essential to ensuring that multiple family experiences inform child welfare policy decisions and guarding against burnout among participating families. To achieve this goal, agency leaders must work to build trust among families and provide opportunities where they can serve as equal partners along with child welfare and other child- and family-serving staff.

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“It was very important that we didn’t just do it because it looked and sounded good...It was more important that we were doing a service to our families...You can have the best program on paper or out there in the community, but if it doesn’t produce outcomes it’s really not the best program.”

– *Child Welfare Agency Leader*

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- **Evaluation of family involvement programs is critically important to their success and sustainability.** Program evaluation is an opportunity to assess implementation, modify family involvement activities to ensure they are meeting their goals, and identify the extent to which family involvement results in improved outcomes at the systems, organizational, and individual or case levels. In addition, agency leaders can conduct cost-benefit analyses to compare the resources required to operate family involvement programs to the outcomes achieved. This type of analysis can help demonstrate the fiscal value of family involvement in the child-welfare system, and help generate buy-in from administrative leaders, a critical element to systemic integration and sustainability of family involvement.

## 8. Conclusion

As more child welfare agencies begin to implement programs and activities aimed at enhancing family involvement, there is greater need to identify and disseminate best practices on how to intentionally and effectively engage and integrate families at the case, peer, and systems levels. While comprehensive and meaningful family involvement is just beginning to take hold among child welfare agencies, findings from the Children's Bureau *Improving Child Welfare Outcomes through Systems of Care* demonstration initiative offer a unique window into the transformative capacity and potential impact that family involvement can have in supporting and ensuring the safety, permanency, and well-being of system-involved families and their children. The family involvement strategies implemented by the Systems of Care grant communities, as well as the challenges experienced and lessons learned, can help other child welfare agencies implement and enhance family involvement efforts in their communities and begin to inform the identification of best practices.

While this case study focuses on family involvement strategies implemented as part of a system of care principle-guided approach, family involvement programs and activities can also be effective in improving child welfare service delivery when they are implemented independent of such an approach. Given the potential impact of this approach, however, additional research, including randomized control trials, is needed to systematically demonstrate the value of family involvement at the case, peer, and systems levels, and its impact on improving child and family outcomes and the systemic performance of child welfare agencies. Research is also needed that documents the process of implementation and identifies best practices for managing the challenges (e.g., resistance from case managers and recidivism among Parent Partners) associated with implementing meaningful family involvement across child- and family-serving agencies.

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