

11-23-2011

Partnering with Parents: Promising Approaches to Improve Reunification Outcomes for Children in Foster Care

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Recommended Citation

Berrick, J D.; Cohen, Edward; and Anthony, Elizabeth (2011) "Partnering with Parents: Promising Approaches to Improve Reunification Outcomes for Children in Foster Care," *Journal of Family Strengths*: Vol. 11: Iss. 1, Article 14.
Available at: <http://digitalcommons.library.tmc.edu/jfs/vol11/iss1/14>

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You have an attorney. You have a social worker. And then there's a judge. There's all these people against you. They're all sitting over here, and you're this little lone person sitting over here by yourself, and they're telling you all this stuff that you've been doing wrong. [Your Parent Partner is] like that star, like that light in a bunch of blackness that you're like—oh, God, somebody that will help me. [She's] here for you.

—Parent client

When children are separated from their families, courts usually require evidence of significant change in parents before recommendations to reunify are offered. The path to facilitate parental change is assumed to occur via the parent's engagement in services including parenting education, drug and alcohol treatment, mental health counseling, or other supports. In fact, according to Smith (2003), parental compliance with services is one of the most important predictors of reunification. Yet little is known about the factors that help parents engage in services. Acting largely as brokers of services, social workers attempt to offer referrals to services; occasionally, time permits social workers to actively assist parents in connecting to outside agencies. But there is an acknowledged social distance between the child welfare worker and the birth parent. Differences in class, education, parenting status, or prior contact with the child welfare system may contribute to birth parents' feelings of isolation and helplessness as they face a steep set of externally imposed requirements.

Although reunification is the targeted outcome for children in care, it is hardly routine. Reunification rates typically hover around 50% in most states (Wulczyn, 2004). And accounting for later re-entries to care (Needell et al., 2009; Shaw, 2006), the net reunification rate is closer to 35% to 40% (Berrick, 2008). Clearly the federal government places a heavy emphasis on states' capacities to reunify families as it sets target goals for reunification as part of the Child and Family Service Reviews. States hoping to improve their reunification efforts, however, have little to cull from the research literature that might guide decisions about effective practice strategies.

The Parent Partner program is an innovation in child welfare that is central to the fundamental framework of family-based practice; it draws upon the strengths of families and engages family and community members in program planning (Cohen & Canan, 2006). As such, it aligns with a range of new initiatives that attempt to engage families fully in child welfare practice, from Family Group Decision Making or Team Decision Making to Family Finding and to an array of father-involvement activities

(Annie E. Casey, Team Decision Making, 2002; Dawson & Berry, 2002; Marcenko & Kemp, 2009; Louisell, n.d.; and Strega et al., 2008). Each of these program approaches responds to critiques of the child welfare system's limited involvement of parents and other family members in the decision-making and planning process. The Parent Partner program shares these goals for family engagement but differs in an important way from these other initiatives. The Parent Partner program seeks to enlist as staff mothers and fathers who have experienced child removal, services, and reunification. These individuals are trained and supported to provide direct services to birth parents seeking reunification with their children.

Parent Partners can function as mentors, guides, and advocates for birth parents, and they are flexible in the roles they play as they respond to birth parents' needs. The Parent Partner attempts to meet the parent at the initial detention hearing in court, one of the most stressful and confusing experiences for many parents. At that time, the Parent Partner offers her services.* The Parent Partner makes herself available to the birth parent for as long as she is needed, filling various roles and duties ranging from attending meetings with the parent, teaching the parent to communicate effectively with professionals in the system, and encouraging the parent to engage in services and—in the case of substance abuse—to remain clean and sober. Parent Partners are available during regular and non-traditional service hours (evenings and weekends) and are tasked with engaging the parent and responding to parental needs.

The principal goal of the Parent Partners' work, however, is to help birth parents gain awareness of their rights and responsibilities and to assist parents toward reunification with their children. Because of their unique experiences as former clients of the child welfare system, Parent Partners offer a perspective to birth parents that differs from that of social workers and other allied professionals. Selected because of the successes they have experienced in overcoming significant obstacles, in changing patterns of personal behavior that diminished their parenting skills, and in acknowledging the role of child welfare in motivating them to re-prioritize their family, Parent Partners are considered allies to public child welfare workers in their efforts to support parents as they seek reunification with their children.

* The majority of Parent Partner staff are female; one staff member is male.

Literature Review

Considerable research evidence has accumulated in the past decade shedding light on the child, parent, and case characteristics that are associated with improved odds of reunification. For example, infants and adolescents are less likely to reunify than children of other ages (Berrick, Needell, Barth, & Jonson-Reid, 1998; Connell, Katz, Saunders, & Tebes, 2006; Courtney & Wong, 1996); children of color have reduced odds of reunification (Harris & Courtney, 2003), and children who have behavioral problems (Landsverk, Davis, Ganger, Newton, & Johnson, 1996), or who have been placed for reasons of neglect are less likely to return to their parents' care (Barth, Guo, & Caplick, 2007; Wells & Guo, 1999). Similarly, parents struggling with substance abuse and mental health issues (Eamon, 2002; Rzepnicki, Schuerman, & Johnson, 1997), those who visit their children infrequently while in care (Davis, Landsverk, Newton, & Ganger, 1996; Leathers, 2002), and parents with very low income are less likely to reunify (Courtney, 1994). And children previously placed in care are less likely to ultimately return home (Fraser, Walton, Lewis, Pecora, & Walton, 1996).

But child welfare agencies can do little to impact the characteristics of the clientele they serve. What agencies control are the nature and types of services provided to families to promote reunification. While some research has focused on the effects of intensive family reunification services provided by social workers and other professional staff, findings from these studies have been somewhat disappointing (Fein & Staff, 1993; Fraser et al., 1996; Rzepnicki, Schuerman, & Johnson, 1997; Walton, 1998). As such, innovative programs based upon entirely new sets of principles and strategies are needed to develop evidence-informed approaches toward reunification. While some agencies are attempting to engage birth parents in these new models of services, literature examining the role that birth parents can play in helping to shape and support change is scarce.

Under one of the federal Title IV-E Waiver demonstration projects, the state of Illinois experimented with a model of intensive case management using "recovery coaches." Coaches played a variety of roles and assisted child welfare clients with a range of services including assessment, advocacy, service planning, and case management toward the goals of increasing access to substance abuse services, improving treatment outcomes, and increasing family reunification rates (Ryan, Marsh, Testa, & Louderman, 2006). The recovery coaches helped parents access benefits, worked in the parents' communities, and conducted home visits along with the child welfare workers and the

treatment agency staff. Parents who were assigned a recovery coach were more likely to engage in substance abuse services, and they were more likely to access services more quickly than parents in the control group. Parents in the experimental group also were more likely to achieve family reunification, although rates of reunification for both treatment and control groups were exceptionally low (< 20%) given their significant substance abuse involvement (Ryan et al., 2006).

The START program—Sobriety Treatment and Recovery Teams—of Ohio relies on “family advocates,” who have themselves been in recovery for at least 3 years (Annie E. Casey, START, 2002; Young & Gardner, 2002). And the Family Engagement Program of Massachusetts utilizes peer mentors to engage child welfare parents in substance abuse treatment (Substance Abuse and Mental Health Administration & National Center for Substance Abuse and Child Welfare, 2006). Similarly, the People Helping People (PHP) project in the state of Washington uses peer mentors as well as “natural helpers” from the community to offer advice and role modeling for others (Annie E. Casey, 2001). While these programs appear promising, studies of their effectiveness have not been conducted.

Using a somewhat different model of peer support, the Mendocino County (California) Family Services Center was designed with significant input from child welfare-involved clients and includes parent participation in a peer support group composed of newly involved child welfare clients and a professional group facilitator. Qualitative data suggest the importance of this program to parents (Frame, Conley, & Berrick, 2006), but information on the effects of the program on reunification outcomes has not been collected.

Although the number and range of approaches developing across the country is large, few empirical studies except for the Waiver demonstration in Illinois have used sufficiently rigorous research methods to begin to determine the effectiveness of these approaches. Importantly, most of the descriptive studies conducted to date have examined proximal outcomes such as engagement in services. Distal, yet significant outcomes such as reunification have been less frequently examined.

The following study was designed to study program impacts of a family strengthening peer support model on reunification outcomes. In particular, the research question addressed in this study was: Are child welfare clients who have the services of a Parent Partner more likely to reunify than similar parent clients who did not have the services of a Parent Partner? Other information pertaining to client perspectives on the program is reported elsewhere (Berrick, Young, Cohen, & Anthony, 2011).

Method

This study utilized a quasi-experimental design to examine outcomes associated with the Parent Partner program in a large county in a western state. At the time of the study, approximately 1,500 children were served in out-of-home care in this county, with approximately 500 new entries per year (Needell et al., 2009).

Sample

Data were compiled by staff from the county child welfare agency and shared with researchers for analysis. Data were drawn from the administrative records of the Child Welfare Services Case Management System (CWS/CMS) and were merged with a county-developed database associated with the Parent Partner program.

The study included two entry cohorts of children removed from their birth parents and placed in out-of-home care. Children whose parents received the services of a Parent Partner between July 2005 and March 2008 served as the experimental group ($n = 236$). In the case of sibling groups, one child from each family was selected at random for inclusion in the treatment group. By focusing on a sample of children who entered the system no later than March 2008, we were able to examine reunification data 12 months following the child's removal from the home. This time frame is promoted in federal law; after this time period, the likelihood of reunification would be expected to decline.

The comparison group is a random sample of an entry cohort of children who were removed from their parents' care during the year 2004. Again, in the case of sibling groups, one child was selected at random from each family. Children were proportionally matched by ethnicity (i.e., African American, Latino, Caucasian), case intervention reason (defined as the reason a referral was promoted to "case" status), substance use (i.e., was substance use identified as a problem for the parent or not?), gender, and age of the child—variables typically associated with reunification outcomes in the research literature. The sample size for the comparison group was 55. The historical cohort is useful as it controls for diffusion of treatment as none of the families in the comparison group had access to the Parent Partner program.[†]

[†] In the initial analysis reported elsewhere, only 68 children served in 2005 and 2006 were included in the treatment group. A matched comparison group of 55 children was drawn from a historical cohort. Preliminary findings suggested strong effects associated with the program, so county staff were encouraged to look closely at their data to identify all families who had participated in the Parent Partner program since its inception. As

Since there were a very small number of Asian, Pacific Islander, and Native American families in this sample (total $n = 16$), we excluded these groups from the analysis since they were unevenly represented in both groups and since statistical testing including these groups would not have affected the results. The final sample size for analysis was 275 (221 Parent Partner families and 54 comparison group families).

Variables and Analytic Strategy

The dependent variable in the analysis is reunified vs. not reunified, as measured by the CWS/CMS case episode termination reason of “reunified with parent or guardian.” The independent variable is the presence or absence of a Parent Partner in the families’ lives. The matched design controlled for other differences that have been linked to reunification outcomes. Table 1 includes a description of sample demographics with the variables available for the multivariate analysis and general confirmation of the similarity in background of families participating in the Parent Partner program and comparison families.

Parents in both groups were more likely Caucasian than they were members of other ethnic/racial groups. These data somewhat underrepresent African American children and overrepresent Caucasian children typically coming into care in this county (Needell et al., 2009). Children were quite young. On average, children in both groups were under the age of 5. The average age at removal for the comparison group (2.8 years) was younger than that of the Parent Partner group (4.9 years), ($t = -2.86, p = .005$).

such, a larger treatment sample is included in this analysis, although the original matched comparison group was retained. (Anthony, Berrick, Cohen, & Wilder, 2009)

Table 1.

Sample Demographics (N = 275)

Sample Demographics	Parent Partner Involved <i>n</i> = 221	Not Parent Partner Involved <i>n</i> = 54	Total
	Mean (SD) or %	Mean (SD) or %	
Caucasian	44.8%	57.4%	47.3%
African American	32.6%	22.2%	30.5%
Latino	22.6%	20.4%	22.2%
Age of child at removal*	4.9 yrs (5.2)	2.8 yrs (3.6)	3.8 yrs (4.4)
Child is male	52.9%%	50%	52.4%

*Age difference significant between groups, $t = -2.86$, $p = .005$

Note: Chi-square tests of significance were insignificant at $p < .05$ level.

Results

Based upon chi-square tests, the data suggest that children whose parents were involved in the Parent Partner program were more likely to reunify within 12 months than children whose parents were not involved in the Parent Partner program [χ^2 (1, $N = 136$) = 19.36, $p < .001$]. Specifically, 58.9% of children whose parents were involved in the Parent Partner program reunified, compared to 25.5% of children whose parents were not involved in the Parent Partner program.

Multivariate logistic regression confirmed the chi-square test. Controlling for age at removal, ethnicity, and gender, reunification was more than four times as likely to occur for Parent Partner families than families in the comparison group, ($\text{Exp}(B) = 4.25$, $p < .001$). In this sample, neither age at removal, ethnicity, or gender had any effect on the likelihood of reunification (see Table 2).

Table 2

Multivariate Logistic Regression for 12-month Reunification			
	Odds Ratio	Wald Chi-Square	P value
Parent Partner group	4.25	17.36	< .001
African American*	.878	.199	.878
Latino*	1.58	1.90	.168
Age of child at removal	.997	.011	.916
Child is male	.921	.106	.921

*Note: Caucasian is the reference category.

Discussion

The data presented in this study suggest the promise of the Parent Partner program in helping to motivate client change. Parents utilizing the services of a Parent Partner were four times more likely to reunify with their children compared to a matched sample of parents who were served in the county prior to the program's implementation. These findings should, however, be examined in light of the study's important limitations.

Limitations

A randomized controlled trial was not feasible for this study as our partnership with the public child welfare agency precluded such a design. While the quasi-experimental approach employed here offered a strong substitute, the use of a historical cohort as a comparison group is not ideal. We attempted to match subjects based upon a number of important variables, yet the design does not control for threats to internal validity such as history or selection bias.

The treatment group itself also may be biased in that it might represent those parents most motivated or best positioned to change their current circumstances, engage in services, and work toward reunification. In short, those agreeing to work with a Parent Partner may be the same parents most likely to reunify had they received conventional services alone. Because of data collection challenges within the county, we do not have accurate information concerning the number of families who were

offered Parent Partner services yet turned them down, nor do we know anything about the characteristics of the families who declined services that might distinguish them from the families represented in this study.

Due to the timeline and sample size associated with this study, we were unable to conduct statistical analyses associated with re-entry to care. Nevertheless, preliminary data indicate that re-entry is an unlikely event. These results, though promising, need further follow-up with a larger sample size over time.

Implications

In spite of the study's limitations, the large difference in reunification outcomes between treatment and comparison groups strongly calls for additional research through a clinical trial. If, under more rigorous conditions, the findings can be replicated, then the field of child welfare will have a new and significant evidence-based strategy for supporting families in their efforts to reunify.

Findings from this study, combined with data reported elsewhere (Berrick et al., 2011) on the perceived benefits of program participation for birth parents, suggests a model showing important promise. Birth parents articulated the unique role Parent Partners played in supporting their child welfare experience. Unlike social workers or other allied professionals, Parent Partners provided genuine encouragement in parents' capacity to change and hope that their family might be reunited. Parent Partners' communication style was direct and clear, and their availability at odd hours helped many birth parents through some of the darker moments of despair. At the core of parents' comments was a sentiment that Parent Partners were interested in building parents' self-reliance and individual capacities so that they would succeed in parenting their children.

The subjective experience of birth parents in this program stands out from the more typical responses of birth parents navigating their way through the child welfare system (Berrick, 2008). Parent clients involved with the child welfare system are often isolated in their solitary experience. Friends and family may not be available or willing to provide assistance. And typical child welfare services do not encourage peer support among birth families. Thus, due to their isolation from other families involved with child welfare, birth parents have few role models to call upon who can inspire them to change or who can offer hope for an alternative future. Parent Partners may be able to fill this role. Findings from this study suggest that the Parent Partner model may hold promise as a child welfare intervention designed to support reunification. The principles upon which it stands—partnership, family engagement, joint decision making,

family strengths, and empowerment for change—indicate an important paradigm shift for child welfare. Although additional research is clearly warranted, it appears that efforts such as the Parent Partner program may be an important resource for child welfare agencies in their efforts to engage families and promote reunification.

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