

**The Commonwealth of Kentucky  
Cabinet for Health and Family Services  
Department for Community Based Services**

**Parent Advocacy Program Evaluation  
Anchor Site: Jefferson County, Kentucky  
June 11, 2007**



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*“I’m able to relive that pain (of separation) with them. And that’s a pain that I don’t want to bring back to my own heart. So in the process of helping somebody else, it helps me . . . to continue to do the right things that I need to do to make sure that my family stays together.”*

**-- Rolanda Daugherty,  
Jefferson County Parent Advocate**

### **On the Cover**

Pictured on the report cover are the participants and instructors from a Parent Advocacy Program training class held in Louisville on March 29-31, 2006. Seated are Parent Advocacy Program Coordinator LaRonda Davis and trainer Kathy Mongeon. Standing at far left is DCBS Talkshops Coordinator Deborah Turner. Standing at far right is DCBS Recruitment Specialist Sharon Burney. Next to Turner, from left, are advocate trainees Shawn Gardner, Gail Townsend, Shelton McElroy, Terrie Dunn, Tammi Jeffries and Rhonda Maddox.

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### **Executive Summary: Parent Advocacy Program**

This evaluation assesses the Parent Advocacy Program in Jefferson County. It is intended to aid in Department for Community Based Services (DCBS) planning to expand parent advocacy to other regions in Kentucky. It is also intended to assist DCBS staff and national readers as they structure and conduct advocacy services. Key stakeholder interviews were conducted and families receiving parent advocacy were compared to other families served by DCBS using administrative and program data.

The Parent Advocacy Program in Jefferson County dates from 2004, when the Annie E. Casey Foundation expanded its Family to Family initiative to include parent advocacy and chose Jefferson County as a demonstration site. A local planning group spelled out selection criteria for advocates and for the families they would serve. Among other requirements, advocates were parents that had DCBS cases that had been closed for at least a year. Families targeted for their services were to include those with children under age 5, those with first involvement with child protective services, or those residing in an area with a high child removal rate.

Parent advocacy trainings utilize a 15-hour curriculum conducted jointly with DCBS staff and prospective advocates. The first training class was conducted in January 2005. With one exception – an AmeriCorps employee who works full-time – all advocates serve as volunteers and draw stipends, intended to cover out-of-pocket expenses, as their only remuneration. The program director tries to match advocates with client families based on similarities in their child protection cases and on the proximity of their homes. By March 2007, 30 advocates had completed training.

### **Descriptive/Comparative Results Summary**

- Between September 2005 and January 2007, about 136 families were accepted into the Parent Advocacy Program, though not all received services, due to various obstacles.
- Advocates' most common service was providing information about services and DCBS.
- Advocates reported gains in strength, improved communication skills and increased self-sufficiency in most families they served.
- Advocates served a higher percentage of families with reported neglect and a lower percentage of families with abuse, compared to nonadvocate families.
- Compared to children without parent advocacy services, those with advocates:
  - had similar numbers of prior referrals but a higher cumulative risk rating;
  - were more likely to be placed in DCBS or private foster care and less likely to be placed in private residential care; and
  - experienced fewer placement moves in their current episode and less time in overall care, but had similar total episodes of out-of-home care; and
  - had higher percentages of reunification with their parents, similar instances of permanent placement with a relative, and fewer exits to adoption and emancipation.

### **Opportunities to Improve**

- Policies on accepting former DCBS clients to serve as parent advocates and on discontinuing advocates for cause should be reviewed and revised as necessary.
- Greater effort can be made to familiarize DCBS workers with the Parent Advocacy Program.
- Jefferson Region DCBS should attempt to reach agreement with Family Court judges on crucial aspects of parent advocates' role, including whether they should be asked to testify in the cases of families they serve, and if so in what circumstances.
- Continued program evaluation of the Parent Advocacy Program with improved data collection capacities to enhance data integrity and completion.

## **Introduction**

This formative and early summative program evaluation assesses the history, accomplishments, challenges and solutions, and lessons learned of the Parent Advocacy Program in Jefferson County. It is intended to aid in Department for Community Based Services (DCBS) planning to expand parent advocacy to other regions in Kentucky. It is also intended to assist regional and local DCBS staff as they recruit and train parent advocates and assign them to families whose children have been taken into protective custody. Since 2005, under the partial sponsorship of the Annie E. Casey Foundation, Jefferson County has served as a demonstration site for Parent Advocacy. According to the initial agreement, Jefferson was chosen as a place where this innovative, still-evolving strategy for aiding families in crisis could be tested, refined and studied so that human service agencies throughout the nation might benefit from lessons learned there. In keeping with that intent, this document examines steps in planning, implementation and funding in Jefferson County, in the hope that DCBS staff members elsewhere will draw appropriate conclusions for how best to structure and conduct their own Parent Advocacy Programs.

## **National Context and Literature Review**

The origins of the Parent Advocacy Program can be traced to 1993, when legislation entitled “Family Preservation and Family Support Services” was added to the Social Security Act (Omnibus Budget Reconciliation Act of 1993, P.L. 103-66). The new legislation addressed states’ failure to significantly improve outcomes for families in crisis. It offered states new tools and incentives to provide families with a continuum of services that were coordinated, integrated, culturally relevant and family-focused.

But improvement in outcomes for families was not forthcoming. A decade after passage of the 1993 amendments, a U.S. Health and Human Services review found a continuing lack of satisfactory progress in speeding the reunification of families, locating absent fathers or providing stressed families with the help they need (U.S. Department of Health and Human Services, Administration for Children and Families, Child Welfare Outcomes 2003: Annual Report).

The Annie E. Casey Foundation examined these disappointing results and found that the most successful state programs were those that created new roles for family members or recruited them as mentors to other families. A program in Westchester County, N.Y., for example, recruited parents who had regained custody of their children to act as “life-trained paraprofessionals” (The Annie E. Casey Foundation, “Building A Better Future – Engaging Birth Parents”).

The personal chronicle of Sandra Jimenez provided another key element in the evolution of parent advocacy. A bilingual interpreter and clerk in the New York City courts, Jimenez lost custody of an infant daughter after selling heroin to an undercover police officer. After she regained custody of the child, she became a mentor for other struggling parents at the agency that had arranged foster care for her daughter. She joined the agency’s staff and worked to make parents’ perspectives an integral part of the agency’s policies (“Parents Support Parents,” IN ITES, Winter 2001, The Annie E. Casey Foundation).

Annie E. Casey Foundation leaders decided to incorporate parent advocacy within Family to Family, an ongoing initiative aimed at reforming foster care by strengthening bonds among birth families, foster families and communities. In 2003, the foundation recruited two key figures to develop a parent advocacy program that it could sponsor nationally. One was Jimenez, who represented the perspective of parents caught up in the child welfare system. The other was Randy Jenkins, a Detroit-based human services consultant who had worked in the child welfare systems of several states and the District of Columbia. Jimenez and Naomi Weinstein coauthored a curriculum for the Parent Advocacy Program. Jenkins brought expertise in developing programs that conform to federal law on family preservation and support.

The training format brings together parents, social workers and their supervisors, foster parents, relative caregivers and older youths who have experienced care in the child welfare system. The curriculum calls for the trainings to be led jointly by a social service professional and a birth parent. It deals with feelings of grief and loss caused by the separation of children from their parents, communication skills, self-advocacy, effective meetings and professionals partnering with parents.

The Annie E. Casey Foundation announced the expansion of Family to Family to include Parent Advocacy in June 2004 during the foundation's national conference in New Orleans. Family to Family sites nationally could apply for assistance in training parents to become parent advocates (mentors for parents whose children had recently entered the child welfare system), parent trainers (who would train community partners about parents' needs and effective services) and parent leaders (who would help make decisions about program planning).

### **Methodology for Evaluating Jefferson County's Parent Advocacy Program**

A formative evaluation was performed using a review and synthesis of program documents from Jefferson and the national literature to define the program philosophy, logic model, process of rollout, and lessons learned. Interviews with key stakeholders were conducted to augment the literature review and to define and document the specifics of the program. Key informants were:

- LaRonda Davis, Director of the Parent Advocate Program;
- Jackie Stamps, former Jefferson Service Region Administrator;
- Three social service workers from Jefferson, interviewed individually;
- Nelson Knight, Family to Family coordinator for the Jefferson Region;
- A group of 10 parent advocates who were interviewed as a group and two Parent Advocates interviewed separately;
- Randy Jenkins, a Detroit-based consultant who conducts parent advocacy trainings for the Annie E. Casey Foundation; and
- Naomi Weinstein, director of the Center on Addiction and the Family, a provider of drug abuse prevention and treatment services.

The summative evaluation was based in part on program data collected by the director of the Parent Advocacy Program, LaRonda Davis. The program dataset was split into five worksheets with data on the services provided to families, the parent advocate, services to families, parent advocate activities and perceived outcomes of services. Descriptive statistics are provided from this dataset. The dataset from the Parent Advocacy Program was then merged into two other

datasets from TWIST (The Worker Information SysTem), Kentucky's official child welfare administrative data. Based on this match, cases and children with parent advocate intervention were described and then compared to the nonadvocate group on the basis of referral characteristics, out-of-home care (OOHC), exit status and course of OOHC.

### **Parent Advocacy Program in Jefferson County**

#### Background Information

Jefferson County's DCBS service region administrator and Family to Family coordinator (Sandra Wilson and Jackie Stamps, respectively) sought and received Annie E. Casey Foundation designation as a parent advocacy site after they learned about the concept at the foundation's national conference in June 2004.

Local planning, coordinated by DCBS staff members Velma Hunter and LaRonda Davis, began in September 2004. The planning team included DCBS staff, parent representatives and community partners. The group adopted a Theory of Change that predicted parent advocacy, if properly implemented, would help birth parents navigate the child welfare system, parent their children and keep them safe, and advocate for their children's needs (Attachment B).

The planning group adopted a protocol that spells out goals of the Parent Advocacy Program and the expectations for all those involved in it (Attachment C). Parent advocates and child welfare staff are to work together to prevent removal of children from their homes, reunify children timely, maintain connections between parents and children who are in out-of-home care and help train workers and foster parents on the needs of birth parents.

#### Selection Criteria for the Parent Advocacy Program

The selection criteria set for parent advocates require each potential advocate to:

- have had previous involvement with the child welfare system;
- have a DCBS case that has been closed for approximately one year;
- have a stable family situation with no current CPS issues;
- have some flexibility to attend meetings and train groups;
- be willing to share their experience with other parents and social work staff as a learning tool; and
- be willing to attend 12 hours of training prior to serving as a mentor/advocate.

Parent advocates are expected to:

- provide support to birth families to maintain current placements, prevent disruption or assist with reunification action plans;
- bridge the gap between agency staff, birth parents and foster families to achieve case closure in less time than similar case types without PA services;
- engage birth parents to maintain connections with children;
- provide other extended support to birth parents (concerning court, schools, etc.);
- participate in facilitated staffing and team meeting process, assisting with the development of the family action plan, and encourage parent participation;

- train and recruit other prospective PAs;
- plan/participate in monthly group meetings to include prospective parent advocates; and
- establish availability schedules with parent advocate coordinator (s).

Staff chosen to participate in parent advocacy trainings must:

- be recommended by their supervisor/associate and approved by SRA (service region administrator);
- be willing to work in partnership with parent advocates to engage families;
- be willing to attend 16 hours of training prior to working with a PA;
- be willing to assist in training new workers in parent engagement and the pilot for the program; and
- be willing to work as a team with the PA, foster parent, birth parent and providers.

Families targeted for parent advocacy services are to:

- include children under age 5;
- be involved with CPS for the first time; or
- live in an area with a high child removal rate.

There are no written criteria for automatically excluding individuals from serving as parent advocates, but Davis said she would not consider anyone who had committed criminal abuse or sexual abuse. Davis has discontinued one advocate for lack of participation. Another advocate, with sobriety for only one year, was removed from the program after she relapsed into substance abuse and lost custody of her children. Based on these and other experiences, Davis said she considered raising the standard for entry to the program to three years' sobriety, but so far she has not done so. When a prospective advocate's case has been closed a relatively short time, "I just ask more questions" about the candidate's support system, children, employment status and possible sources of stress, she said.

### Program Funding

The regional office initially obtained initial funding of \$30,000 for its Parent Advocacy Program from the Center for Community Partnerships in Child Welfare, which in turn draws its support from the Annie E. Casey and Edna McConnell Clark foundations. The Annie E. Casey Foundation offered technical assistance but initially provided no direct funding.

For the 2006 calendar year, the Annie E. Casey Foundation awarded Jefferson County DCBS a \$50,000 grant to serve as a demonstration parent advocacy site. With the Casey Foundation's approval, spending from this grant continued into 2007. Before grant funds were depleted, the Cabinet for Health and Family Services allotted \$15,000 in TANF general fund revenues to sustain the program through June 30, 2007. The cabinet has since designated \$65,000 from TANF to fund parent advocacy in Jefferson County through the 2008 fiscal year.

Metro United Way in Louisville awarded the Parent Advocacy Program a \$75,000 grant for the fiscal year beginning July 1, 2007. The United Way money will be used to employ two full-time parent advocates who will be assigned to child protective services teams based in areas with



relatively large numbers of CPS cases in which children are removed from their homes because of substance abuse by their caregivers.

### Policy on Stipends

All current parent advocates serve as volunteers except for one who is employed full-time under an AmeriCorps grant. The volunteers' only remuneration is a stipend intended to cover out-of-pocket expenses. Advocates receive a stipend of \$50 a day for each of the three days they are in training, then a monthly stipend thereafter. When the program began, this monthly stipend was set at \$100. Later, as demands on the advocates increased, it was decided to tie stipend amounts to the amount and type of advocates' service. Stipend amounts and parent advocate duties considered to warrant each amount are as follows:

- Tier 1: \$100 - Program Support: Go to the visitation centers, attend monthly Parent Advocate meetings, do preservice training for foster parents, may work with one family, provide administrative support to the coordinator, and receive any other training as needed;
- Tier 2: \$200 - Parent Support: Do pre-service trainings, work with at least one or two families, attend monthly meeting, assist PA coordinator as needed;
- Tier 3: \$300 - One on One Support: Work with at least two or three families, sit on panels, serve on advisory committee;
- Tier 4: \$400 - Parent Leaders/Trainers: Curriculum Trainers, Work with three or more families, Participate in national conference.

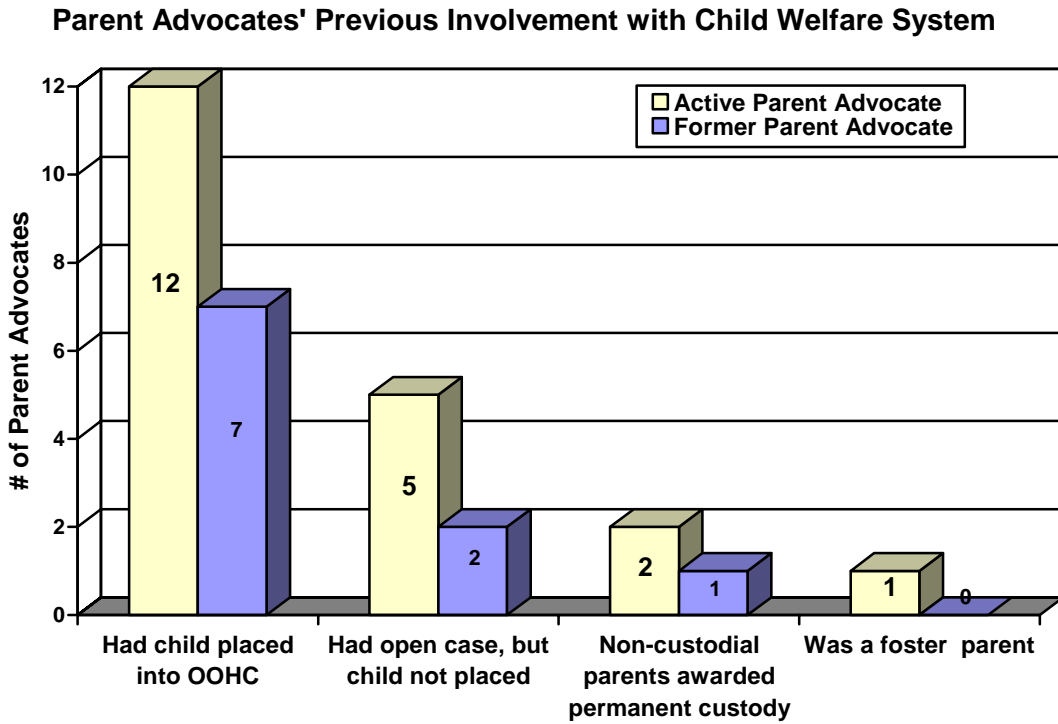
In addition to their monthly stipends, advocates receive \$50 a day for their participation in conferences or further training sponsored by DCBS. If they are invited to make presentations or participate in conferences in other states, they receive honoraria of varying amounts from the sponsors of those events. Those sponsors are also expected to pay the advocates' travel and lodging costs.

## **Parent Advocates in Jefferson County**

### Recruitment and Retention of Parent Advocates

To initiate the program, workers and community partners were asked, and now continue, to recommend birth parents who have regained custody of their children as parent advocate candidates. Some recruits for the program also came from a group who were already serving the agency by helping sensitize foster parent trainees to the perspective of parents whose children were in foster care.

The following graph from the program data shows the type of involvement parent advocates previously had with the child welfare system:



Training

The first parent advocacy training class in January 2005 included birth parents, CPS workers, foster parents and community partners. Foster parents were invited so they could help break down misperceptions that birth parents might hold of them. Jimenez and Jenkins led the class, using the “Building a Better Future” curriculum. The class met for about 15 hours over three days.

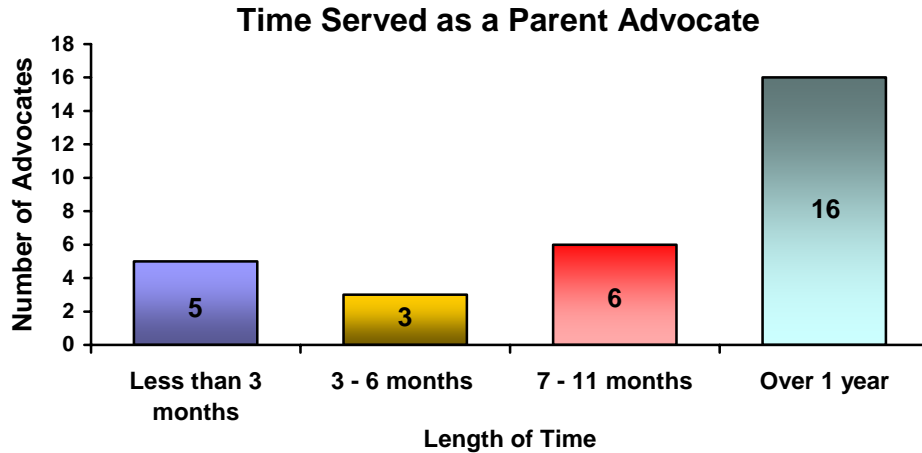
Jimenez and Jenkins conducted a second parent advocacy training in Jefferson County in March 2005. Davis, who has served as the region’s parent advocate coordinator since January 2005, said the office has conducted four more training cycles on its own. Those classes have been led by: Kathy Mongeon of Eastern Kentucky University’s Training Resource Center; Arnetia Horton, who is a DCBS foster and adoptive parent; and Robert Clayton, a parent advocate, trainer and leader.



**Advocate trainee Terrie Dunn speaks at a March 2006 Parent Advocacy Program training class held in Louisville on March 29-31, 2006.**

Descriptive Parent Advocate Information

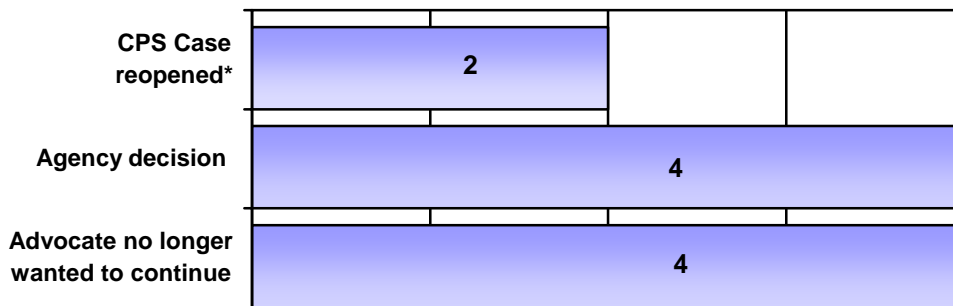
Thirty parent advocates had completed training by March 2007. There were 23 African American and seven Caucasian volunteers. Among those for whom age data are available, the average age was 40 years. The following graph shows the length of time served by advocates in the program.



There are more female (n = 25) than male (n = 5) advocates, but Davis tries to ensure that every parent advocate training class includes at least one or two men. Robert Clayton said the presence of male advocates can help compensate for what fathers perceive as their lack of a “voice in the system.”

Some advocates have left the program, for varied reasons (see graph below). The number of active advocates has remained stable at around 20.

**Reason for Ending Work With Parent Advocate**



\* Note: Two parent advocates were suspended from the program while they were being investigated for child neglect, but they were ultimately cleared and reinstated.

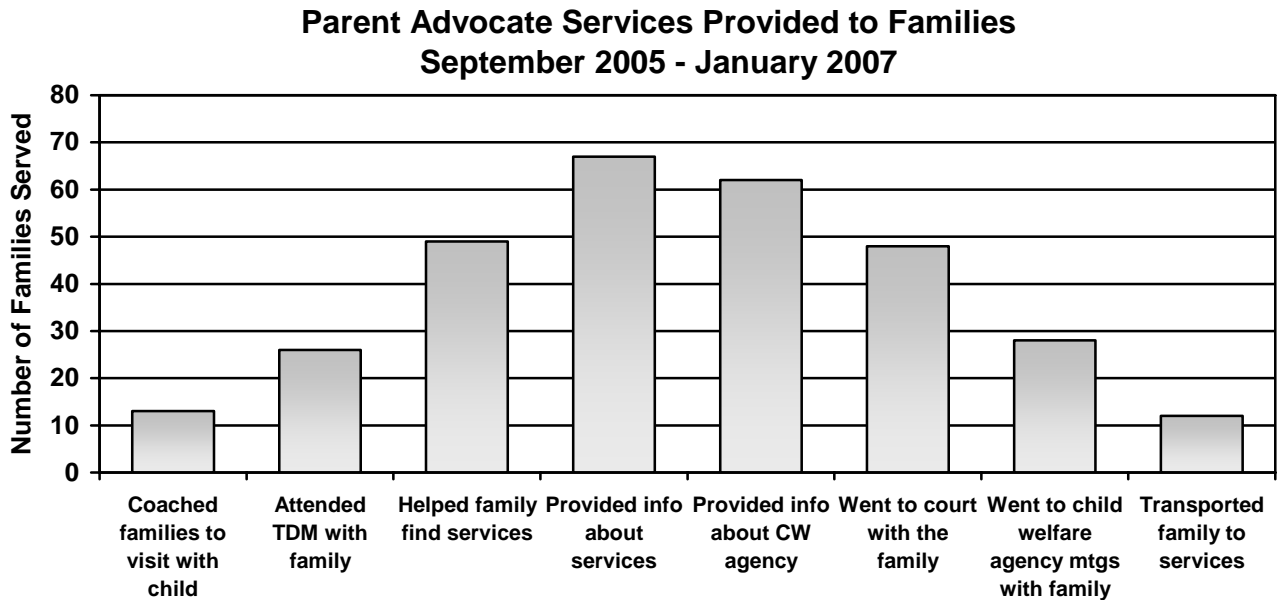
Assignment of Parent Advocates

An effort is made to assign a parent advocate whose child protection case involves the same configuration of key factors (such as physical abuse, neglect, domestic violence, substance abuse, bipolar disorder, etc.) as those present in the case of a client family. Advocates are also matched by location of the family to minimize transportation costs that pose a hardship for some advocates.

By March 2007, workers had requested parent advocates for about 130 families, and advocates had been matched with families in about 90 of those cases. Most advocates are assigned to work with one or two families at a time, though some experienced advocates work with as many as four families at a time. If an advocate cannot establish contact with a family within 30 days, the family is dropped from consideration for the Parent Advocacy Program.

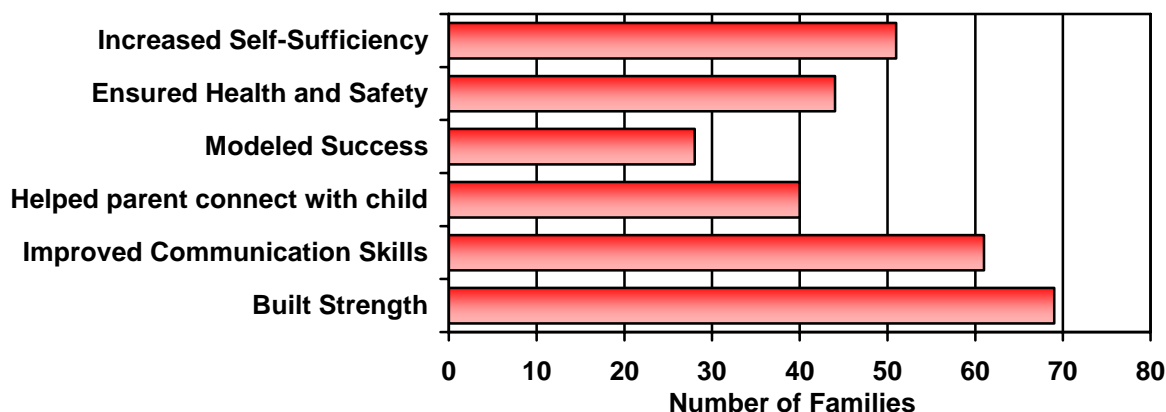
Advocate Services

The following bar graph displays the services provided by Parent Advocates and the number of families served. Since September 2005, approximately 136 families have been accepted into the Parent Advocacy Program. While a family may be accepted to the program, services may not have been rendered due to various obstacles (i.e., difficulty making contact with a family, family no longer wanting an advocate, etc.).



Parent advocates are required to track the number of services provided and perceived outcomes of their involvement with families monthly. The following graph displays parent advocate perceptions of the outcomes achieved with all families served since the start of the program.

**Parent Advocate Perceptions on Family Outcomes  
September 2005 - January 2007**



**Quantitative Data-Based Parent Advocate Program Evaluation**

The basic design of the program evaluation utilizes two types of data – one collected by providers of the Parent Advocacy Program and the other from existing TWIST data. For each month of services provided, parent advocates must submit a form containing information about the cases served which is later entered into an excel spreadsheet. Each row in the spreadsheet represents a family being served.

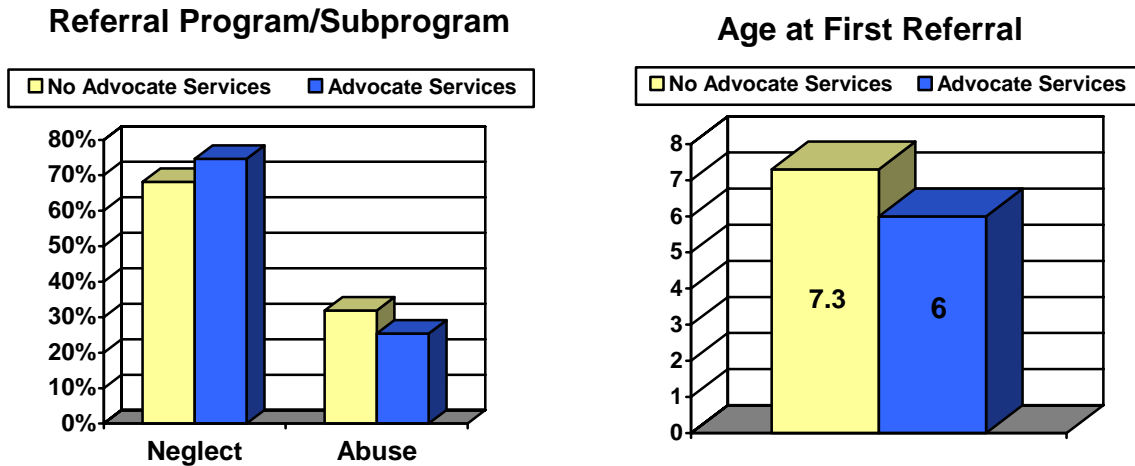
Two datasets from TWIST (The Worker Information SysTem) were merged with Parent Advocacy Program data. The TWIST referral dataset was matched with parent advocate data using a unique ID number assigned to each child at the time of report. This TWIST data is a child-based dataset with referrals for all children involved with substantiated abuse and neglect for calendar year 2006. Data from this merged file was used to answer questions about the relative risks of children and families involved with parent advocacy compared to all other referrals and generate comparative statistics on demographics and types of abuse.

The master OOHC dataset includes all children ever in OOHC and extensive demographic data and variables about their experiences in OOHC. Data from this merged file was used to answer questions about children in OOHC whose families are receiving parent advocate services (i.e., how these children compare to other Jefferson County children in OOHC on length of stay, placement stability and exits).

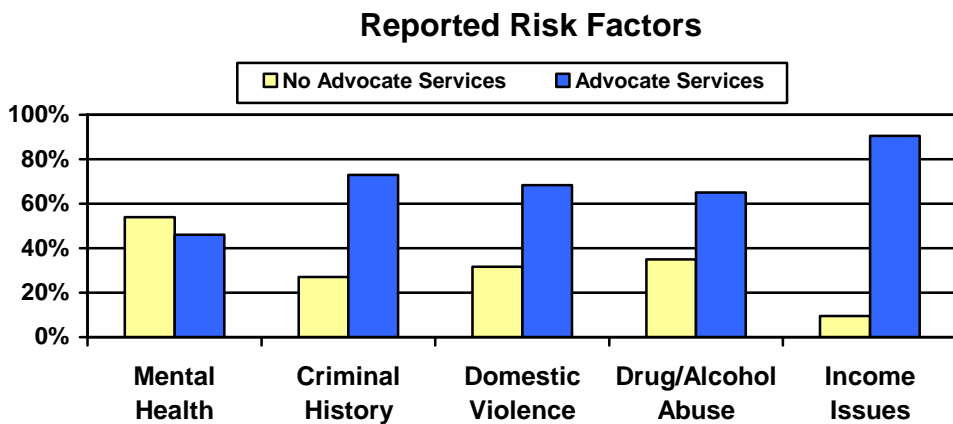
Referral Characteristics: Early Summative Results

Data on 136 families involved with the Parent Advocacy Program were merged with the TWIST referral dataset, but only 63 families (46%) could be successfully matched because of missing data and a mismatch between the timing of the datasets. The data were further limited by differences in group sample size with 63 parent advocate families compared to 3034 other referrals families. Despite this methodological limitation, the data were analyzed comparing children of families receiving or not receiving PA services. The following results provide general characteristics of the families but should be viewed as preliminary results and interpreted cautiously.

The following graphs depict the type of abuse reported and average age of children in families with advocate services compared to those in families without services. The Parent Advocacy Program served a higher percentage of families with reported neglect and a lower percentage of families with abuse, compared to nonadvocate families. The children who were the subject of abuse/neglect reports were also on average younger in families served by advocates than in non-advocate families.



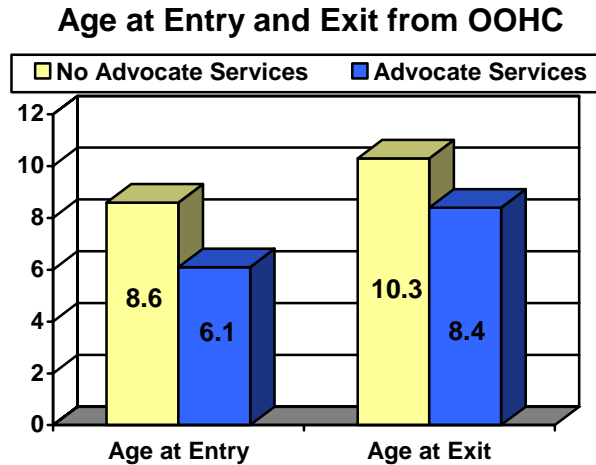
Children of families with parent advocate services on average have similar numbers of prior referrals as children of families without services (4.5 referrals). The cumulative risk rating for children of families with services was higher (19.1 vs. 16.7), with more risks due to criminal history, domestic violence, substance abuse and income issues, but lower risks due to mental health issues.



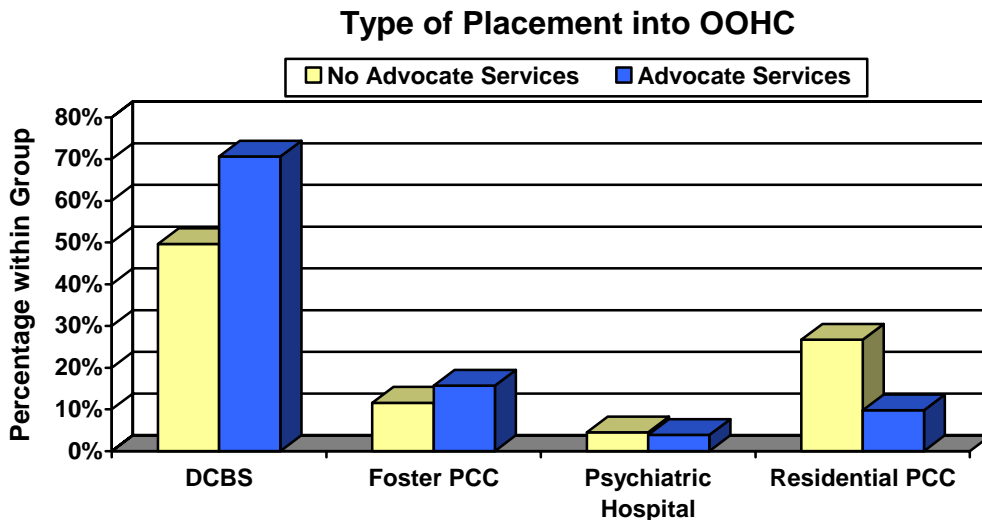
Experiences in Out-of-Home Care

Parent Advocacy Program data was matched to the out-of-home care data using TWIST ID numbers specific to each family and matched to children in care; data from 51 families (38%) were successfully matched to the OOHC data. There were large differences in group numbers (OOHC = 7635, PA = 51). These results should be considered preliminary results and interpreted cautiously due to missing data.

The following graph shows a child’s average age in each comparison group during first out-of-home care entry and at most recent exit from care.

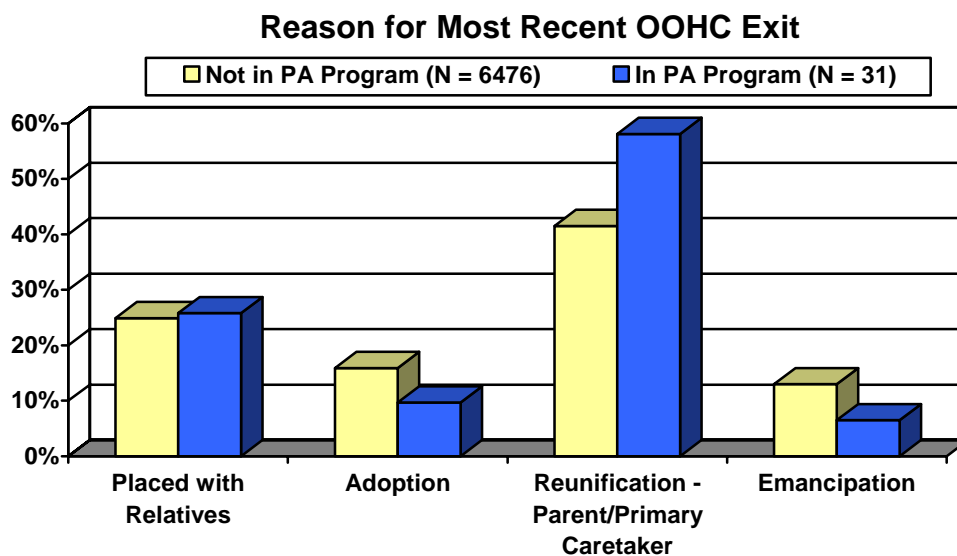


Children of families with advocate services are more likely than children in nonadvocate families to be placed in DCBS or private foster care and less likely to be placed into private residential care. Children in the two groups have similar rates of placements into psychiatric hospitals.



Children of families with advocate services experience fewer placement moves in their current episode (0.8 vs. 1.8) and less time in overall care (10.2 months vs. 18.2), but have similar total episodes in OOHC (1.2) as children of families without services.

The next graph shows the top four reasons for a child's most recent exit from OOHC. Children of families involved with the Parent Advocate Program had higher percentages of reunification with their parents, similar instances of permanent placement with a relative and fewer exits to adoption and emancipation than children without advocate services.



### Barriers and Challenges to the Program

#### No Formal Procedures for Discharge of Advocates

For the Parent Advocacy Program's first two years, there was no formal procedure for discontinuing an advocate. Davis sought to correct that by composing a "Parent Advocate Pledge" (Attachment D), which she required all advocates to sign in January 2007. Advocates must now promise to:

- Make regular contact with families by telephone or through home visits;
- Make an effort, depending on their personal schedules, to appear in court with families and attend family team meetings and facilitated staffings;
- Consult with the program coordinator monthly to discuss families' cases;
- Attempt to attend all monthly meetings of the Parent Advocates, and notify the program coordinator if they cannot attend;
- Turn in accurate and timely monthly reports of activities on behalf of families and invoices for out-of-pocket expenses (Attachment E);
- Work collaboratively with social workers;
- Work with the program coordinator to resolve any conflict with social workers; and
- Report any suspected child abuse or neglect.

#### Acceptance by Workers

Apart from the inclusion of several social services workers in the initial training, there has been no formal effort to familiarize workers with the Parent Advocacy Program in Jefferson. Workers



have learned of the program through “a trickle-down effect,” discussion of parent advocacy with service region administrator associates and at continuous quality improvement meetings at the Neighborhood Places. Some workers learn about parent advocacy when they attend facilitated staffings — meetings held to determine case management strategies when children are at risk of removal from their homes or have been removed on an emergency basis.

### Over-reliance by Workers

Some workers have become over-reliant on parent advocates, asking them to perform tasks for which the advocates lack professional training. Davis said it’s appropriate for advocates to accompany workers on parent-child visits, but not to facilitate such visits by themselves, as CPS workers have asked at least four parent advocates to do. On more than one occasion, Davis said, a parent advocate who facilitated a home visit alone was later asked in court to testify about the parent’s behavior during the visit. Parent advocates should not be placed in that position, she said.

### Court Involvement

There is still debate on whether a parent advocate should testify about the parent’s behavior during visitation. Family Court Judge Joan L. Byer notes that when parent advocates do supervise visitations, it’s “appropriate and important” for judges to ask them for their observations.

In a different court-related issue, in late 2006, a family court judge asked a family’s parent advocate to take a child of the family home with her over a holiday weekend, and the advocate did so. Davis has since asked judges not to make such requests.

Judge Byer agreed that parent advocates should not be asked to provide even temporary care for the children of the families they serve, lest a conflict of interest arise between the advocate and the child’s parent.

## **Summary and Conclusion**

Parent advocacy brings together parents who have weathered a crisis and parents in the midst of one. Parent advocates were once at grave risk of permanently losing custody of their children, but they resolved their child safety issues and have since built records of stable parenting. Through Parent advocacy, these veterans of the child protection system act as mentors to parents whose children are, or may soon be, in state custody because of suspected abuse or neglect. The advocates help birth parents understand and follow their case plans, and they bridge gaps between birth families, child protective services staff and foster families. Because of what the advocates achieved in their own cases, they can also provide birth parents with credible assurance that their families, too, can be salvaged if they fulfill reunification plans.

Based on the promise shown elsewhere by similar efforts that cast family members in mentoring roles, the Annie E. Casey Foundation selected Jefferson County as a demonstration site for Parent Advocacy in 2004. Those selected as advocates must have DCBS cases that have been closed for a year or more. During the program's first two years, 30 parent advocates were trained. By January 2007, about 136 client families had been declared eligible for parent advocacy services, though not all of them received services, due to various obstacles.

The evaluation showed that advocates reported increases in strength, communication skills and self-sufficiency in most of the families they served. Utilizing datasets from TWIST and the parent advocacy program, the evaluation showed that advocates served a higher percentage of families with reported neglect and a lower percentage with reported abuse, compared to non-advocate families. Children in families with advocates also had a higher cumulative risk rating, greater likelihood of placement in foster care, fewer placement moves, less overall time in care, higher percentages of reunification with parents, similar instances of permanent placement with a relative, and fewer exits to adoption and emancipation than children in nonadvocate families.

The evaluation points to a number of possible steps toward improvement, including:

- Continuous review of policies on accepting former DCBS clients as parent advocates and on discontinuing advocates for cause, such as renewed child safety concerns in their families.
- Greater efforts to familiarize DCBS workers with the parent advocacy program.
- Adoption of guidelines for determining whether parent advocates should be asked or allowed to facilitate parent-child visitations.
- A clearer understanding between Jefferson Region DCBS and Jefferson Family Court judges regarding parent advocates' role, including whether they should be asked to testify in the cases of families they serve, and if so in what circumstances.
- Continued program evaluation of the Parent Advocacy Program with improved data collection capacities to enhance data integrity and completion.

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## Attachment A

# Building a Better Future – Engaging Birth Parents

### Toward Greater Parental Involvement

Based on the belief that family is a foundation for all children, regardless of where they live and how they got there, **Building a Better Future** grew out of the states' early, uneven responses to an act of Congress. The U.S. Family Preservation/ Family Support Program, which required child welfare programs to engage in comprehensive planning for housing, mental health, education, juvenile justice and other services beginning in 1993, brought parents, practitioners, researchers, foundations, mayors and legislators, and new federal funds, into the process. But front-line workers, unaccustomed to working with parents as partners, were failing to engage them. A decade after the legislation was passed, a U.S. Health and Human Services review identified failures in all 50 states: Agencies were not working to speed reunification, look for absent fathers or give families the help parents said they needed.

The most successful programs, the Annie E. Casey Foundation observed, were those that moved beyond family involvement to create new roles for family members, or employed them as paraprofessionals and mentors to other families. An agency in Westchester County, N.Y. established a parents' advocacy group comprised of "life-trained paraprofessionals," who had gone through its program and had their children returned to them, which has become the cornerstone of its program. In some states, family members provide almost all of the direct support to other families or are trained to assume leadership roles.

### Key Elements of Parent Engagement

Created to supplement the system reform on which states had already embarked, **Building a Better Future** seeks to build better relationships between child welfare agencies, community partners and families in crisis. We develop a planning team consisting of child welfare workers, supervisors and managers whose purpose is to foster strong parent partnerships in all four key aspects of Casey's innovative Family to Family program: *team decision-making, self-evaluation, recruitment and support of resource families* and the building of *community partnerships*. Our work with provider agencies has led to the identification of six additional critical elements in engaging parents: *leadership, resources, a planning team, provider agency oversight, recruitment and training*.

1. **Leadership.** The authority and commitment of a senior-level person to support the process is expressed through instructions to staff and the provision of specific resources.
2. **Resources.** The leader designates someone to oversee the planning process, to coordinate the training, to be responsible for outreach to parents and to ensure that stipends and reimbursements

for child care or transportation to meetings are provided in a non-bureaucratic way. Parents must not be the only ones at the table to make financial sacrifices, when everyone else is getting paid.

**3. Planning Team:** The leader brings key managers, other human service supervisors, caseworkers and community partners into the decision-making process and involves parents from the beginning. It is important to bring parents onto the team early so that they can be involved in all stages of planning and development.

**4. Provider Agency Oversight:** Provider agencies retain oversight of the planning, implementation and evaluation phases.

**5. Recruitment:** There must be an ongoing effort by staff, supervisors and caseworkers to identify parents who have successfully reunited with their children, to participate in trainings and use their experience to help others.

**6. The training itself.** The six modules, including the training of trainers, are delivered initially by Casey consultants and designed so that, once in place, they may be led by others, with technical assistance from Casey.

### **Guiding Principles**

**Building a Better Future** relies on a strength-based approach, in which families help children to understand their past and move toward their future, holding that:

- All parents have strengths and weaknesses, no matter what challenges they face, and need to be supported in identifying and building on their strengths to ensure family success down the road.
- Parents who are comfortable advocating for themselves and their children make more effective parents. (Even those whose parental rights are terminated can best help their children through the transition if they are able to communicate their thoughts, feelings and hopes assertively and appropriately), and
- Child welfare agencies and families can learn to work more effectively with each other. (Workshop cofacilitators include a parent who has been involved in the child welfare system and an agency worker who has gone through the training).
- Parents who have been successfully reunited for at least a year can use their experiences to help others – by becoming leaders or sitting on planning or evaluation committees or in work groups.
- This curriculum is not a counseling program, should not be used in place of other services, and nothing discussed in the workshop will be used for case planning; it is for parents' and professionals' personal development only.

### **Building a Better Future Training**

**Building a Better Future** is a six-session workshop for parents, professionals, foster parents and community partners who are new to the child welfare system. It engages parents, who traditionally have been required to meet goals and timelines established by bureaucrats and professionals, in new and unexpected ways: as partners, as planners, as decision-makers and as advocates for themselves and their children. It also seeks to draw on their expertise by keeping them at the policymaking table, after reunification with their own children, as resource developers, evaluators and mentors to others.

The voice of the parent helps to change the way an agency does its work while helping parents learn to recognize their individual and family strengths, while moving through the process of grief and loss. They learn to be better communicators and listeners, and to make the most of their meetings with professionals – who in turn are introduced to more rewarding ways of working with families.

Professionals learn how parent engagement and parent self-advocacy can transform their relationships with families and communities, speeding up reunification reducing reentry and achieving better outcomes. They are taught to identify and develop parent advocates through the development of their own active listening skills and understanding of family strengths.

*The point is to help agencies understand the discomfort of parents whose children have entered the system, and to help parents understand what it's like for the workers who are responsible for children coming into care. For example, consider the different perspectives on visitation:*

*To workers, it is an activity based on policy, regulations and specific timetables that can help to bring about reunification.*

*To families, it can be a profoundly uncomfortable experience, especially if it is scheduled at inconvenient times decided by professionals, in an unhomelike environment under the observation of staff.*

*“Tip sheets” on this and other aspects of the program help parents to focus on them as opportunities. For example, parents are urged to think of an activity to do with the child during the visit, using a game project or book; and to talk to the caseworker about travel expenses or about arranging regular visits with other siblings.*

### **A Program in Two Phases**

The work begins with a commitment by the agency to provide the needed resources to support parental involvement, including the commitment of a staff person responsible for the recruitment, training and support of parents, recognizing that there are many different roles parents can play.

**In Phase One**, the leadership develops a vision for families and parents either as parent-to-parent advocates or as parent leaders, and agrees to provide stipends, transportation and child care without bureaucratic red tape. Parents who have to leave their children with a baby-sitter in order to attend an agency, for example, should be reimbursed immediately.

**Phase Two** “trains the trainers.” It involves the recruitment and training of child welfare workers, as well as reunified birth parents, to work as partners towards the legislative goals adopted more than a decade ago; and includes the assignment of a staff coordinator to:

- Identify reunited birthparents as potential parent advocates.
- Coordinate and arrange for training for parents.
- Identify child welfare staff who support parental involvement;
- Coordinate and arrange training for staff.
- Plan next steps.

### **Workshops**

There are two kinds of workshops for birth parents, based on this model: a basic workshop for those who have recently been separated from their children, and a “train the trainers” workshop for those who have been in the system for awhile and may already have been reunified with their children. The second uses the curriculum to teach them how to mentor other parents just entering the system to advocate for themselves and their children.

Each workshop includes charts, handouts, worksheets, special tip sheets and a sample course evaluation.

The goals of each workshop module are as follows:

#### **Module One: Orientation and Introduction**

- Introduce participants to mission and responsibilities of the child welfare agency.
- Provide an overview of the child welfare agency organizational chart and chain of command, grievance policies and contact information.
- Introduce participants to birth and foster parent rights and responsibilities.
- Provide a discussion of the Adoption and Safe Families Act.

#### **Module Two: Grief and Loss**

- Familiarize participants with the kinds of feelings parents may have over time about separation from their children.
- Introduce participants to the ways children are affected by loss and grief.
- Help participants think about how parents feel about taking part in a counseling or treatment program.

**Module Three:** Communication Skills

- Teach parents basic communication skills.
- Introduce participants to the concept of active listening.
- Teach participants about passive, aggressive and assertive communication.
- Make parents aware of their own preferred personal communication style.

**Module Four:** Self-advocacy

- Introduce parents to the concept of self-advocacy.
- Teach parents the concept of core beliefs.
- Teach parents about conflict management and problem solving.

**Module Five:** Effective Meetings

- Teach parents how to use their new skills to have effective meetings with professionals.
- Introduce tools that will help parents document their efforts and help them move through the child welfare system.
- Emphasize the importance of good planning for effective meetings.

**Module Six:** Professionals Partnering with Parents

- Familiarize agency professionals with the benefits of client empowerment and self-advocacy.
- Introduce professionals to the ways they can promote self-advocacy in clients.
- Strengthen professionals' understanding of family strengths.
- Reinforce listening skills.

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**Attachment B****Theory of Change - Kentucky's Parent Advocacy Program (PAP)**

Kentucky proposes that its rollout of the Parent Advocacy Program in the Jefferson Region be based on the theory of change expressed in the Harvard Change Model, where  $\text{Change} = D \times M \times P$ . The Harvard Change Model states that: Change is a function of (D) dissatisfaction with the status quo, (M) a clear, accepted model for the future, and (P) a well designed plan of implementation.

For Kentucky's proposal:

**Change = Birth Parents advocating for their children and keeping them safe**

**D = Parents disenfranchised in the child welfare system**

**M = Parent Advocacy Program Model + Building Brighter Futures Curriculum**

**P = PAP Implementation plan with Objectives, Actions, timetables, responsible parties, outcomes expected.**

Therefore, if Kentucky fully implements its Parent Advocacy Program based on the Building Brighter Futures curriculum, it is expected that birth parents served by the PAP will be better able to navigate the child welfare system, parent their children, keep them safe and advocate to meet their needs.

**Attachment C**

*Building a Better Future*  
*Parent Advocacy Program*  
*Protocol*  
*Jefferson County, Kentucky*

## **Jefferson County, Kentucky Project Vision**

Child welfare staff and parent advocates work in partnership:

- To engage parents to participate in case planning and work collaboratively with foster parents to address their children's needs,
- To provide information to parents on foster care and the child welfare system and their rights and responsibilities and,
- To provide support, resource linkage and modeling to families that assists them in reaching safety, permanency and well-being goals.

The goal of the parent advocate intervention is to identify and build on parent strengths that maintain and enhance parental functioning, parental care, and parental ties to their children involved with the child welfare system. The parent advocates in partnership with the family worker will:

- Work intensively with parents to prevent removal of children from their homes
- Reunify children timely,
- Maintain connections between parents and children while in out of home care, and
- Provide training to workers and foster parents on the needs of birth parents and the benefits of working as a team.

### **Selection Criteria — Parents**

- Parent Advocates must have had previous involvement with the child welfare system.
- Must have a closed case for approximately one year.
- Must have a stable family situation with no current CPS issues.
- Must have some flexibility to attend meetings and train groups
- Must be willing to share their experience with other parents and social work staff as a learning tool.

- Must be willing to attend 12 hours of training prior to serving as a mentor/advocate.

#### Selection Criteria — Staff

- Staff trainers must be recommended by their supervisor/associate and approved by SRA (service region administrator).
- Must be willing to work in partnership with parent advocates to engage families.
- Must be willing to attend 16 hours of training prior to working with a PA.
- Must be willing to assist in training new workers in parent engagement and the pilot for the program.
- Must be willing to work as a team with the PA, foster parent, birth parent and providers.

#### Who the Parent Advocate Program Targets-

- Families that will be treated for PA services are families with children under 5 years old.
- Families who are getting involved with CPS for the first time
- Families who reside in area where there are high removal rates

#### Funding:

- Parent advocates will receive a stipend for participation in TOT (training of trainers) workshop, providing training, attending facilitated staffing, attend case planning meetings and providing direct services to families. Stipends will range from \$100-\$400 monthly based on a four-tier program (see below) and they will receive \$50 dollars per day for training and for panel participation/presentations. A PA matched with a family is expected to spend two to four hours weekly with the family. The cabinet will arrange to pay stipends and other expenses as they are incurred. The cabinet will explore TANF funding streams to support and sustain the pilot in the future after grant funding is exhausted.

- Tier 1: \$100 - Program Support: go to the visitation centers, attend monthly parent advocate meetings, Do preservice training for foster parents, may work with one family, provide administrative support to the coordinator and receive any other training as needed
- Tier 2: \$200 - Parent Support: Do preservice trainings, work with at least one or two families, attend monthly meeting, assist PA coordinator as needed
- Tier 3: \$300 - One on One Support: Work with at least two or three families, sit on panels, serve on advisory committee
- Tier 4: \$400 - Parent Leaders/Trainers: Curriculum Trainers, Work with three or more families, participate in national conference

#### Training:

- Staff and parent advocates and foster parents will receive 16 hours of training on the parent engagement curriculum.

#### Implementation:

- The PAs will be assigned to a targeted unit/team, and the supervisor will work with workers to identify families in which parent advocates can provide services.

#### Parent Advocate Job Description:

- Provide support to birth families to maintain current placements/prevent disruption or assist with reunification action plans.
- Bridge the gap between agency staff, birth parents and foster families to achieve case closure in less time than similar case type without PA services.
- Engage birth parents to maintain connections with children
- Provide other extended support to birth parents (court, schools, etc.)
- Participate in facilitated staffing and team meeting process, assisting with the development of the family action plan and encourage parent participation.
- Train and recruit other prospective PAs.
- Plan/participate in monthly group meetings to include prospective parent advocates.
- Establish availability schedules with parent advocate coordinator (s).

#### Evaluation:

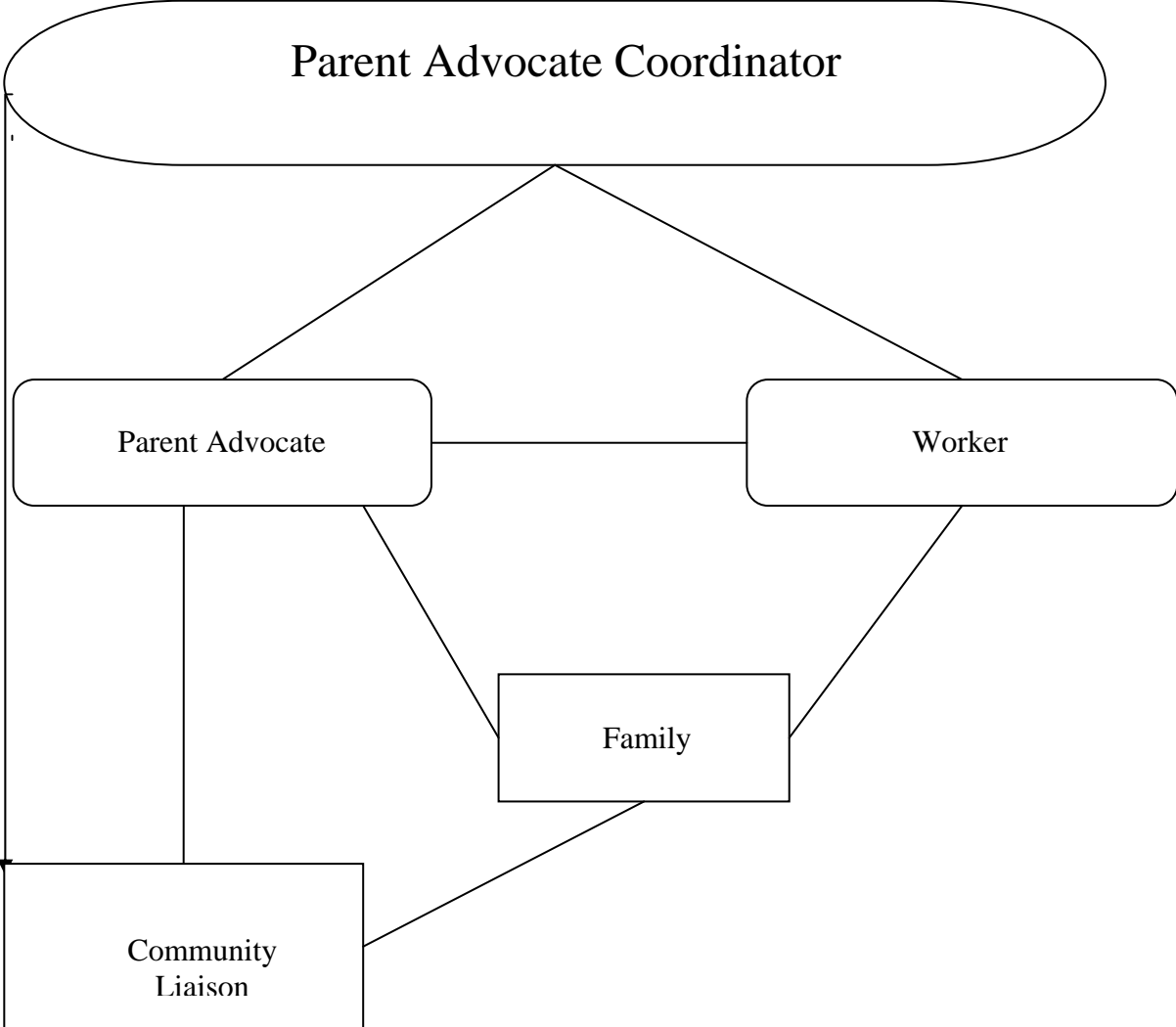
- The Family to Family Self-Evaluation strategy work group will evaluate the Parent Advocacy Pilot Program. Benchmarks will be established and quarterly reports generated for presentation to regional leadership and peer site visitors.

Communication:

- The F2F Communications strategy work group will conduct internal and external communication of the Parent Advocacy Program. A brochure will be developed for this purpose.

Referral Process:

Referrals will come from the participating team supervisors/workers and go to the Parent Advocate Coordinator. If the Coordinator receives a referral from the family, the coordinator will contact the worker immediately to let them know. The PA coordinator will identify an available parent advocate to work with designated family. The parent advocate coordinator will gather information about the family prior to connecting the PA with the worker and the family to be served. The parent advocate coordinator will supervise the parent advocates as they work with families and the workers to stabilize the family being served. The parent advocate coordinator will track the activities of the parent advocate with the family and document the activities and service provided by the parent advocate into a data set for program evaluation purposes.



**Attachment D****Parent Advocate Pledge**

I \_\_\_\_\_ agree to commit for one year to the duties of Parent Advocate program which include, but not limited to, working directly with families involved with the Cabinet for Health and Family Services and Protection and Permanency Division. I will make regular contact with these families by phone and or home visits. I will also appear in court with them and attend family team meetings/ Facilitated Staffing if my schedule provides the opportunity. I will help link families to resources available to them in their communities. I may have the opportunity to attend local, state and national conferences, sit on panel and participate in community awareness meetings, attend visitation centers and have on-going trainings. I will have monthly in office/phone consultation with coordinator to discuss activities surrounding their cases.

I understand the importance of attending each monthly meeting to receive training, program updates and networking with other Parent Advocates. I agree to try to attend all parent advocate monthly meetings, which meet every 3<sup>rd</sup> Wednesday of the month unless notified. If I am unable to attend any meeting, I will notify the Coordinator as soon as possible.

I understand that my monthly report must contain accurate information and data. The monthly report, along with invoice, is due by the 5<sup>th</sup> of every month. Invoices will not be accepted 30 days after due date. I understand that if I do not turn in my invoice by the above stated deadline, I will not receive a stipend for that month.

I understand this is a volunteer program, I am not a salaried employee, but I will be reimbursed for my out of pocket expense based on my monthly activities.

In order to work in partnership, the Program Coordinator will periodically communicate with the social worker and the family to ensure services are being provided as reported.

I will work collaboratively with the social worker to help the family achieve their goals. I will work with my coordinator to resolve any conflict and miscommunication with worker.

I understand I am also mandated to report any suspected child abuse or neglect

I understand that I may be asked by my coordinator to exit the program if I don't adhere to the above and I may voluntarily exit the program without cause.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Attachment E**

**PARENT ADVOCATE MONTHLY REPORT FORM**

PA Name: \_\_\_\_\_ Month: \_\_\_\_\_, 200\_\_\_\_\_

PA Phone No: \_\_\_\_\_ Referral Family Served: \_\_\_\_\_

Comm. Liaison: \_\_\_\_\_

Address: \_\_\_\_\_ Case Worker: \_\_\_\_\_

ZIP \_\_\_\_\_ Date Matched: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact ended: \_\_\_\_\_

**Complete one form for each family and turn in monthly.**

<b>Family Team Meetings</b>	
# attended	
<b>Facilitated Staffings</b>	
# attended	
<b>Individual/Family Contacts</b>	
# Home visits	
# Phone calls	
# Letters	
# Onsite/Office visits	
<b># Court appearances</b>	
# Attempts to locate	
<b>Family Linked to Resources</b>	
Bus tokens	
Community ministries	
Center for Women & Families	
Employment services	
Food	
Health Dept	
Housing	
JADAC	
JCPS	

<b>Referral Disposition</b>	
No services needed	
Services declined by client	
Unable to locate	
<b>Family outcomes</b>	
Reunify the child	
Build strengths within parent	
Navigate thru CPS effectively	
Self-sufficiency	
Build connections btwn parent & chd	
Model Success	
Ensure Health and Safety	
Communicate effectively	
<b>Permanency</b>	
<b>OTHER ACTIVITES</b>	
Parent Advocate Monthly meeting	
#Visitation center	
#Conference (local, national)	
#Panels	
Workgroup	
CPPC/CCC meeting	

NP svcs	
Parenting	
Rent	
Other	

Training	

Comments: -

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## **Attachment F**

### **Excerpts From Interviews with Parent Advocates (conducted March 21, 2007, at Southern Star Baptist Church in Louisville)**

**Q: Why did you decide it was worthwhile to volunteer to be a Parent Advocate?**

**Anitra Young:** “I love being a parent advocate. ... I get to help someone who was in the same position I was. I had lost my child and got him back. And, no, not everybody’s going to get their children back. But I feel like if I can do anything that I possibly can to help you get your child back, I’m willing to do it.”

**Robert Clayton:** “What makes me want to be involved is that I think that the fathers don’t really have a voice in the system. And the fathers come in, and the most of the workers are women, and they don’t have anybody they can identify, and they really don’t feel a part of. So, you know, men who’ve been through the system really need to be here to help the guys, who – because it’s extra hard for guys to be part of the system that he’s not even included in anyway. So if somebody can come in there and say, ‘OK, I went through that and this is what I’m doing,’ then that’s a hope shot for the guys who come through.

“... Myself and most of us, we struggled with the system and we didn’t have a clue about the system .... We got lied to and played with and toyed with, and we still made it through. And we’re just trying to keep the things that happened to us from happening to other clients as they come in.”

**Q: Are you sometimes disappointed, sometimes encouraged, by the success that your families have?**

**Rolanda Daugherty:** “When you see someone doing that work that is necessary to be reunified with their family, it makes me feel good, you know. But also the disappointment and the downside is that, you know, I had to learn that I can’t want your children more than you want them. So I had to learn how to, you know, be okay with the parents that don’t really put the initiative and the work to do what’s necessary to get the reunification as the ultimate goal.”

**Q: Do you feel always that you’re really making a difference with these families – that the outcome is better because you’re there?**

**Young:** “It depends... They have to have the drive to get their kids back.”

**Clayton:** “I think that it makes a difference whether they get their kids back or not.” He has worked with some families that did not reunify, “but the support that they received from the advocate through the whole process made them even accept defeat, as I’ll call it, a little bit better.”

**Q: Did the training you received adequately prepare you for parent advocacy work?**

**Daugherty:** “I loved the training that we received before we got in, but I even liked the more the one-on-one that LaRonda will do for you before she gives you a case.” With the information Davis provides, “it prepares me mentally for what type of situation that I’m dealing with.”

**Q: Has work as a parent advocate helped you develop a fresh perspective or a new way of dealing with your own family situation?**

**Daugherty:** “What it helps me to do is to constantly look at me and how lucky and blessed I am to be back with mine. Because when I deal with a family and ... a parent that’s going through that pain of, you know, not being able to go home and be with their child ... you know, I’m able to relive that pain with them. And that’s a pain that I don’t want to bring back to my own heart. So in the process of helping somebody else, it helps me, shows me, to continue to do the right things that I need to do to make sure that my family stays together. Because, you know, when you see the pain in them children, in them parents – you know, I don’t want that pain no more for my daughter, let alone for myself. So it helps ensure me to continue to do the right thing and be willing to open up and let them know that, hey, yes you can make it through this.”

**Q: What can you bring to a family’s situation that a worker cannot bring?**

**Yolanda Coleman:** “I think you can bring some empathy.”

**Q: What is it about being a parent advocate that you find most challenging?**

**James Harrington:** “Sometimes the most challenging is to get the parent to buy into that, one, you are there to help the parent. You do not work for the state. And to get the parent to buy into the system itself – that the system will help them” if they take the right steps. “Once you get past that, then everything usually goes pretty smoothly.”

**Q: Can you get a parent past their own hostility more effectively than a worker can?**

**Harrington:** “Once you tell the parent that you’re a parent advocate, you don’t work for the state, you tell them a little bit about yourself and what you’ve been through, then that usually calms them down.”

**Clayton:** Sometimes workers tell destitute families that certain factors – such as a job, treatment, housing or schooling – must be in place before they can get their children back. “And it kind of frustrates the parent, and me, when the parent’s asked to do something but not given the means to do it.”

**Q: Could every family that comes into the child protection system benefit from having a parent advocate?**

**Young:** “The more support that a person has, the more they don’t feel like that the whole world is against them. ... Because technically it is a war: You are fighting to get your children back.” CPS workers are not the parent’s enemy, but “they’re not here for me neither. They’re here to look for (the) best interest of my child.”