



Strategies to
Increase Birth
Parent Engagement,
Partnership, and
Leadership in the
Child Welfare
System: *A Review*

JULY 2012

acknowledgements

Acknowledgements

This report was a collaboration between Casey Family Programs' (Casey) Research Services and Casey's Technical Assistance Unit, as part of their ongoing work with the Birth Parent Advisory Committee. Information contained in this report draws heavily on previous research included in Birthparent Participation Programs (Clara, 2009), Engaging Fathers in the Child Welfare System (Garcia & Myslewicz, 2009), and Birth Parent Partnership and Engagement (Corwin, 2010).

The author would like to thank Gregory Davis, Manager-Casey Technical Assistance Unit and Erin Maher, Director of Program Evaluation-Casey Research Services for their ongoing leadership and support. He would also like to thank Fernando Clara, Advisor-Casey Knowledge Management and the Birth Parent Advisory Committee for their thorough review of this report.

Author

Tyler Corwin

Casey Family Programs
2001 8th Avenue
Suite 2700,
Seattle, WA 98121.

E tcorwin@casey.org

birth parent *engagement*

This report *explores barriers and proactive strategies* to engaging birth parents with child welfare services and referrals for services, developing connections between birth parents and foster parents, utilizing birth parents as agency partners that mentor and train other birth parents, and drawing on birth parent experience in an advisory capacity at the organizational level.



Table of Contents

Executive Summary	6
Introduction	8
Engaging Birth Parents with Child Welfare Services	8
Family Group Decision-Making	10
SafeCare	11
Parent-Child Interaction Therapy (PCIT)	11
Motivational Interviewing.....	12
Signs of Safety	12
Focus on Engaging Birth Fathers	13
Lifetime Dads	14
Fathers in Training (FIT)	14
Divine Alternatives for Dads Services (DADS).....	15
Connecting Birth Parents and Foster Parents	15
Building a Bridge	15
Parent Mentoring Program.....	16
Birth Family-Foster Family Connections Project	16
Icebreaker Meetings	17
Birth Parent Partners	17
Contra Costa County, California.....	18
Washington State	18
Parent Advocacy Program.....	19
Circle of Parents	19
Birth Parents Advisors	20
Catalyst for Kids (CFK).....	20
Child Welfare Organizing Project (CWOP)	20
Texas Parent Collaboration Group	21
Strengthening Families.....	21
Discussion	22
References	24

Executive Summary

Overview

Birth parent participation and attendance in child welfare programs has been demonstrated to reduce the recurrence of maltreatment, as well as contribute to the reunification of families and improve emotional adjustment in children.

The report reviews the roles of birth parents in the child welfare system, as well as programs that foster birth parent engagement. It explores barriers and proactive strategies to engaging birth parents in child welfare services, developing connections between birth parents and foster parents, utilizing birth parents as agency partners that mentor and train other birth parents, and drawing upon birth parent experience in an advisory capacity at the organizational level. Specific program models that focus on birth parent involvement and their evidence-base (where available) are also reviewed; programs were selected for inclusion in this report based on constituent recommendations, prior reports, and extant research on birth parent engagement. Given Casey's objective of influencing the policies and practices that support safe, stable, and permanent homes for children, Casey and the Birth Parent Advisory Committee collaborated to produce this review.

Results

Birth Parent Engagement with Child Welfare Services. Encouraging participation in parenting and prevention programs contributes to reductions in maltreatment incidences, the reunification of families, improved emotional adjustment in children, and the opportunity for birth parents to demonstrate responsibility. Institutional mistrust, the complex issues that families face (e.g., substance abuse, domestic violence, unmet basic needs), and practical barriers (e.g., transportation, child care) create a serious impediment to the engagement process. Strategies to improve the engagement of birth parents and families in the child welfare system include: early outreach to parents; practical assistance; building supportive relationships with peers, foster parents, and child welfare workers; consulting parents in the decision-making process around service provisions; and family-centered practices. The following programs are briefly reviewed for their birth parent engagement strategies: Family Group Decision-Making, SafeCare, Parent-Child Interaction Therapy, Motivational Interviewing, and Signs of Safety.

Connecting Birth Parents and Foster Parents. Facilitating positive connections between foster parents and birth parents, regardless of whether the children remain in foster care or are reunified with their birth parents, can increase family connectedness, reduce childhood trauma, expedite permanency, and increase the likelihood of reunification. There are challenges to building positive connections, however, including: overcoming safety concerns for the child (for the foster or birth parents), jealousies, condescension from foster parents, and staff worries that the connections will increase problems and work. Building a Bridge, Parent Mentoring Programs (Washington State), Birth Parent-Foster Family Connections Project, and Icebreaker Meetings are reviewed.

Birth Parent Partners. Birth parent partners, who have traversed the child welfare system themselves, possess the ability to provide guidance and support to other parents in the child welfare system and offer a unique perspective to inform policy and program implementation. Parent partners may increase birth parent engagement, decrease distrust in the child welfare system held by birth parents, and increase family support structures; they can also alleviate stressors between parents and child welfare agencies and may help improve child outcomes. Through alleviating stress for child welfare workers, the utilization of parent partners may have the additional effect of reducing child welfare staff burnout and increasing satisfaction. Birth parent partner programs reviewed include: the Parent Advocacy Program, Circle of Parents, and the Parent Partners Programs of Washington State and Contra Costa County, CA.

Birth Parent Advisors. Birth parent advisors can help make decisions about program planning, shape agency policy, advise statewide committees, train child welfare agency staff, and advocate for parent partner programs. Successful birth parent advisory roles are dependent on agency flexibility, adequate information and support, directed meeting agendas, the provision of leadership opportunities for the birth parents, shared responsibility, and consistent involvement throughout the planning and implementation process. This report reviews Catalyst For Kids, the Child Welfare Organizing Project, Strengthening Families, and the Texas Parent Collaboration Group.

Implications

Strategies for improving birth parent engagement, including reducing institutional mistrust through a supportive atmosphere where goals are clear and established and removing logistical barriers (e.g., transportation and child care), can be utilized to increase birth parent participation in the child welfare system. Creating positive connections between foster parents and birth parents, utilizing birth parent partners as support structures, and drawing upon birth parent advisors to inform how services are delivered, what programs are most effective, and how agencies and parents in child welfare interact, can contribute to reductions in the recurrence of maltreatment, the reunification of families, and improved emotional adjustment in children. These outcomes are especially significant as recurring incidences of child abuse or neglect have been linked to negative child outcomes, such as delinquency, increased behavior disorders, mental health issues, substance abuse, and reduced employment and educational achievement. Birth parents have a critical role in improving these outcomes.

Introduction

This report was prepared for the Casey Family Programs' Systems Improvement Birth Parent Advisory Committee (BPAC). It is intended to inform child welfare practice through a comprehensive review of the literature on effective approaches to involving birth parents in the child welfare system at all levels, while drawing attention to the potential impediments to successful birth parent engagement and partnership. The report explores barriers and proactive strategies to engaging birth parents with child welfare services and referrals for services (e.g., parenting education classes), developing connections between birth parents and foster parents, utilizing birth parents as agency partners that mentor and train other birth parents, and drawing on birth parent experience in an advisory capacity at the organizational level. Specifically engaging birth fathers in the child welfare system is highlighted, as birth fathers often require different considerations and approaches.

While the report highlights particular program models and summarizes strategies and barriers to birth parent involvement, it is not intended to provide an exhaustive list of child welfare programs that focus on birth parent participation. Illustrative program models (and their evidence-base where available) were selected for review in this report based on constituent recommendations, prior reports, and extant research on birth parent engagement. It draws upon an extensive review of scholarly literature, previous reports from Casey, internet databases and clearinghouses (e.g., Child Welfare Information Gateway), and program evaluations. This report frames the discussion around which child welfare services, agencies, and organizations can help strengthen partnerships with birth parents and develop shared understanding through collaboration.

Engaging Birth Parents With Child Welfare Services

Engaging birth parents in critical services, prevention programs, and parenting education in child welfare can reduce incidences of maltreatment (DePanfilis & Zuravin, 2002), improve placement stability and the chances of reunification (Merkel-Holguin, Nixon, & Burford, 2003; U.S. Department of Health and Human Services [USDHHS], 2010), and support families (Virginia Department of Social Services [VDSS], 2011). The engagement level of birth parents in the child welfare programs (i.e. reunification services, court-mandated treatment, family therapy) is often low and varies depending on their relationship with their caseworker and family characteristics (Alpert, 2005; McCurdy & Daro, 2001); drop-out rates are especially high in programs where participation is involuntary (Rooney, 1992). Given the preponderance of risk factors among many families in child welfare, programs and interventions must have a sufficient duration and intensity (Lundahl, Nimer, & Parsons, 2006; Thomlison, 2003). Keeping families engaged in a program throughout its duration, increasing their dosage and exposure to positive parenting practices, is pivotal to the effectiveness of these programs in preventing maltreatment (Thomas, Leicht, Hughes, Madigan, & Dowell, 2003). In one recent study of the Nurturing Parenting Program in Louisiana, researchers demonstrated that

increasing program attendance from low to average levels among parents in child welfare could reduce the recurrence of child maltreatment by 35 percent (Maher, Marcynyszyn, Corwin, & Hodnett, 2011). Furthermore, the completion of particular programs (e.g., domestic violence education, substance abuse treatment) is often a prerequisite to successful permanency planning and reunification; thus, keeping birth parents engaged in these programs is imperative.

The attitudes of foster parents and child welfare workers toward birth parents can affect the engagement and involvement of parents (Poirier & Simard, 2006; Saint-Jacques, Drapeau, Lessard, & Beaudoin, 2006); when engagement affects birth parent-child visitation, outcomes for children (e.g., emotional well-being) are affected as well (Erera, 1997; Fanshel & Shinn, 1978). The dual function of child welfare workers as service providers and investigators (Roberts, 2007), as well as the presence of child welfare workers in court proceedings (Yatchmenoff, 2001), may breed mistrust between parents and caseworkers that further hinders engagement with agencies and programs. Coupling institutional mistrust with the complex issues that families face (e.g., substance abuse, health issues, unmet basic needs) creates a serious impediment to the engagement process (Littell, Alexander, & Reynolds, 2001; Marcenko, Brown, DeVoy, & Conway, 2010; Wagner, Spiker, Linn, Gerlach-Downie, & Hernandez, 2003). Beyond these deeper issues that impede birth parent participation, practical barriers exist as well, such as transportation, child care, or competing demands (e.g., employment).

The uniqueness of every family contributes to the complexity of creating an effective strategy for engaging birth parents. The removal of barriers to participation and improving the quality of relationships between caseworkers and birth parents can significantly increase engagement in child welfare programs, which will help strengthen families. Strategies to improve the engagement of birth parents and families in the child welfare system include: early outreach to parents; practical assistance; efficacy in engaging and understanding the complexities of child welfare; building supportive relationships with peers, foster parents, and child welfare workers; consulting parents in the decision-making process around service provisions; and family-centered practices (Kemp, Marcenko, Hoagwood, & Vesneski, 2009; USDHHS, 2010; VDSS, 2011). In addition, a Systems of Care approach to engaging birth parents emphasizes parents' roles as partners in the case planning process, acknowledging birth parents as experts in their personal needs, and providing a meaningful role in the decision making regarding their children (National Technical Assistance and Evaluation Center for Systems of Care [NTAEC], 2008). Family group decision-making, discussed below, and child-family teams are examples of family-centered Systems of Care work being implemented within the nine Systems of Care demonstration sites (National Systems of Care demonstration sites are located in California, Colorado, Kansas, Nevada, New York, North Carolina, North Dakota, Oregon, and Pennsylvania (NTAEC, 2010).).

The possibility of the termination of parental rights in some cases can create additional strain or distrust between parents and caseworkers (NTAEC, 2008). In order to alleviate distrust between birth parents and the child welfare system, clear communication about service planning and

Spotlight on Engaging Birth Parents with Substance Abuse Treatment and Recovery

Engaging birth parents in treatment programs warrants additional investigation, as these programs offer critical services to parents prior to reunification proceedings. The inability to engage parents in substance abuse recovery services can result in the removal of children from parental custody and foster care placement (Testa & Smith, 2009). One study of substance-abusing mothers in Oregon demonstrated that quicker entry into treatment and more time spent in treatment was related to less time children spent in foster care; treatment completion was also related to increased likelihood of reunification (Green, Rockhill, & Furrer, 2007). Additionally, a study conducted in Illinois showed that the provision of coaches to help remove barriers to treatment, engage parents in services and keep them engaged, and support parents through permanency planning, increased completion rates of substance abuse treatment and, subsequently, reunification (Ryan, 2006).

While strategies to improve birth parent engagement in recovery or treatment services related to substance abuse are critical, parents often face additional barriers to reunification, such as housing issues, domestic violence, or mental health treatment. In order to increase the chances of reunification, child welfare services should assist families' progress in treatment for co-occurring problem areas (Marsh, Ryan, Choi, & Testa, 2006).

expectations from caseworkers is necessary. Parent perceptions that child welfare workers are being straightforward with case plan expectations promote positive relationships, helping parents to navigate the child welfare system and encouraging participation in services and programs (DePanfillis & Salus, 2003; Yatchmenoff, 2001). Evidence from a qualitative study of the family engagement process of a New York City neighborhood-based child welfare service provider demonstrated that direct, honest, and affirming communication, as well as empathic and reliable workers facilitated parent engagement in services (Altman, 2008).

Apart from caseworkers' qualities, such as empathy and acceptance, child welfare agencies' establishment of clear goals, provision of relevant services, development of parenting skills, and the sufficient allotment of time and resources, create a supportive atmosphere for parents, increasing engagement in child welfare programs (Dawson & Berry, 2002; Rooney, 1992). Engagement can be further increased through the screening of service referrals for appropriateness to family needs, increasing the frequency or intensity of contacts/check-ins, incentivizing and rewarding participation, providing concrete services to families, and using motivational interventions. It should be noted, however, that larger caseloads and time/budgetary constraints may disallow caseworkers from utilizing many of these strategies to engage birth parents (NTAEC, 2008).

The following strategies and programs have been implemented as adaptations to child welfare models to address increasing family and birth parent participation in child welfare programs that contribute to reunification and/or adoption, including participation in much needed services, such as substance abuse treatment.

Family Group Decision-Making

Family group decision-making (FGDM), encourages family engagement in the child welfare system through emphasizing family preferences when discussing and deciding upon case plans. FGDM is a strengths-oriented, community-based process by which a collective effort is undertaken by immediate and extended family members, social service professionals, and others to work on problems and make decisions for the benefit of birth parents and children (Chandler & Giovannucci, 2004; Huntsman, 2006). Ultimately, FGDM can empower families to contribute to expedited permanency planning for children, beyond traditional court proceedings (Olson, 2009).

Several states, including Pennsylvania, Minnesota, and Texas, have adopted FGDM as a part of their child welfare practice models. An evaluation of FGDM in Texas revealed that children involved with the program model, as opposed to traditional services, experienced shorter durations in foster care and were more likely to return home (Sheets et al., 2009; Texas Department of Family and Protective Services [TDFPS], 2006). However, a recent randomized control study of the program showed no significant differences in placement stability or permanence between those receiving FGDM and those not (Berzin, Cohen, Thomas, & Dawson, 2008). Further evaluation of the effectiveness of this program, or programs similarly-structured (e.g., family partnership meetings (VDSS, 2010)), is needed to verify that this relationship-focused approach prevents out-of-home placements and improves child and family outcomes.

SafeCare

SafeCare is a home-based intervention that aims to change parenting behaviors to prevent imminent child maltreatment. The program focuses on behaviors related to child health and safety, cleanliness of the home, and parent-child interactions. Home visitors are trained to recognize the signs of relevant risk factors, like substance abuse or depression.

SafeCare has demonstrated promise in reducing child welfare referrals; participants were also more likely to enroll and remain in services than a standard in-home services counterpart (Silovsky et al., 2011). The increased engagement is attributed to SafeCare's inclusion of "motivational interviewing" and the reduced stigma of structured, skills-based parent training versus the more stigmatized mental health services. SafeCare is currently being implemented in nine states, including Oklahoma, Georgia, California, and Washington (National SafeCare Training and Research Center, 2011).

Parent-Child Interaction Therapy (PCIT)

PCIT teaches positive parenting through child-directed and parent-directed interactions. Parents are taught to increase praise and enthusiasm, avoid negative behaviors, ignore minor misbehaviors, and reinforce discipline selectively and consistently. The program consists of five to six weekly, coached parent-child sessions. PCIT has been utilized in several states across the country, including jurisdictions in Nebraska, California, and Oklahoma, and has been shown to reduce the rate of reports of physical abuse when compared to standard services (Chaffin et al., 2004).

A recent study combined the PCIT with motivational interviewing principles called self-motivation orientation. Over six sessions, parents participating in the PCIT also heard testimonials from parents who had completed the parenting program, weighed the pros and cons of changing parenting practices, developed their own lists of problems and goals, and elaborated the difference between current parent-child interactions and the established goals (Chaffin et al., 2009). Attendance and program retention were significantly higher for parents that received both the PCIT and motivational interviewing, especially among low- to moderately-motivated parents in child welfare.

Motivational Interviewing

Motivational interviewing is a model for supporting behavior change by increasing the motivation to change (i.e., reducing ambivalence), as opposed to “directly persuading” individuals by telling them what to do (Wahab, 2005). Rather than convincing clients to engage with services, or using the threat of punitive action, reflective listening is used to empathize with clients and encourage self-efficacy (Miller & Rollnick, 2002; Wahab, 2005). The practice of using motivational interviewing has shown effectiveness across a variety of settings; practitioners in the juvenile court system and behavioral health services in several states, including Nebraska, Hawai‘i, and Ohio, have been trained in motivational interviewing. Additionally, the practice has shown promise as an intervention technique used by child welfare workers, especially when used with substance-abusing parents (Hohman, 1998).

Some challenges exist in adopting motivational interviewing as part of a child welfare model of services. Motivational interviewing requires different skills for social workers, some of which are contrary to typical social work practices like action planning (Wahab, 2005). Some evidence does exist that the use of motivational interviewing can contribute to increased parent engagement with services (Carroll, Libby, Sheehan, & Hyland, 2001; Silovsky et al., 2011). However, one study on motivational interviewing amongst a population of child-welfare involved women was unable to show that the practice was any more effective at increasing engagement or reducing drug abuse than a standard education/home-visiting program (Mullins, Suarez, Ondersma, & Page, 2004).

Signs of Safety

Signs of Safety is a strategy in child welfare that uses a collaborative approach to working in partnership with families, emphasizing strength-based practices that encourage engagement and support the completion of case plan goals. The Signs of Safety framework integrates risk assessment, case planning, and risk management by focusing on past harm, existing strengths/safety, and future danger or future safety (Turnell, 2008). Comprehensive risk assessment is contained in a one-page assessment protocol, which can be used from case opening through case closure.

The Signs of Safety approach has been integrated in child welfare work practice in Minnesota and Massachusetts. Initial findings from studies in Minnesota have shown that the Signs of Safety approach may have promising results for reducing out-of-home placements (Department for Child Protection, 2011). More of an evidence-base is needed, however, to demonstrate its effectiveness in increasing engagement among child-welfare involved families.

Nearly all of the aforementioned strategies, or programs, that have been adopted in child welfare practice models throughout the country call for a richer evidence-base of program effectiveness. Unfortunately, in child welfare, families are typically exposed to a variety of services, court

involvement, etc., that make it extremely difficult to claim a particular policy or practice is responsible for child and family outcomes (Turnell, 2008). Instead, effectiveness studies can usually only demonstrate an association, or link, between child welfare outcomes and the time during which a new practice was implemented. In order to develop a stronger evidence-base of effective programs in child welfare, larger-scale studies that measure key outcomes and utilize rigorous evaluation designs (e.g., random assignment of families into services or treatment) would be needed.

Focus On Engaging Birth Fathers

Engaging fathers in the child welfare system is essential, as their involvement is positively linked to educational and developmental outcomes for children (Flouri & Buchanan, 2004; O'Donnell, 1999). Father participation can also reduce children's length of stay in foster care (Coakley, 2008) and may potentially improve child well-being (Malm, Murray, & Geen, 2006).

Many of the barriers to engagement with the child welfare system (e.g., mistrust) are exacerbated for fathers. In many cases, engaging fathers presents the additional challenges of locating absentee fathers, paternity and legal issues, and a lack of training on the part of caseworkers in how to work with fathers (Huebner, Werner, Hartwig, White, & Shewa, 2008). Child protective services may be more stringent with fathers of children, compared to mothers, and courts may be harder on fathers, causing strained relationships between child welfare workers and fathers (O'Donnell, Johnson, D'Aunno, & Thornton, 2005). Also, persistent risk factors (including drug/alcohol use, unemployment, emotional instability, etc.) predict lower levels of paternal engagement (Farrie, Lee, & Fagan, 2011), and strained mother-father relationships can present barriers to father engagement.

Providing fathers with services that address employment may significantly increase their involvement with other child welfare programs. Reductions in stress and conflict can promote father engagement and supportive coparenting; lower income and unemployment can increase stress, exacerbating the already negative association between stress/conflict and father engagement (Bronte-Tinkew & Horowitz, 2010; Bronte-Tinkew, Horowitz, & Carrano, 2010). Targeted interventions for fathers to increase engagement should be directed toward helping men make positive life changes and maintaining positive relationships with birth mothers; additionally, social policies that stabilize high risk fathers' incomes should be considered (Fagan, Palkovitz, Roy, & Farrie, 2009).

Additional recommendations for promoting father engagement from the perspective of agencies include using tools like the Federal Parent Locator Service to find fathers that have been identified. Fathers also need increased access and notification of legal proceedings regarding their children and a decreased burden of child support, possibly through providing credit for in-kind contributions (like clothing and diapers) (Sylvester & Reich, 2002). The Fostering Connections to Success Act

Recent attempts have been made at the state level to encourage fathers' involvement with child welfare services and promote a culture of father engagement among child welfare workers.

and Increasing Adoptions Act of 2008, which requires states to identify and notify relatives when a child is placed in foster care, is a positive recognition of the importance of father involvement, and hopefully, the Act will encourage participation by identified fathers in matters regarding their children (Crane, 2010). Providing fathers with the same services provided to mothers and concurrent planning may also increase their engagement (Garcia & Myslewicz, 2009).

Recent attempts have been made at the state level to encourage fathers' involvement with child welfare services and promote a culture of father engagement among child welfare workers. Specifically, the Massachusetts Department of Children and Families has made the following strides in an effort to promote father engagement: emphasizing work with both parents in all phases of casework, establishing fatherhood education leadership teams, developing a framework for engaging fathers, and training staff with the tools and resources for working with fathers (USDHHS, 2010).

Effective fatherhood programs that succeed in involving fathers with their children and families shared the following characteristics: cultural appropriateness, facilitators who believed in the program, high staff-to-participant ratios, clear goals, theory-based approaches, personalized information, sufficient time, staff who engaged in one-on-one relationships, incentives for participants, and curriculum fidelity (Bronte-Tinkew, Horowitz, & Metz, 2008). Three programs are reviewed below.

Lifetime Dads

Lifetime Dads is an education and support program in 12 counties in Iowa that provides support services to fathers. The program is led by fathers that are alumni of the program, which may contribute to much of the program's success (Garcia & Myslewicz, 2009). Lifetime Dads incorporates multiple other programs that provide, for example, fathering skills and health and safety information (Upper Des Moines Opportunity, Inc., 2012).

Fathers in Training (FIT)

FIT is an education and support program based in Virginia Beach, VA designed to improve parenting and relationship skills for men (Virginia Beach Department of Human Services [VBDSS], 2011). The program is structured in three 6-week segments, with individualized plans developed for each father that focus around developing support systems, building communication skills, enhancing parenting skills, anger management, and conflict resolution (VBDSS, 2011). FIT emphasizes that although families may be separated by absence or divorce, fathers can have meaningful relationships with

their children and build positive alliances with the mothers of their children. FIT highlights several program successes, including increasing parenting knowledge/skills and understanding of child development.

Divine Alternatives for Dads Services (DADS)

DADS provides assistance to fathers in Washington State with reunification, parenting plans, child support, case management, and crisis intervention. Many of the fathers in DADS have been incarcerated or struggle with addiction, and they are transitioning back into their communities. Staff and volunteers help fathers overcome the barriers to parent visitation and employment, giving fathers a foundation to help them build stronger families and make positive changes in their lives (Divine Alternatives for Dads Services, 2010).

While the Lifetime Dads, FIT, and DADS programs all provide critical services in terms of engaging fathers with the child welfare system, there is a notable absence of studies to assess the effectiveness of these, and similar, programs.

Connecting Birth Parents And Foster Parents

Facilitating positive connections between foster parents and birth parents, regardless of whether the children involved remain in foster care or are reunified with their birth parents, can increase family connectedness, reduce childhood trauma, expedite permanency, and increase the likelihood of reunification (Burton & Showell, 1997). Foster parents that are willing to work with and establish a relationship with birth parents, as well as maintain a relationship with the children after reunification, can provide a continuing sense of family for the children. The establishment of clear boundaries between birth and foster families and the use of support services are crucial for developing these relationships. There are challenges to building positive connections, however, including: overcoming safety concerns for the child (for the foster or birth parents), jealousies, condescension from foster parents, and staff worries that the connections will increase problems and work (Rise, 2009). The following briefly reviews three programs that emphasize building connections between foster parents and birth parents.

Building a Bridge

Rise, a New York-based organization that supports parents and parent advocacy through training parents to write about their experiences with the child welfare system, has developed a foster parent training program, Building a Bridge, which tries to build and maintain positive connections between birth parents and foster parents. In doing so, Building a Bridge hopes to make the lives of children easier through a sense of security and belonging in foster care or a less complicated reunification process. The program recognizes that positive connections between birth parents and foster parents

are essential, and that these connections can foster better care for the child because parents are exchanging information. By relieving potential tensions between birth parents and foster parents, reunification processes can be quicker and easier, foster parents can have an easier time taking care of children or sending them home, and social workers may have easier cases to manage. While Building a Bridge has yet to be rigorously evaluated, the program provides a framework for connecting birth parents and foster parents and highlights just some of the potential benefits of establishing these relationships (see Rise, 2009).

While clear boundaries need to be established, foster parents and birth parents can learn from each other. The foster parent can learn from the birth parent what foods or toys a child likes, or a child's usual sleep schedule. The birth parent can feel support from the foster parent and become more comfortable with the boundaries and limitations of the visits. Suggestions for building connections include: writing letters to the children (from the parent or foster parent), planning positive visits, invitations to birthday celebrations, or weekly phone calls (Rise, 2009).

Parent Mentoring Program

The Parent Mentoring Program, developed in Washington State, utilizes licensed foster parents that are willing to work with birth parents in a non-judgmental manner, helping them to develop action plans which identify their needs and goals for reunification (Marcenko et al., 2010). Foster parent mentors and birth parents meet for 6 to 10 hours per week for up to 24 weeks, assisting with access to the services and resources that will help them achieve the goals set forth in their action plan. Additional monthly meetings are held between the mentors, birth parents, and child welfare workers. The program builds supportive relationships for birth parents, facilitating an atmosphere of teamwork (as opposed to the often adversarial relationships between child welfare workers and birth parents). Parents in the program experienced more frequent reunifications and children of parents in the program experienced shorter durations in foster care (Marcenko & Grossman, 2008, as cited in Marcenko et al., 2010).

Birth Family-Foster Family Connections Project

Developed in Washington State, the Birth Family-Foster Family Connections Project (Connections Project) was designed to "create supportive connections among birth families, foster families, children, and the child welfare system" (Gerring, Kemp, & Marcenko, 2008, p. 5). The project seeks to build connections to birth families and encourage participation in services and visitations. The relational approach taken by the Connections Project includes early contact with birth families, safer parenting, building relationships with birth parents, providing empathic support, alleviating the pain left by familial separation, creating happy/fun visits, addressing developmental needs, and providing feedback (Gerring et al., 2008). An evaluation study of the Connections Project indicated high weekly visitation rates by birth parents and general satisfaction with the project services (Marcenko, Kemp, & Brennan, 2004, as cited in Gerring et al., 2008). The relationship-based practice

showed significant relationships developing between birth parents, foster parents, children, and social workers. These relationships formed the basis for fuller engagement by parents with needed services.

Icebreaker Meetings

New Mexico's child welfare practice model now includes the utilization of "icebreaker" meetings between birth parents and foster parents to promote easier adjustments for children and parents involved in the child welfare system (USDHHS, 2010). These meetings are ideally held within two days of a child's out-of-home placement. Discussions are child-focused and typically involve birth parents sharing information about the child with foster parents, and foster parents sharing information about the foster home with birth parents. Through these interactions, it is the hope of child welfare agencies that birth parents and foster parents can form relationships of mutual respect, tempering the often painful experience of out-of-home placement for children and families.

Furthermore, Virginia has developed a similar practice, called the Bridging the Gap program, which supports family reunification or other permanency for children through communication between birth and foster families (USDHHS, 2010). Icebreaker meetings are held within seven days of a child's placement, with the goal of sharing information about the children involved. Contacts between birth and foster families are individualized to each family, and opportunities may exist that allow each family to support and teach each other.

Birth Parent Partners

Birth parents may feel that they are excluded from the decision-making process involving their children (Dumbrill, 2006; Marcenko et al., 2010), or that the power structure of the child welfare system leaves them with relatively little control over case planning (Dumbrill, 2003; Grant & Ojo, 2009; Nilsen, Affronti, & Coombes, 2009). Birth parent partners (hereafter referred to as "parent partners"), that have traversed the child welfare system themselves, possess the ability to impart guidance and support to these parents. In this capacity, parent partners can fulfill numerous roles, serving as advocates, leaders, or mentors (Birth Parent Partnership Initiative, 2009). Collaborative approaches have increasingly recognized the importance of the first-hand knowledge and experience that birth parents are able to provide (Jeppson et al., 1997; Marcenko et al., 2010). Parent partners may increase birth parent engagement, decrease distrust in the child welfare system held by birth parents, and increase family support structures (Cohen & Canan, 2006); they can also alleviate stressors between parents and child welfare agencies and may help improve child outcomes. Through alleviating stress for child welfare workers, the utilization of parent partners may have the additional effect of reducing child welfare staff burnout (VDSS, 2011). Some evidence indicates that reunification may be more likely when parent partners are included in the permanency planning process (Anthony, Duerr Berrick, Cohen, & Wilder, 2009).

Before engaging birth parents as partners with the child welfare system, it is recommended that agencies should assess the readiness of the staff to successfully build positive partnerships within a climate that values and respects the inclusion of parent partners (VDSS, 2011). Additionally, parent partners should be representative of the population that they serve, with an eye toward the needs of children and cultural diversity. Systems of Care demonstrations have emphasized the recruiting of birth parents that have navigated the child welfare system as parent partners and peer supports.

Systems of Care demonstrations have emphasized the recruiting of birth parents that have navigated the child welfare system as parent partners and peer supports.

Again, such an approach relies on the acknowledgement of parent partners' expertise and perspective, as well as their meaningful role as mentors to other parents in the child welfare system.

Barriers to the inclusion of parent partners may exist, however. Studies of mental health professionals have shown that negative views of parents held by clinicians, a lack of cultural competency, and differing definitions of competent parenting may impede the successful practice of using parent partners (Alexander & Dore, 1999); these issues may similarly exist between birth parents and child welfare staff. Despite these potential barriers, parent partners may serve as supports for birth parents, alleviating tensions and helping to reduce the stigma often associated with birth parent contact with child protective services. The implementation of several parent partner programs is described below.

Contra Costa County, California

The principal goal of Parent Partners in Contra Costa County, California (Contra Costa) is to help parents gain awareness of their rights and assist parents with reunification with their children (Anthony et al., 2009). While fulfilling other roles, parent partners in Contra Costa share their own experiences with birth parents, provide guidance on the child welfare system, provide connections to resources and services, and help families through court proceedings (USDHHS, 2010). In using parent partners to reduce the barriers between child welfare workers and birth parents, the Contra Costa program demonstrated a high degree of satisfaction among parents. Birth parents in the program reported feeling supported, empowered, and informed, and shared experiences with parent partners helped support their relationships with their children. The program has also been beneficial to the parent partners themselves, as they indicated learning new strategies for effectively engaging birth parents and growing confidence in their abilities to help others navigate the child welfare system. One outcome study of the Contra Costa program showed that reunification was more likely for children whose parents were served by Parent Partners (USDHHS, 2010).

Washington State

The Parent Partners Program developed in Washington State affords parents in the child welfare system the opportunity to meet with an advisory board consisting of social workers, attorneys, court-appointed special advocates, parent partners, and program coordinators on a monthly basis



(Marcenko et al., 2010). The Parent Partners Program aims to support families through education and advocacy based on individual family needs, help with access to services, attending meetings with parents at their request (i.e. AA, team decision making), identifying community resources for parents, and providing social workers with a parent's perspective.

By promoting meaningful interactions between parents in the child welfare system, parent partners, and members of the advisory board (e.g., social workers), the Parent Partners Program hopes to promote the parents' perspective in child welfare, develop working relationships between parents and social workers, engage parents in services quickly, build knowledge and respect (rather than power dynamics) between parents and their social workers, and allow parents to become informed consumers of child welfare services (Marcenko et al., 2010). Parent partners have been similarly utilized in Iowa to encourage family engagement with child welfare services (for more information on Iowa's Parent Partner Program, see www.dhs.state.ia.us/cppc/Parent_Partner_Program).

Parent Advocacy Program

The Parent Advocacy Program in Jefferson County, Kentucky, was evaluated to inform the expansion and structure of parent advocate programs throughout Kentucky and review the outcomes for families involved with parent advocates versus those without (Commonwealth of Kentucky Cabinet for Health and Family Services, Department of Community Based Services [CKCHFS], 2007). Parent advocates, similar to parent partners, mentor parents whose children were recently placed out-of-home. Children involved with parent advocates in Jefferson County were shown to experience fewer moves within their current placement episodes, less time in out-of-home care, and higher percentages of reunification with parents (CKCHFS, 2007). While these outcomes are encouraging, further study is needed regarding the progress of children and families in order to provide evidence of the effectiveness of using parent advocates. In recognition of the ongoing evaluation of the implementation of parent advocates in Kentucky, areas for improvement have been documented, including: reviewing the policies for accepting former child welfare services clients to serve as parent advocates, familiarizing child welfare workers with the Parent Advocacy Program, and communicating with family court judges regarding parent advocates' roles (e.g., testifying in the cases of families they serve) (CKCHFS, 2007).

Circle of Parents

Circle of Parents is a national network of parent leaders who hold weekly meetings, with the support of a trained facilitator, in an effort to promote parent leadership at the individual, community, and societal levels (VDSS, 2011). The program offers an opportunity for parents to network with each other and build connections to community resources. Additionally, the program works to build protective factors (e.g., building self-esteem, reinforcing positive parenting) and reduce risk factors associated with child abuse and neglect (VDSS, 2011).

Circle of Parents is composed of parent leaders in 25 states. Evaluation studies of Circle of Parents conducted in Florida, Minnesota, and Washington found improvements in self-management skills, the quality of parent-child relationships, parenting skills, and support system use (Falconer, 2006).

Birth Parents Advisors

Birth parent advisory programs utilize birth parents as advisors to help inform agency policy and decision making about program planning (CKCHFS, 2007). When birth parents act as advisors to agencies, often their dependency court case has been closed for a significant amount of time and all issues related to the court case have been resolved (e.g., domestic violence counseling) (Clara, 2009). The success of birth parent advisory programs is dependent on agency flexibility, adequate information and support, directed meeting agendas, the provision of leadership roles for the birth parents, shared responsibility, and consistent involvement throughout the planning and implementation process (Clara, 2009). In order to recruit and retain birth parents as advisors, adequate compensation or support, time to debrief (allowing advisors to process their feelings as some advisory topics may trigger emotional reactions), and a variety of different ways to involve parents should be provided (Clara, 2009; NTAEC, 2008). Many birth parent advisor programs also suggest hiring on at least one birth parent full-time in an advisory role. Challenges facing the utilization of birth parent advisors typically include funding, training, and compensation difficulties.

Systems of Care demonstration communities have included birth parents as advisors on statewide committees, trainers for child welfare agency staff, and advocates for parent partner programs (NTAEC, 2008). Furthermore, parent partners within these communities have been encouraged to participate in leadership development programs, promoting their capacity in future advisory roles. The following birth parent advisor programs have demonstrated their ability to shape agency policy and develop programs and services for parents in the child welfare system.

Catalyst for Kids (CFK)

CFK, a statewide coalition of private and public stakeholders in Washington State, developed the Birth Parent Advocacy Workgroup, composed of an equal mix of birth parents and professionals, in 2007 (Clara, 2009). Birth parents for the advisory group are identified, referred, and selected by veteran birth parents and professionals from child welfare and other fields. The birth parents in CFK, who lead the work and establish the direction of the workgroup, have been able to establish new practice models for family engagement, birth parent advocate positions, classes for birth parents new to the child welfare system, and policies that affect birth parents' financial stability (Clara, 2009).

Child Welfare Organizing Project (CWOP)

CWOP, an organization primarily composed of birth parents and entirely led by birth parents in New York City, sought to change the fact that there was no meaningful birth parent involvement

in the delivery of services (CWOP, 2010). The project began participating in the Administration for Children's Services' Parent Advisory Work Group as of the year 2000; birth parents undergo six months of training that involves observing current birth parent advisors and building knowledge around the child welfare system (Clara, 2009).

Since the project began, birth parent advisors have been extremely valuable in developing advocacy roles across agencies. The workgroup has also developed activities to celebrate parents who have reunified with their children, icebreaker meetings, and a handbook for birth parents new to the child welfare system (Clara, 2009).

Texas Parent Collaboration Group

The Parent Collaboration Group (PCG) in Texas provides birth parents with an opportunity to be involved in the design and implementation of programs in child welfare services (TDFPS, 2011). Additionally, PCG gathers feedback from birth parents regarding child welfare policies and program improvements and partners child welfare staff with parent liaisons to increase communication between agencies and families in order to improve services. PCG provides opportunities for leadership at the state level for parents who were formerly involved with child welfare services (TDFPS, 2011). To date, the PCG has helped to train child welfare workers, inform improvements in state planning, and change some of the tools used in child welfare with birth parents. Ultimately, the goals of the PCG are to encourage collaboration between parents and agencies, enhance effective case work and an understanding of parents' needs, recommend improvements to child welfare services, decrease repeat involvement of families with child welfare, resulting in fewer out-of-home placements, and increase the safety of children (TDFPS, 2011).

Strengthening Families

The U.S. Department of Health and Human Services, Children's Bureau, Child Welfare Information Gateway, FRIENDS National Resource Center for Community-Based Child Abuse Prevention, and Center for the Study of Social Policy undertook a collaborative effort to create the resource guide for Strengthening Families and Communities (Child Welfare Information Gateway [CWIG], 2011). Strengthening Families focuses on the promotion of five protective factors, which include: nurturing and attachment, knowledge of parenting and of child and youth development, parental resilience, social connections, and concrete supports for parents (CWIG, 2011). The birth parent perspective has been identified by states using Strengthening Families as a compliment to the Protective Factors Framework, helping families engage in programs and services. Specifically, birth parent advisors help ensure that maltreatment prevention programs and strategies remain relevant and responsive to family needs, promote the best environment for children's development, and encourage the engagement of additional parent partners (CWIG, 2011).

Over 30 states have developed leadership teams composed of parent partners and stakeholders across a range of sectors (e.g., juvenile justice) to put Strengthening Families into practice (Center for

the Study of Social Policy [CSSP], 2010b). Specifically focusing on one state, Strengthening Families Illinois has developed online resources for parents to build leadership skills, learn about protective factors, and develop skills to address parenting challenges (Strengthening Families Illinois, 2011). The program offers online “cafés” where parents can engage in conversation with one another and quarterly gatherings of parent leaders, in addition to leadership and training opportunities. The Build Initiative, a national partner of the Center for the Study of Social Policy, is currently conducting an assessment of the Strengthening Families approach in four states in an effort to evaluate the progress, best practices, and challenges faced in implementing the approach into state systems (CSSP, 2010a).

Discussion

Despite the aforementioned potential for improved family and child outcomes, challenges persist at the federal and state level regarding the funding of programs to increase birth parent engagement or implement parent partner programs and parent advisory positions. Many child welfare agencies have faced an inability or difficulty adequately compensating parent partners and advisors for their time and efforts. Within some Systems of Care demonstration sites, parent partners have been partially reimbursed for their time through gift cards, policies that reimburse child care and transportation costs, and, in California, paid positions as contractors with county offices. Birth parent and family engagement has received federal attention and was recently highlighted in the reauthorization of and amendments to the Child and Family Services Improvement and Innovation Act. Among other important issues, the reauthorization of the act requires that time-limited family reunification services include peer-to-peer mentoring and support groups for parents, and that grants to the highest state courts serve the purpose of increasing family engagement in court processes relating to child welfare, family preservation, family reunification, and adoption (Child and Family Services Improvement and Innovation Act, 2011a; 2011b). To that end, one potential source of funding for programs to increase birth parent engagement would be Title IV-E waivers, which allow states that have experienced declines in their respective foster care populations to apply for, and spend, federal dollars on demonstration projects.

Beyond funding issues and the complicated barriers to family engagement discussed in this report (substance abuse, contentious power dynamics, etc.), additional challenges are faced by marginalized, or vulnerable, populations. Immigrant groups face additional challenges accessing services (when they are aware that services are even offered) due to distrust in child welfare agencies, potentially driven by fear due to immigration status, but also by a lack of knowledge pertaining the function of child welfare services (Earner, 2007). Cultural competency on the part of caseworkers and language barriers present additional challenges to accessing services for immigrant groups; community outreach and education to increase understanding about the purpose of the child welfare system may reduce these barriers. Additionally, different types of families, along socioeconomic and demographic characteristics, may require different types of engagement

strategies (Wagner et al., 2003), a sentiment that holds true among Native American populations. One evaluation of tribal law illustrated that birth families may continue relationships with children, even after removal, and that this tradition is beneficial for the children (Atwood, 2008). Furthermore, whereas permanent placements are prioritized in most child welfare situations, long-term foster care may be culturally appropriate for Native American children, provided the foster care is within an American Indian cultural environment (Quash-Mah, Stockard, Johnson-Shelton, & Crowley, 2010). Additional research should be conducted that focuses on the optimal types of engagement strategies that can be utilized in other marginalized communities as well, such as LGBTQ families.

Strategies for improving birth parent engagement (e.g., early outreach and frequent contact), including reducing institutional mistrust through a supportive atmosphere where goals are clear and established and removing logistical barriers (e.g., transportation and child care), can be utilized to increase birth parent participation in the child welfare system. Furthermore, birth parent partners may increase birth parent engagement and expand family support structures by alleviating the stressors between parents and child welfare agencies. The opinions, experiences, and understanding provided by birth parent advisors can be invaluable with regard to informing how services are delivered, what methods and programs are most effective for working with other birth parents, and how agencies and parents in child welfare interact with one another. Reducing the barriers to successful engagement of birth parents with the child welfare system, in every capacity, has broad implications for expediting permanency and reducing incidences of maltreatment.

Strategies for improving birth parent engagement (e.g., early outreach and frequent contact), including reducing institutional mistrust through a supportive atmosphere where goals are clear and established and removing logistical barriers (e.g., transportation and child care), can be utilized to increase birth parent participation in the child welfare system.

References

Alexander, L. B., & Dore, M. M. (1999). Making the “parents as partners” principle a reality: The role of the alliance. *Journal of Child and Family Studies*, 8, 255-270.

Alpert, L. T. (2005). Parents’ service experience: A missing element in research on foster care outcomes. *Child and Family Social Work*, 10, 361-366.

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

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

Atwood, B. A. (2008). Achieving permanency for American Indian and Alaska Native children: Lessons from tribal traditions. *Capital University Law Review*, 37, 239-292.

Berzin, S. C., Cohen, E., Thomas, K., & Dawson, W. C. (2008). Does family group decision making affect child welfare outcomes? Findings from a randomized control study. *Child Welfare*, 87(4), 35-54.

Birth Parent Partnership Initiative. (2009). *Birth Parent Partner Initiative: Final report and recommendations*. Seattle, WA: Casey Family Programs.

Bronte-Tinkew, J., & Horowitz, A. (2010). Factors associated with unmarried, nonresident fathers’ perceptions of their coparenting. *Journal of Family Issues*, 31, 31-65.

Bronte-Tinkew, J., Horowitz, A., & Carrano, J. (2010). Aggravation and stress in parenting: Associations with coparenting and father engagement among resident fathers. *Journal of Family Issues*, 31, 525-555.

Bronte-Tinkew, J., Horowitz, A., & Metz, A. (2008). *“What works” in fatherhood programs? Ten lessons from evidence-based practice*. Gaithersburg, MD: National Responsible Fatherhood Clearinghouse.

Burton, D., & Showell, P. W. (1997). Partnership parenting in foster care. *Families in Society*, 78, 520-521.

Carroll, K. M., Libby, B., Sheehan, J., & Hyland, N. (2001). Motivational interviewing to enhance treatment initiation in substance abusers: An effectiveness study. *American Journal on Addictions*, 10, 335-339.

Center for the Study of Social Policy. (2010a). *Strengthening Families – A Protective factors framework: National partners*. Retrieved from <http://www.cssp.org/reform/strengthening-families/around-the-nation/partners>

Center for the Study of Social Policy. (2010b). *Strengthening Families – A Protective Factors framework: States*. Retrieved from <http://www.cssp.org/reform/strengthening-families/around-the-nation/states>

Chaffin, M., Silovsky, J. F., Funderburk, B., Valle, L. A., Brestan, E. V., Balachova, T.,... Bonner, B. L. (2004). Parent-Child Interaction Therapy with physically abusive parents: Efficacy for reducing future abuse reports. *Journal of Consulting and Clinical Psychology, 72*, 491-499.

Chaffin, M., Valle, L., Funderburk, B., Gurwitch, R., Silovsky, J., Bard, D.,... Kees, M. (2009). A motivational intervention can improve retention in PCIT for low-motivation child welfare clients. *Child Maltreatment, 14*, 356-368.

Chandler, S. M., & Giovannucci, M. (2004). Family group conferences: Transforming traditional child welfare policy in practice. *Family Court Review, 42*, 216–231.

Child and Family Services Improvement and Innovation Act. (2011a). 112 P. L. 34. 125 Stat. 371. Enacted H. R. 2883 (2011).

Child and Family Services Improvement and Innovation Act. (2011b). 112 P. L. 34. 125 Stat. 374. Enacted H. R. 2883 (2011).

Child Welfare Information Gateway. (2011). *Strengthening families and communities: 2011 resource guide*. Retrieved from <http://www.childwelfare.gov/pubs/guide2011/guide.pdf>

Child Welfare Organizing Project. (2010). *Child Welfare Organizing Project: History*. Retrieved from <http://cwop.org/about/history/>

Clara, F. (2009). *Report on birth parent participation programs*. Seattle, WA: Casey Family Programs.

Coakley, T. M. (2008). Examining African American fathers' involvement in permanency planning: An effort to reduce racial disproportionality in the child welfare system. *Children and Youth Services Review, 30*, 407-417.

Cohen, E., & Canan, L. (2006). Closer to home: Parent mentors in child welfare. *Child Welfare, 85*(5), 867-884.

Commonwealth of Kentucky Cabinet for Health and Family Services, Department of Community Based Services. (2007). *Parent advocacy program evaluation, anchor site: Jefferson County, Kentucky*. Retrieved from http://chfs.ky.gov/NR/rdonlyres/F17AF937-836E-4514-AA47-59FE1B3ECB9B/0/ParentAdvocateProgramEvaluation_Retouch_July1107.pdf

- Corwin, T. (2010). *Birth parent partnership and engagement*. Seattle, WA: Casey Family Programs.
- Crane, K. (2010, Winter). The engagement of fathers and relatives through the Fostering Connections to Success Act. *QICNews*. Retrieved from http://site.americanhumane.org/fatherhooddocs/engagement_of_fathersandrelatives_qicwint10.pdf
- Dawson, K., & Berry, M. (2002). Engaging families in child welfare services: An evidence-based approach to best practice. *Child Welfare, 81*(2), 293-317.
- DePanfilis, D., & Salus, M. K. (2003). *Child protective services: A guide for caseworkers*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, Office on Child Abuse and Neglect.
- DePanfilis, D., & Zuravin, S. (2002). The effect of services on the recurrence of child maltreatment. *Child Abuse & Neglect, 26*, 187-205.
- Department for Child Protection. (2011, September). *The Signs of Safety: Child protection practice framework*. East Perth, Australia; Government of Western Australia, Department of Child Protection.
- Divine Alternatives for Dads Services. (2010). *Divine Alternatives for Dads Services: Stronger fathers, healthier communities*. Retrieved from www.aboutdads.org
- Dumbrill, G. C. (2003). Child welfare: AOP's nemesis? In W. Shera (Ed.), *Emerging perspectives on anti-oppressive practice* (pp. 101-119). Toronto, ON: Canadian Scholars' Press.
- Dumbrill, G. C. (2006). Parental experience of child protection intervention: A qualitative study. *Child Abuse & Neglect, 30*, 27-37.
- Earner, I. (2007). Immigrant families and public child welfare: Barriers to services and approaches for change. *Child Welfare, 86*(4), 63-91.
- Erera, P. I. (1997). Foster parents' attitudes toward birth parents and caseworkers: Implications for visitations. *Families in Society, 78*, 511-519.
- Fagan, J., Palkovitz, R., Roy, K., & Farrie, D. (2009). Pathways to paternal engagement: Longitudinal effects of risk and resilience on nonresident fathers. *Developmental Psychology, 45*, 1389-1405.
- Falconer, M. K. (2006). *Mutual self-help parent support groups in the prevention of child abuse and neglect*. Tallahassee, FL: The Ounce of Prevention Fund of Florida.
- Fanshel, D., & Shinn, E. B. (1978). *Children in foster care: A longitudinal investigation*. New York, NY: Columbia University Press.

- Farrie, D., Lee, Y., & Fagan, J. (2011). The effect of cumulative risk on paternal engagement: Examining differences among adolescent and older couples. *Youth & Society, 43*, 90-117.
- Flouri, E., & Buchanan, A. (2004). Early father's and mother's involvement and child's later educational outcomes. *British Journal of Educational Psychology, 74*, 141-153.
- Garcia, K. Y., & Myslewicz, M. (2009). *Engaging fathers in the child welfare system*. Seattle, WA: Casey Family Programs.
- Gerring, C. E., Kemp, S. P., & Marcenko, M. O. (2008). The Connections Project: A relational approach to engaging birth parents in visitation. *Child Welfare, 87*(6), 5-30.
- Grant, L., & Ojo, K. (2009, May). *Anti-oppression in child welfare: Laying the foundation for change*. Retrieved from <http://www.oacas.org/pubs/external/antioppressionpaper09may06.pdf>
- Green, B. L., Rockhill, A., & Furrer, C. (2007). Does substance abuse treatment make a difference for child welfare case outcomes? A statewide longitudinal analysis. *Children and Youth Services Review, 29*, 460-473.
- Hohman, M. M. (1998). Motivational interviewing: An intervention tool for child welfare case workers working with substance-abusing parents. *Child Welfare, 77*(3), 275-289.
- Huebner, R. A., Werner, M., Hartwig, S., White, S., & Shewa, D. (2008). Engaging fathers: Needs and satisfaction in child protective services. *Administration in Social Work, 32*, 87-103.
- Huntsman, L. (2006, July). *Family group conferencing in a child welfare context*. Ashfield, Australia; NSW Department of Community Services, Centre for Parenting & Research.
- Jeppson, E., Thomas, J., Markward, A., Kelly, J., Koser, G., & Diehl, D. (1997). *Making room at the table: Fostering family involvement in the planning and governance of formal support systems: Facilitators' guide to group discussion, 3-hour version*. Chicago, IL: Family Support America.
- Kemp, S. P., Marcenko, M. O., Hoagwood, K., & Vesneski, W. (2009). Engaging parents in child welfare services: Bridging family needs and child welfare mandates. *Child Welfare, 88*(1), 101-126.
- Littell, J. H., Alexander, L. B., & Reynolds, W. W. (2001). Client participation: Central and underinvestigated elements of intervention. *Social Service Review, 75*(1), 1-28.
- Lundahl, B. W., Nimer, J., & Parsons, B. (2006). Preventing child abuse: A meta-analysis of parent training programs. *Research on Social Work Practice, 16*, 251-262.

Maheer, E. J., Marcynyszyn, L. A., Corwin, T. W. & Hodnett, R. (2011). Dosage matters: The relationship between participation in the Nurturing Parenting Program for Infants, Toddlers, and Preschoolers and subsequent child maltreatment. *Children and Youth Services Review*, 33, 1426-1434.

Malm, K., Murray, J., & Geen, R. (2006). *What about the dads? Child welfare agencies' efforts to identify, locate, and involve nonresident fathers*. Retrieved from <http://aspe.hhs.gov/hsp/06/cw-involve-dads/report.pdf>

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

Marcenko, M. O., & Grossman, K. (2008). *The Parent Mentoring Program: Final report to the Paul G. Allen Foundation*. Unpublished manuscript.

Marcenko, M. O., Kemp, S. P., & Brennan, K. (2004). *Birth Family-Foster Family Connections Project evaluation: Final report to the Stuart Foundation*. Unpublished monograph.

Marsh, J. C., Ryan, J. P., Choi, S., & Testa, M. F. (2006). Integrated services for families with multiple problems: Obstacles to family reunification. *Children and Youth Services Review*, 28, 1074-1087.

McCurdy, K., & Daro, D. (2001). Parent involvement in family support programs: An integrated theory. *Family Relations*, 50, 113-121.

Merkel-Holguin, L., Nixon, P., & Burford, G. (2003). Learning with families: A synopsis of FGDM research and evaluation in child welfare. *Protecting Children*, 18(1-2), 2-11.

Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York, NY: The Guilford Press.

Mullins, S. M., Suarez, M., Ondersma, S. J., & Page, M. C. (2004). The impact of motivational interviewing on substance abuse treatment retention: A randomized control trial of women involved with child welfare. *Journal of Substance Abuse Treatment*, 27, 51-58.

National SafeCare Training and Research Center. (2011). *SafeCare fact sheet*. Atlanta, GA: Georgia State University.

National Technical Assistance and Education Center for Systems of Care. (2008). *A closer look: Family involvement in public child welfare driven Systems of Care*. Retrieved from <http://www.childwelfare.gov/pubs/acloserlook/familyinvolvement/familyinvolvement.pdf>

National Technical Assistance and Education Center for Systems of Care. (2010, April). *Improving child welfare outcomes through Systems of Care: Overview of the national cross-site evaluation*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau.

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

O'Donnell, J. M. (1999). Involvement of African American fathers in kinship foster care services. *Social Work*, *44*, 428-442.

O'Donnell, J. M., Johnson, W. E., D'Aunno, L. E., & Thornton, H. L. (2005). Fathers in child welfare: Caseworker's perspectives. *Child Welfare*, *84*(3), 387-414.

Olson, K. B. (2009). Family group conferencing and child protection mediation: Essential tools for prioritizing family engagement in child welfare cases. *Family Court Review*, *47*, 53-68.

Poirier, M.-A., & Simard, M. (2006). Parental involvement during the placement of a child in family foster care: Factors associated with the continuation of parental roles. *Child Youth Care Forum*, *35*, 277-288.

Quash-Mah, S., Stockard, J., Johnson-Shelton, D., & Crowley, R. (2010). Fulfilling the hope of ICWA: The role of community context. *Children and Youth Services Review*, *32*, 896-901.

Rise. (2009). *Building a bridge: Stories about connections between parents and foster parents*. New York, NY: Rise.

Roberts, D. E. (2007). Child welfare's paradox. *William & Mary Law Review*, *49*, 881-901.

Rooney, R. H. (1992). *Strategies for working with involuntary clients*. New York, NY: Columbia University Press.

Ryan, J. P. (2006). *Illinois Alcohol and Other Drug Abuse (AODA) waiver demonstration: Final evaluation report*. Urbana-Champaign, IL: University of Illinois School of Social Work, Children and Family Research Center.

Saint-Jacques, M.-C., Drapeau, S., Lessard, G., & Beaudoin, A. (2006). Parent involvement practices in child protection: A matter of know-how and attitude. *Child and Adolescent Social Work Journal*, *23*, 196-215.

Sheets, J., Wittenstrom, K., Fong, R., James, J., Tecci, M., Baumann, D. J., & Rodriguez, C. (2009). Evidence-based practice in family group decision-making for Anglo, African American and Hispanic families. *Children and Youth Services Review*, *31*, 1187-1191.

Silovsky, J. F., Bard, D., Chaffin, M., Hecht, D., Burris, L., Owora, A., ...Lutzker, J. (2011). Prevention of child maltreatment in high-risk rural families: A randomized clinical trial with child welfare outcomes. *Children and Youth Services Review, 33*, 1435-1444.

Strengthening Families Illinois. (2011). *Parents*. Retrieved from <http://www.strengtheningfamiliesillinois.org/index.php/main/>

Sylvester, K., & Reich, K. (2002). *Making fathers count: Assessing the progress of responsible fatherhood efforts*. Baltimore, MD: Annie E. Casey Foundation.

Testa, M. F., & Smith, B. (2009). Prevention and drug treatment. *Future of Children, 19*(2), 147-168.

Texas Department of Family and Protective Services. (2006). *Family group decision-making: Final evaluation*. Retrieved from http://www.dfps.state.tx.us/Documents/about/pdf/2006-10-09_FGDM_Evaluation.pdf

Texas Department of Family and Protective Services. (2011). *Parent collaboration group*. Retrieved from http://www.dfps.state.tx.us/child_protection/parent_collaboration_group/

Thomas, D., Leicht, C., Hughes, C., Madigan, A., & Dowell, K. (2003). *Emerging practices in the prevention of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau, Office on Child Abuse and Neglect.

Thomlison, B. (2003). Characteristics of evidence-based child maltreatment interventions. *Child Welfare, 82*(5), 541-569.

Turnell, A. (2008). *Adoption of the Signs of Safety as the Department for Child Protection's child protection practice framework: Background paper*. Perth, Western Australia: Department for Child Protection.

Upper Des Moines Opportunity, Inc. (2012). *Lifetime Dads*. Retrieved from http://www.udmo.com/Lifetime_dads.htm

U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth, and Families, Children's Bureau. (2010, June). *Family engagement*. Washington, DC: Child Welfare Information Gateway.

Virginia Beach Department of Human Services. (2011). *Fathers-in-training*. Retrieved from <http://fathers-in-training.com/F.I.T..html>

Virginia Department of Social Services. (2010). *Family engagement*. Retrieved from <http://www.dss.virginia.gov/files/division/dfs/fe/manual/manual.pdf>

Virginia Department of Social Services. (2011). Parent leadership and family engagement in CPS and foster care. *Virginia Child Protection Newsletter*, 92, 1-12.

Wagner, M., Spiker, D., Linn, M. I., Gerlach-Downie, S., & Hernandez, F. (2003). Dimensions of parental engagement in home visiting programs: Exploratory study. *Topics in Early Childhood Special Education*, 23, 171-187.

Wahab, S. E. (2005). Motivational interviewing and social work practice. *Social Work*, 5, 45-60.

Yatchmenoff, D. K. (2001). Measuring client engagement in non-voluntary child protective services. *Unpublished doctoral dissertation*. Portland, OR: Portland State University.



birth parent *engagement*

Casey Family Programs is the nation's largest operating foundation whose work is focused on safely reducing the need for foster care and building communities of hope for all of America's children and families. We work in partnership with child welfare systems, families and communities across the nation to prevent child abuse and neglect and to find safe, permanent and loving families for all children. We believe every child deserves a family of their own and a community of hope.

P 800.228.3559

P 206.282.7300

F 206.282.3555

www.casey.org | contactus@casey.org