

UC Berkeley

UC Berkeley Previously Published Works

Title

'I am the face of success': peer mentors in child welfare

Permalink

<https://escholarship.org/uc/item/0nc6p0dj>

Journal

Child & Family Social Work, 16(2)

ISSN

1356-7500

Authors

Berrick, Jill D
Young, Elizabeth W
Cohen, Ed
et al.

Publication Date

2011-05-01

DOI

10.1111/j.1365-2206.2010.00730.x

Peer reviewed

'I am the face of success': peer mentors in child welfare

Jill D. Berrick*, Elizabeth W. Young†, Ed Cohen‡ and Elizabeth Anthony§

*University of California at Berkeley, School of Social Welfare, Berkeley, CA †Child Welfare Worker, Alameda County Social Services Agency, Oakland, CA ‡San Jose State University, College of Social Work, San Jose, CA and §Arizona State University, School of Social Work, Tempe, AZ, USA

Correspondence:

Jill Buerr Berrick,
School of Social Welfare,
University of California at Berkeley,
Berkeley, CA, 94720-7400,
USA.
Email: dberrick@berkeley.edu

Keywords: child welfare, mentor,
peer support, reunification

Accepted for publication: August 2010

ABSTRACT

Child welfare systems have struggled to create innovative, culturally sensitive programmes to address the multiple and pervasive barriers that exist in engaging child welfare parent clients in their service plans. Peer mentor programmes—those in which parents who have successfully navigated the child welfare system and reunified with their children, mentor parents newly entering the system—are designed to address some of these barriers, to improve reunification outcomes. Focus groups with parent clients ($n = 25$) and interviews with peer mentors ($n = 6$) were conducted to identify the characteristics of peer mentoring programmes that are critically helpful to parent clients, as well as the mechanisms that allow peer mentors to be effective in their work. The qualitative analysis uncovered three general themes to which both parents and peer mentors frequently referred in interviews—the value of shared experiences, communication and support. Additionally, the study found that peer mentorship has positive effects not only on parent clients but also on the mentors themselves. The inclusion of peer mentors in child welfare practice suggests an important paradigm shift within child welfare that could lead to culture change for the field.

INTRODUCTION

The foster care service system in the USA is undergoing profound changes. New practice paradigms are developing in response to political pressure, accountability structures imposed by state and federal agencies, children who have been touched by the system and visionary leaders who have demanded systems change. One of the most fundamental practice changes to take effect in many child welfare jurisdictions

Special thanks to David Androff, Krista Drescher-Burke, Anna Geer, Japera Moses and Sarah Taylor for their contributions to this study, and to the staff and families associated with the Children and Family Services Division in Contra Costa County. This project was supported by a grant from the Contra Costa County Employment and Human Services Department and the Department of Health and Human Services, Administration for Children and Families, Children's Bureau.

has been the authentic inclusion of birth families in all aspects of agency services including case planning, agency decision-making and service delivery. Birth parents are increasingly asked their opinions about their own service needs; their voices are valued in determining case plans; and their perspectives on their children's needs and strengths are increasingly honoured as child welfare workers attempt to develop alliances with parents towards shared goals of positive parenting (see, e.g. the core strategies of the Family to Family initiative at <http://www.aecf.org/majorInitiatives/FamilyToFamily>). These are not new inventions in social work. In fact, consultation with and inclusion of clients is one of the central tenets of quality case work. But in the field of child welfare, birth parents have never enjoyed the position of prominence that is now standard in many agencies. Following the Systems of Care principles promulgated first in the mental-health system (Stroul & Friedman 1986), birth parents are now included in other aspects

of child welfare service delivery beyond just case planning. They may be invited to speak at child welfare worker trainings; in some instances, birth parents are included as members of agency planning committees concerning programme redesign or development; and parents may be asked to sensitize new foster parents to the various strategies they might employ to help support reunification. The latest incarnation of parent involvement is much deeper still. Various terms such as *Parent Partners*, *Parent Advocates*, *Veteran Parents* or another name, these peer mentors are engaged as child welfare staff to help support birth parents new to child welfare.

This paper describes the role of peer mentors employed by a private non-profit agency on contract with a large public child welfare agency in California, USA. It reviews the literature on other peer-based child welfare programmes and includes findings from a qualitative study of peer mentors and parent clients to better understand the mechanisms by which mentors may be effective in promoting positive outcomes both for parents new to child welfare and those who have long since exited the programme.

PROGRAMME APPROACH

Peer mentors are mothers and fathers who have successfully navigated the child welfare system. They are identified by child welfare staff as those parents who were once separated from their children by the courts, but who then regained custody after making profound changes in their childrearing behaviours. Because of their own experience of success, peer mentors are expected to develop unique relationships with birth parents new to the child welfare system, offering them mentorship, advocacy, guidance and hope.

The proximal goals of peer mentors are to increase birth parents' motivation to engage in services and make needed changes in their parenting practices. Specifically, peer mentors work to ensure that parents are informed consumers, fully understanding what is expected of them by the child welfare system, the services that are available to birth parents and the consequences of their actions or inaction. The distal goal is to improve reunification opportunities for children and parents. As such, peer mentors attempt to respond to birth parents' intrapersonal barriers, collaborative challenges between birth parents and agencies and the social isolation parent clients may face when they first encounter the child welfare system. For example, although peer mentors cannot provide therapeutic treatment to parent clients, their similarity

to the clients, and the fact that they have successfully navigated the system, may offer inspiration that reunification and recovery are achievable goals (Cohen & Canan 2006). Young & Gardner (2002) suggest that clients may feel a greater sense of motivation when they bear witness to others who have experienced success in the child welfare system. Parent motivation is expected to translate into birth parent behaviours that will expedite their children's return.

Peer mentors can also play a unique role linking parent clients to key community providers such as drug treatment agencies or mental-health organizations. Because peer mentors have themselves brokered these sometimes complicated relationships and managed complex programme mandates, they can be key allies for birth parents new to the dizzying array of service agencies with whom they may be required to interact.

Perhaps most significantly, peer mentors are expected to help clients overcome their social isolation by encouraging the development of positive, supportive relationships. Because peer mentors work to improve social networks, they affect both the social structure and enabling resources (Anderson 1995) urgently needed by many child welfare clients.

Peer mentors' perspective on child welfare services stands apart from that of the social worker, the judge, the lawyer or any of the other allied professionals who may be involved in a case. They also typically have other shared characteristics with birth parents. Some have struggled with substance abuse and are in recovery, or they have faced other problems commonly encountered in the child welfare population, such as domestic violence or mental illness.

The strengths of parent inclusion also pose special challenges to child welfare agencies (see Frame *et al.* 2010). Strong leadership is required to introduce birth parents into social service agencies where social workers may first show resistance. And peer mentors require introductions to judges, lawyers and other allied professionals who may need to be convinced of their value. Supervision is also critical to the success of such an approach. One programme supervisor described peer mentors as 'life-trained paraprofessionals'. That is, they may have limited employment background; generally, their prior experience has not prepared them to write extensive reports or keep detailed files relating to their work. Neither has prior work prepared them for close supervision, or for many of the requirements of employment taken for granted by most employees. As such, peer mentors may need extensive coaching relating to timeliness, dress codes, voice tone and other issues pertaining to professional

deportment. Peer mentors may also need assistance making the personal transition from client to employee, understanding rules and regulations of the child welfare agency and appropriate boundaries of behaviour. They may need special assistance in their continuing recovery process as many places (e.g. court), words (e.g. 'removal,' 'placement') and professionals (e.g. judges, lawyers) could have the effect of triggering a renewed draw towards drugs or alcohol. And both strong leadership and effective supervision are required to help build collaborative relationships between individual peer mentors and social workers towards their shared goals of improved child and family outcomes.

Assuming that an organization has the supportive context available to manage a peer mentor programme, different models of service may be selected. In the programme described herein, parent clients are approached for services in court, just following the removal of their child from their home. Participation in the programme is parent-driven: participation is voluntary, cases are closed when parents make such a request and parents can ask for peer mentor services to be renewed even after their formal relationship with the child welfare agency has ended. Most peer mentors make themselves available – at least by phone – any hour of the day and any day of the year. Although parent clients know of their mentors' availability, few access their time after-hours.

Peer mentors offer many services to parents. Some parents may need an advocate to sit with them during a meeting with a social worker or school official; others may need help learning the public transportation system so that they can attend required case services; still others may need a wake-up call in the morning to encourage them to achieve that day's simple goals. Peer mentors offer encouragement, support, mentorship and advice to help birth parents engage in services and make progress in their case plan.

Some evidence suggests that peer mentors may boost reunification outcomes for parent participants. In one study, approximately 60% of parents working with a peer mentor reunified with their children within 18 months, compared to 40% of parents who were not offered the services of a peer mentor (Berrick *et al.* 2008). If peer mentors play a role in promoting safe reunification, then it is important to understand why birth parents find value in the programme and what about the service sets it apart from the typical services offered through child welfare. Peer mentors may have even larger effects – not only for improved reunification outcomes, and for the perceived personal benefits

to programme participants. But development of a peer mentoring programme also has the capacity to foster the continued personal development of former child welfare clients.

BACKGROUND

Expectations that peer mentors might affect child welfare outcomes are based, in part, on the notion that relationships matter: they offer support and encouragement to tackle life tasks and new endeavours. In social work, there is an acknowledgement that some part of client outcomes may be attributed to the professional–client relationship (Quinton 2004). In fact, Trevithick (2003) has suggested that relationships may be the centrepiece of professional social work.

Theories of social support provide a foundation for the role of relationships in parent mentor programmes. In the context of child welfare, the programme goals of a parent mentoring programme include specific aims of improving the parent's capacity for navigating the legal and service systems. Having successfully navigated the child welfare system as well as related treatment services provides what Thoits (1986) describes as coping assistance. The stressful events leading up child custody require a range of coping strategies, such as redefining the nature of the stress (i.e. as a natural reaction to external events) and modelling active empowerment as opposed to passive acceptance. Thoits's theory suggests that how people respond to stressful situations is rooted in their identity, a factor of the social positions or social roles that are situated in their environment. These roles are defined as behavioural expectations – how people are expected to act in a particular situation. Cohen (1988) extends this concept in an explanation of the relationship between self-esteem and a feeling of control over one's environment. An increased perception of one's self-worth is related to having a greater sense of control over one's environment. This does not occur without outside influence – changes in cognitive perception of one's problems come about through interaction with others. An important mechanism that begins this process is an understanding sameness with others – that there are other people who have experienced similar problems and have resolved them successfully. In the context of the child welfare system, mentors with similar previous experience should provide role modelling for new parents to redefine their identity. The mentor provides reassurance to a parent whose self-image may be limited to being 'criminal', 'abusive' or victimized. Sameness with

others is a very powerful mechanism by which this can occur in the context of such severe life circumstances.

Some authors refer to the helping relationship as a 'helping alliance' (Jenson *et al.* 2009). Although the research is not definitive about the causal link, some studies show an association between a strong alliance between mental-health clients and professional staff, and positive outcomes including indicators of quality of life, satisfaction with services and adherence to medication (Solomon *et al.* 1995). The role of a helpful alliance was also associated with beneficial outcomes in one study focused on 'problem gamblers' (Smith *et al.* 2004). In a review of studies examining the role of a helping alliance in child welfare, Jenson *et al.* (2009), suggest an empirical link between a strong helping alliance and the likelihood of reunification (Fraser *et al.* 1996), and on a reduction in substantiated maltreatment (Alexander *et al.* 2001). Programmes for parents that include the provision of concrete, material services in addition to a helpful alliance have been found to be related to improved outcomes (Chaffin *et al.* 2001). But whether relationships must be limited only to professional-client interactions is still unclear.

The potential role for peers as instigators of change is as yet understudied in the research literature. One study involved the use of 'recovery coaches' serving as intensive case managers for child welfare clients in Illinois. The recovery coaches helped parents access benefits, worked in the parents' communities and conducted home visits in conjunction with the social worker. Parents assigned to a recovery coach were more likely to engage in substance abuse services and 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 low (<20%) given their significant substance abuse involvement (Ryan *et al.* 2006).

The START programme – 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 Foundation 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 project in Washington State uses peer mentors as well as 'natural helpers' from the community to offer advice and role modelling for others (Annie E. Casey

Foundation 2001). And the Mendocino County (California) Family Services Center includes parent participation in a peer support group composed of newly involved child welfare clients and a professional group facilitator (Frame *et al.* 2006). Each of these programmes appears promising, yet studies of their effectiveness have not been conducted.

Because the use of peer mentors is growing rapidly, and the limited research available suggests the approach as promising, it is important to understand the processes by which they may affect change. This study examines the perceptions and shared experiences of those receiving mentoring as well as those of the mentors themselves.

METHODS

Data sources

As part of a larger mixed methods study of parent mentoring, focus groups were conducted with parent clients who worked with a peer mentor as part of a 'Parent Partner' programme in a large public child welfare agency. Seven 90-minute focus groups were conducted with parent clients who worked with a peer mentor during their time in child welfare. In total, 25 parents participated in these focus groups, including 21 women and four men. Six of the focus groups were conducted in English with English-speaking parents; one focus group was conducted in Spanish with Spanish-speaking clients.

Focus group participants were recruited by the Parent Partners, who distributed informational flyers to all of the parent clients with whom they met in the 4 weeks preceding each focus group. Participants self-selected their participation. While resulting data may be biased towards those with strong feelings (positive or negative) towards the programme, we purposefully sought to elicit feedback from those interested in providing it in the hope of understanding process themes. Parent Partners were instructed to inform parent clients that they would be reimbursed for the cost of child care, if child care needs would otherwise interfere with their participation in the focus groups. Focus groups were audiotaped (notes were taken as a back-up measure) and transcribed. Each focus group was held at child welfare agency buildings and in community agency buildings. Focus group participants completed informed consent forms and received a \$35 gift card to a local grocery store to reimburse them for their time. Parents were asked to hold in confidence any personal information they

might hear from other parents during focus groups, and they were alerted to the fact that child welfare processes and experiences are intensely personal and emotionally charged; researchers respected private decisions to answer all, some or none of the questions. In spite of the emotionally laden topic, all focus groups were lively, engaged discussions where parents rapidly showed a high degree of comfort with other participants. The research was approved by the sponsoring university's Committee for the Protection of Human Subjects.

Focus group questions were designed to better understand the mechanisms by which peer mentors might help parent clients in their efforts to meet their case plan goals and reunite with their children. Parents were asked to describe the nature of their relationship with their peer mentor, the nature of the services offered and the strengths and weaknesses of the programme.

In addition to focus groups with birth parents, in-person interviews were conducted with the Parent Partners who were employed by the county at the time of the study ($n = 6$). Interviews were conducted at times and places of the Parent Partners' choosing. All agreed to participate, but due to scheduling difficulties, five were interviewed including four women and one man. Two of the Parent Partners were employed full time; the others worked part time, although some were transitioning into full-time positions. Some had worked in their role since the inception of the programme (4 years), and others had only recently taken their position.

Themes and analytical strategy

Transcripts of each of the birth parent focus groups were entered into Atlas.ti, a computer program used for qualitative analysis of text data, to assist the researchers in organizing and coding the data. From our review of the literature (Annie E. Casey Foundation, 2001, 2002; Young & Gardner 2002; Ryan *et al.* 2006), we derived five elements that appeared to surface from previous examinations of peer support models. These elements included a hopeful presence, clear communication, knowledge sharing, shared life experiences and concrete service provision. These were used as an initial framework for analysis. New codes also emerged from the transcripts throughout the analysis process. Salient quotations related to the emergent themes were culled to serve as evidence of the importance of particular themes. In the second phase of coding, commonalities across various

codes were examined and distilled into three broad themes.

During individual interviews, Parent Partners were asked about the nature of the services they provided to parent clients, their unique role within the county system, and the kinds of supports they received to conduct their work. They were also asked about their work's effects on their personal and professional lives. Detailed notes were taken during the interviews and these were coded for common themes, discussed in more detail below.

RESULTS – BIRTH PARENTS

The analysis uncovered three general themes to which parents frequently referred in the focus groups – the value of shared experiences, communication and support. It should be noted that the broad categories are interrelated in important ways. For example, a peer mentor's ability to be supportive stems in part from the experiences shared by the parent and her peer.

These general themes each encompass discrete and meaningful subthemes significant enough to warrant their separation. Specifically, further analysis of the 'value of shared experiences' category included elements of encouragement, trust and hope. The 'communication' theme is comprised of clear communication, availability of communication, frequent communication and communication with other professionals. And the 'support' theme included categories of emotional support, concrete support, support developing self-reliance and support regarding substance use.

Generally speaking, the focus groups revealed overwhelmingly positive perceptions of peer mentors. A number of powerful words were used repeatedly throughout the focus groups to describe their peer mentors, including advocate, angel, friend, counsellor, role model and sponsor. Focus group participants relayed a deep respect for their peer mentor, as well as a significant measure of gratitude. These sentiments, perhaps unsurprisingly, often contrasted sharply with parent descriptions of social workers, lawyers and other representatives of 'the system', who were described as uncaring, uncommunicative or unable to relate to and understand parents' experiences in child welfare.

Value of shared experience

The theme regarding the 'value of shared experience' seems to permeate most of the other themes revealed in the focus groups, and it is this shared experience

Table 1 Selected quotations representing the ‘Value of shared experience’ theme and sub-themes

Value of shared experience	
Encouragement <i>n</i> = 35	You got to answer to CFS. You got to answer to the judge. You got to answer to the court workers. But parent partners-they walk with you and they help you answer all of them. And they just hold your hand and walk with you through the whole process . . . The whole thing. From the beginning to the end. And then a lot of times I know when to go off; I say keep them until they’re 18-forget it. I want to just fall off. And I talk to her, and she just encourages me to keep on pushing, keep on pushing, keep on pushing. They’re the ones that are going to show you how to get in and out of things. Or maybe what you can do extra or whatever. They’re the ones that actually . . . that actually are the ones that are behind you with their knee up under your butt. Just in case if you start to fall, they’re the ones that are going to catch you. They’re the ones that are kind of your little guiding angel. I think they’re a lot of help.
Trust <i>n</i> = 28	I think people trust them more because they’re not a worker. Because everybody knows that a parent partner has been through it. From what I understand a parent partner, they’ve been through it. They’ve had their kids taken away and they’ve been through the whole system. She acts like a regular person. And so it’s nice to know there’s somebody actually on my side-she’s not a social worker, she’s not an attorney, she’s not any of that. She’s actually on my side. And she’s like somebody you could trust. But your parent partner is a person that you could trust. She never steered me wrong. She never went back and said anything that I said to nobody. She just been there to help me out, to make sure that everything was the way that she said it would be when I asked her. She made the recommendation and suggestions, and that’s the way it ended up being. So I figure it’s just a good thing to have.
Hope <i>n</i> = 8	They went through the same exact things. And some of them worked really, really hard. I mean, from nothing. I mean, from nothing. From nothing to back up to where they are today. And I’ll tell you what, my parent partner has come a long way; I mean, a long way . . . And I tell you what, going from us to her-that makes you just go, wow. You stand up and you go-okay, I can do that. So that’s a goal. Achievable . . . So you want to follow that. And it’s a pretty powerful thing, to actually try and take that and put it into yourself. And once you do that you’re like-whew. You walk away from there going-okay, I think I can, I know I can. She gives you strength. She makes you stand tall through it all. Yeah. Gives you hope. Gives you hope to know that . . . and especially because your parent partner can kind of tell you what they went through; the situation that they went through. And it’s like-whoa; you went through all that and you got your kids and you’re doing good? I can do this. I can do this. This ain’t nothing; I can do this.

that also differentiates the peer mentor from social workers or lawyers. In every focus group, parents referred to the notion that their peer mentor was capable of helping them because they had ‘been there’ and could fully understand and appreciate the parents’ experiences of having their children removed. Several parents were explicit in describing the differences between their peer mentor and their social workers, and the reason such differences matter:

The parent partner is still more . . . they’re on your level and they’ve experienced what they have experienced; they went through what you went through. And the CPS workers haven’t went through it; they just went through the school. Most of the CPS workers are just school smart – they’re not experienced and went through it.

At the same time, a number of parents acknowledged that they had excellent, hard-working social workers whom they appreciated. However, with only one exception, even those parents articulated that the shared experience component of the peer mentor relationship was essential to the mentor role and to the type of relationship that arose from that role. Only one

of the 25 parents in the focus groups described a social worker who ‘just understands’ and indicated that having shared experience was not a necessary piece of forming a genuinely empathic and positive relationship. Some examples of statements participants made regarding the value of the shared experience are presented in Table 1. Three prominent subthemes emerged: encouragement, trust and hope.

Encouragement

Parents frequently referenced the idea that their peer mentor helped remind them of their goals and that their goals were achievable; part of the validity of this encouragement from the peer mentor seems to stem from the fact that the mentors have themselves been there and can therefore legitimately model the fact that success is possible. One mother explained such encouragement in this way:

‘Basically telling you that she’s on your side and it’s going to happen for you. You’re going to get your kid back. Don’t worry; I’ve been through it. I’m going to show you how. Show me how; that’s it.’

This sentiment regarding encouragement also included the notion that peer mentors could assist parents in restoring their sense of self-worth, reminding them of their inherent dignity and of their capacity to continue to work towards their goals.

Trust

The sense of trust that many parents expressed for their peer mentor was also closely related to the notion of shared experience. Parents noted that they were able to trust their mentor both because their peer *earned* that trust by keeping promises and following through and because their shared experience necessarily made them trustworthy. Because the peer mentor had been through the same experience, parents believed that the information mentors shared with them was trustworthy. Parents also indicated that they were able to trust their peer mentor due in part to the specific role the mentor plays. For example, some parents stated that they could not trust their child welfare worker because their words and actions sometimes were relayed to judges through court reports. Of course, it is the role of child welfare workers to report to judges on their clients' progress, but peer mentors – in the programme we examined – do not have these same reporting requirements.

Hope

Parents experienced a sense of hope by observing and interacting with their peer mentor. These interactions also allowed them to hold these memories when they were separated from their mentor, serving as a model for optimism, possibility and renewal. One mother said:

'The fact that she was able to oversight all those things that happened to her and she was able to get her kids back and get into the program she does now made me think that I could probably do the same thing, too.'

Communication

Peer mentors' particular style and process of communication was another major theme that repeatedly surfaced during the focus groups. The peer mentors are available days, nights and weekends. Parents contrasted their peer mentor with other service providers: unlike 'CPS and the judge and the DA – after 5:00 they've gone home.' Also set apart from social workers and other professionals, peer mentors were described as available to answer questions and provide informa-

tion. Parents frequently expressed frustration with other professionals who 'don't even answer the dog-gone phone!' When parents described their interactions with peer mentors, they again referred to their shared experience as central to their relationship. Peer mentors' experiences helped them to 'speak the same language' and understand the frustrations of the parent clients. Examples of statements participants made regarding communication with their peer mentors are presented in Table 2. Importantly, parent clients stressed that communication with peer mentors was made easy by its clarity, availability and frequency.

Clear communication

Many parents relayed the notion that their peer mentor served as a sort of 'translator' for them, helping them to navigate courtroom terminology and social work jargon. One parent gave the poignant example that his social worker told him that he needed to 'childproof' his home, but, as a first-time, single father, he had no idea what that meant. He explained that his peer mentor 'broke it down' for him so that he was able to make the necessary changes in his home to have his infant daughter returned.

Availability

Many parents described the importance of peer mentors' availability to speak with parent clients as needed. Most parents in the focus groups referenced the fact that they felt secure knowing that their peer mentor was available for them, even if they were not necessarily in frequent contact. Many parents noted with appreciation that their peer mentor was available to them '24/7' and that their mentor reliably returned phone calls quickly. One mother referred to the idea that she feels like she 'can breathe better' just knowing that her peer mentor is there for her should she need her support.

Frequent communication

Many parents noted that they speak with their mentor regularly. There was quite a range in terms of how often parents spoke with their peer mentor, with one parent noting that she speaks with her mentor 'two or three times a day', and others saying that they speak with theirs only once every few months, notably around the time of their court dates. A number of parents also pointed out that their communication patterns with

Table 2 Selected quotations representing the 'Communication' theme and sub-themes

Communication	
Clear Communication n = 33	And I'm the type of person, if I don't understand something and I keep trying other ways to understand it and I don't understand it-I get frustrated and I'll just give up on it. And parent partners, they help you; they explain it all to you. The language, everything. To help you understand [inaudible] the court talk and put it in your language; how you can understand it better. Mine was really helpful. Pretty much explained to me in layman's terms what they were talking . . . I mean, what the whole court gibberish was. Pretty much explained it to me in layman's terms, telling me pretty much in my own language what was going on. So when I stood there, dumbfounded, looking at the judge like . . . okay? Looking at my lawyer like-okay, I'm an idiot; I didn't understand any of that. That's when she pretty much blurted out to me in my own ding-dong words I guess you could say. Not ding-dong words. I'm not trying to cut myself down or anything, because I'm not. But at that point in time I was, yeah. So she pretty much . . . They're really helpful. They're good people. Because they've been through it all and they know and they know everything in and out. All the loops, everything. So they just put it in layman's terms and guide you through it.
Availability to Communicate n = 30	I don't see her that much. But I know if I have . . . if I want to talk to her about something I know she's going to be there. So that's . . . she's going to answer the phone. And if she don't answer the phone I leave her a message and she calls back like in less than a minute. So that's okay. No, there's no time. Any time. Anything you need, just call. You need help with this, you need help with that.
Frequent Communication n = 25	And [the Parent Partner] is so a part of your life on a regular basis. <i>And do you also talk on the phone?</i> Yeah. I talk to her on the phone. <i>How often would you say that is?</i> Umm . . . maybe once or twice a week. <i>Every week?</i> Yeah.
Communication with other professionals n = 23	I would say that they [inaudible] if there is something that you're not getting across to your CFS worker, like that maybe you're talking to them about and they're not meeting your needs-like maybe getting visits with your kid, or if you have your kid with you and not getting bus tickets or . . . or just not communicating well with your CFS worker . . . You go to your parent partner and your parent partner can kind of be that communication tool. And she discusses things with me-if I'm feeling down and bad about (child) or if I'm not getting contact with the foster mom or something she'll make sure that she'll talk to my CSF worker. And my CFS worker will call me right away, because they're in the same office. And so your parent partner really helps you get through that and really helps you communicate with your CFS worker-because they work in the same building.

their peer mentor changed over time, such that they spoke with their mentor frequently at the beginning of their case, but gradually decreased their contact over time as they began to feel more self-confident.

Communication with other professionals

Many parents noted that their peer mentor served as a sort of bridge between them and other professionals. In particular, many parents said that their peer mentor helped them communicate with their social worker. Parents suggested that their peer mentor helped get their questions answered and also modelled appropriate communication styles with other professionals. One parent also indicated that the mentor helped improve her communication with her child's foster parent.

Support

Most prominently, parents in the focus groups suggested that they felt supported by their peer mentor, particularly in times of need. Examples of statements participants made regarding support are presented in

Table 3. Key subthemes include: emotional support, concrete support, support in developing self-reliance and support regarding substance abuse.

Emotional support

Parents described the unique emotional relationship they have with their peer mentor. That relationship allows parent clients to confide in their mentor about matters of the heart that they feel unable to share with social workers, friends and family. Many focus group participants indicated that their mentor encouraged them to feel and to appropriately share their emotions. They also helped parents channel their feelings, calm their passion and listen empathetically when they needed to voice their frustrations with the child welfare system.

Material support

Many parents said that their peer mentor helped them access concrete services. In particular, peer mentors

Table 3 Selected quotations representing the 'Support' themes and sub-themes

Support	
Emotional Support <i>n</i> = 82	<p>She's been there for me. She cries for me, she hugs me and everything. That's one of the good things. So that's why I feel like that's somebody by me. And it's not only somebody; it's an angel coming. It's like an angel for me.</p> <p>She helps my feelings. Helps me in being relaxed and not stressed so much, and be more comfortable in myself-instead of worry about what's going to happen. Giving me the relaxing, soothing thoughts and comforting words to make me feel like everything is going to be all right and help me throughout my problems.</p> <p>And your parent partner is going, 'you're fine; you're allowed to react, you're allowed to cry. You have feelings.'</p> <p>And one thing about the parent partner-you can talk to her about things that you cannot talk about with your CFS worker . . . Your inner feelings. If you're feeling like jumping off the roof you can talk to your parent partner about it. You can't talk to your CFS worker about it.</p>
Concrete Support <i>n</i> = 48	<p>If you need a ride or something, just call me. If you need anything, give me a call. When you need money or something or food or something, just tell me.</p> <p>But they can also help you with resources. That's the main thing. They do help me. And she helped me get into the [shelter]. Most people, they say that when you try to get in a shelter it took like . . . almost six months. But she helped me get in there within one day. She knew the people who ran it. The main person. And by her making that one phone call [inaudible] get in the same day. Much faster.</p> <p>She was able to get a grant of some kind through social services for [my son] to get his uniforms.</p>
Support in developing self-reliance <i>n</i> = 10	<p>What's really cool, too, is it's almost like the mother bird with the fledgling to the nest. Because in the beginning when I was going to court every month or two, or whatever it was-she was always there. . . . It gets to the point where I know for me and probably these ladies, too-we don't need her anymore as a court representative. . . . And I know for me I have court coming up . . . and I feel totally confident going in there by myself. She doesn't need to be there. She could be with somebody else that maybe needs her.</p>
Support regarding substance abuse <i>n</i> = 9	<p>If I need to talk to somebody-day or night-I call [my Parent Partner] and she picks up her cell phone. . . . She is always there. I know for my parent partner . . . she is there 24 hours a day, seven days a week. So whenever I think about picking up a bottle of alcohol I just call her, and please believe that by the time we get off the phone we're laughing and talking and I'm thinking about something else.</p> <p>Mine is just to keep me clean and sober. Keep me on the right track. Being there just in case. Like I said, if I miss something she can catch up on it. Just actually help me go through what I'm going through. Keep me clean and sober.</p>

helped locate transportation to court and to appointments. Some parents also referred to concrete resources that the peer mentors provided, such as help with housing, clothing, transportation vouchers, food, education and furniture. Parent clients indicated that the effectiveness of their mentor in accessing concrete supports largely stemmed from their knowledge of their community, their genuine understanding of the logistical difficulties parents experienced and their regular availability to listen to and respond to parents' needs. Although a large percentage of the focus group participants were substance-involved, few indicated that their peer mentor assisted them in enrolling or engaging in treatment.

Support in developing self-reliance

Several parents noted that their peer mentor supported their developing skills in ways that offered

confidence that parents would be successful on their own in the future. For example, parents noted that their peer mentor helped them accomplish new tasks on their own so that they could build skills and self-assurance. Peer mentors were reluctant, however, to do tasks *for* clients, instead helping parents navigate systems and situations independently.

Support regarding substance abuse

The majority of focus group participants indicated that they had struggled with substance abuse issues. These parents understood that one of the goals of having a peer mentor was to help parents stay 'clean and sober'. In particular, parent clients frequently mentioned their peer mentor's role in supporting them in relapse prevention, especially when there were strong temptations to begin to use.

RESULTS – PARENT PARTNERS

Interviews with the peer mentors participating in the Parent Partner programme revealed remarkably similar perspectives to those of birth parents on the likely mechanisms in play that might affect reunification outcomes. On the whole, peer mentors indicated that the lever of change by which they helped parents engage in services and personal transformation was through clear communication and support. Peer mentors highlighted the importance of an empathic response, and the value of authentic understanding. But their work should not be construed as only compassionate and caring. When offering examples of ‘clear communication’, they spoke of the serious ramifications that might befall parents and children if parents did not comply with case plans; they pressed the urgency of the situation; they were direct and forthright if they suspected parents of relapse or backsliding; and they scolded parents for the undoing of their families. At the same time, they also communicated the hopes of social workers, judges and other professionals that change was expected and possible. In short, it would be misleading to suggest a dichotomy – that peer mentors presented themselves as the helper in the system and that other service providers were rule enforcers. Instead, these peer mentors considered themselves true partners with social workers and other allied professionals, all attempting to find an effective mechanism to encourage parents to change.

But if the peer mentors offer services to parent clients and to social work staff, interviews with peer mentors indicated that the programme also plays an important role for the men and women who play the role of Parent Partner. Prior to taking on this role, each of the parents underwent a transformative experience, both through their recovery from addiction and in their identity as a parent and caregiver. It was in part through that fundamental change process that they were identified as strong candidates for the position of a peer mentor. But all peer mentors conveyed that their personal development continued well after the return of their children, sparked powerfully by their role as a mentor in the child welfare agency. All of the peer mentors indicated that they continued to learn new strategies for parenting their children thoughtfully, that they had grown in confidence through their work and that their understanding of who they are and what they could achieve was regularly fortified. According to one peer mentor:

‘I’ve learned that it’s a privilege to have a child . . . I didn’t know anything. Now, I have a new set of eyes. I have something to be proud of. This work builds my confidence. Who would have thought that this could be me? I look forward to work, every day.’

Peer mentors’ sustained growth was sparked by the same attributes that assisted parent clients in their change process: shared experience, support and communication. Peer mentors benefited from the mirror that was offered through their shared experience with birth parents. Like parent clients, peer mentors also grew through the support they received from their supervisor and from their agency; and their professional development was spurred by the ‘straight talk’ they exchanged with their supervisor.

Communication

Peer mentors spoke with appreciation about their supervisor’s work, complimenting her clear communication about issues both straightforward and nuanced. These staff recognized that they needed significant assistance, particularly in the beginning, navigating the public child welfare agency and the community service context; and they needed help learning both the personalities and the politics of the local agency. Their supervisor was described as honest, direct and unambiguous, making the path into new territory less daunting. It is implied that peer mentors may have had more difficulty negotiating boundaries and understanding their role with clients in the absence of this level of thoughtful supervision.

Support

Peer mentors also acknowledged that their professional development and some of their personal success could be attributed to the strong supervision they received within the agency. Just as they worked to support and empower birth parents, they felt supported and empowered by their supervisor. The peer mentors also highlighted a supervisory style that was strengths-focused, and highly affirming. Comments such as the following predominated across interviews:

‘She’s (my supervisor’s) my mentor.’

‘She keeps it real.’

‘She empowers you. She looks for our strengths.’

Beyond clinical supervision, peer mentors also spoke to the support they received from their colleagues (‘We’re family. I can call them for anything.’). Peer mentors indicated that they not only need

support from other peer mentors to do the work, but that they also relied on their peers to problem solve about their personal relationships, and to support their personal aspirations. Echoing these sentiments regarding the value of a supportive environment, all of the peer mentors indicated that they felt a high degree of support from the public child welfare agency administrators, and from agency social workers. Those who recalled previous employers marvelled at the difference in tenor between other employment settings and the child welfare agency. Peer mentors indicated that their current employment environment was such that they were encouraged to celebrate success – their clients' and their own – and that mentors felt supported through difficult times. According to one peer mentor, 'They always tell you when you did something good.'

Shared experience

Peer mentors acknowledged that their work was not suitable for everyone. The camaraderie shared by the mentors was fostered not only by their supervisor, but also by their shared personal characteristics. All of the peer mentors indicated that these shared attributes and experiences helped to foster the programme's success. According to one peer mentor, staff should be selected based on the following questions and concerns:

Do they have a passion? They can't be angry at the system. They have to be honest and a team player. There's no stand alones in this work. We need support and problem solving together. Their case (the new Parent Partner's) needs to be closed for one year, and they should have 2 1/2 years clean and sober. You see, you're comin' in on my shirt tails; I want them (new Parent Partners) to be a good reflection back on me.

Peer mentors showed tremendous gratitude for the opportunities they had been offered, and they evidenced deep satisfaction with their work. Each mentor described the profound pleasure they gained from their work because of its meaning for their own lives, and because of its significant impact on families: Articulating the pain and frustration many parent clients experience after the return of their child – anger at themselves for their prior behaviours, grief for the trauma imposed on their children – peer mentors described the lure of their ongoing addiction. Drugs and alcohol, they suggested, offered an easy escape from the pain connected to their memories. Their work with birth parents new to child welfare, however, offered them hope that they might be part of others' recovery and shed light on their own personal growth:

It never lets me forget where I came from. It keeps me humble and it keeps me sober. They (the families) give me more than I give them. To see their success, the daily impacts of my work, makes my life richer. I'm right where I'm supposed to be.

DISCUSSION

Focus group questions were designed to better understand the mechanisms by which peer mentors affect parent clients as they seek a successful resolution of their child welfare case. Responses suggest that shared experience, communication and support are pivotal to clients' change processes.

Despite our open-ended and neutral approach to asking questions, the responses from focus group participants were uniformly positive about their experiences with the programme. This may have to do with pre-existing expectations from parents new to the system that they would be treated harshly or unfairly by large governmental and legal bureaucracies, and that the provision of any empathic support would provide immediate relief. However, our sense from the participants was that it was not simply the provision of empathic support that made the difference, but by whom and how that support was provided. An alternative explanation may be that the inherent nature of the approach is such that the parent mentors generate hope which previously had been in too short supply. Through the mechanism of coping assistance offered by others with a shared experience (and successful outcomes), parents may have identified with a 'culture of empowerment' and imbued the mentors with qualities that, if modelled by parents, would likely lead to their own success. This would be in line with the theory of coping support that includes a redefinition of identity and its subsequent effects on perceptions of self-worth and empowerment. Further research into the perceived potential of mentors would be required to confirm or disconfirm this social support mechanism. Such research should expand and randomize the sample to minimize any potential selection bias that may have been in effect when parents volunteered to participate in the focus groups.

Although none of the focus group questions asked clients to contrast their peer mentor to other professionals, many spontaneously suggested the unique role of the peer mentor. Unlike many social workers, peer mentors were described as more encouraging, more trustworthy, more hopeful about the capacity to change, and more emotionally supportive. These may be sobering findings for social workers to absorb. Social workers often join the field in order to offer these very features to clients. Some differences may be

a result of system design: social workers are charged with reporting family circumstances to judges; they are regularly scrutinizing parents' capacity to change against the actual pace of change; and their caseloads and paperwork burden often keep them from frequent client contact. But the central role of shared experience seems to explain much more. Shared experience allows mentors to talk with clients using direct language infrequently spoken by social workers (which might be considered 'unprofessional'). Shared experience serves as a key to developing trust and hope that others must work much harder to earn. And shared experience is critical to clients' continued sobriety and self-confidence. Because of their shared experience, peer mentors may have the capacity to develop a 'helping alliance' rapidly, thus allowing clients to trust in, and then take advantage of the help offered. The fact that peer mentors can help clients access concrete resources in their home communities (in part because of the mentors' own experience of having accessed such resources) may also underscore the other values they bring to the client-helper relationship.

In spite of the clear benefits that can result from the inclusion of peer mentors, we do not argue for the abandonment of the professional social worker in child welfare practice. What was clear from this study was the importance of a partnership to help effect change. Peer mentors were quick to point out the importance of the law, the value of authority and the creativity and resourcefulness of social workers. But each service provider had a different role to play. Just as social workers might not have the capacity to ally with birth parents, in part because of the difference in their social and personal backgrounds, peer mentors could neither serve in the capacity of social worker, in part because of the difference in their education and training.

Questions do arise about the sustainability of such a model. As suggested above, peer mentors may be as profoundly affected by their role as a Parent Partner as birth parents are in their interactions with the system. As such, some of the peer mentors we spoke with aspired to continue their education, to go to college, and – in some cases – to become professional social workers, thus discarding their role as a peer mentor. At the time of this study, one peer mentor had resigned to develop a consulting business in the field of child welfare. She was quickly replaced by another birth parent, ready to take on a peer mentoring role. We believe that these aspirations underscore the differences between the roles of peer mentor and social worker, and highlight the value that birth

parents and peer mentors place on social workers. Peer mentors clearly understand the unique and important role of social workers in helping to repair families; for all of the enthusiasm generated by birth parents about the important role of peer mentors, the peer mentors regarded social workers as essential agents of change.

The field of child welfare has long undervalued the role of birth parents in helping to promote positive change – either in families or within systems. That is now changing. With recognition that birth parents have many strengths to offer, parents' voices and services are being explicitly solicited as child welfare agencies transform the way they do business. Peer mentors may affect the likelihood of reunification for child welfare-involved families. As such, this is sufficient. But peer mentors may be even more important to child welfare. Evidence from this study involving focus groups with birth parents new to child welfare suggests that peer mentors play a unique role among the myriad of service providers associated with their case. Unlike social workers, mental-health professionals, lawyers or others, peer mentors offer birth parents a communication style that is direct and authentic from someone 'who has been there'. As a result, birth parents may be better able to hear the information they need, engage in services and change the circumstances of their parenting in order to reunite with their child. The nature of support offered by a peer mentor also stands out as distinct from that offered by other helping professionals for its availability, accessibility and strengths orientation. All of these differences in approach are likely due to the shared experiences and attributes of peer mentors which give them insight into birth parents' feelings and expectations about the child welfare system. Thinking broadly about the definition of cultural competence, peer mentors possess a kind of authentic cultural awareness and connectivity, derived from their shared experience, which may reflect the kind of culturally sensitive practice birth parents need in order to succeed in the child welfare system.

One of the powerful aspects of a peer mentor intervention is that it has the potential for offering resounding effects on the peer mentors themselves. This bidirectional effect suggests that the programme may be as important to those offering the service as it is to those receiving it. As peer mentors give their time and their expertise, they also are reminded of the strides they have made in their own lives, keeping them oriented towards the future and their continued growth, rather than recalling past mistakes.

Because of profound changes peer mentors have made in their private lives, their perspective on others' potential for change is great. Peer mentors' views about birth parents offer an important paradigm shift for the typical public child welfare agency. Their inclusion in child welfare practice may lead to improved outcomes for children and families as well as a more satisfying experience for parent clients.

REFERENCES

- Alexander, L.B., Littell, J.H., Reynolds, R. & Girvin, W. (2001) The alliance in home-based services in child welfare: reliability and prediction. Paper presented at the 14th Annual Research Conference Proceedings, A Systems of Care for Children's Mental Health, Tampa, FL.
- Anderson, R. (1995) Revisiting the behavioral model and access to medical care: does it matter? *Journal of Health and Social Behavior*, **36**, 1–10.
- Annie E. Casey Foundation. (2001) *People Helping People: Partnerships between Professionals and Natural Helpers*. Available at: <http://www.aecf.org/upload/PublicationFiles/people%20helping%20people.pdf> (accessed 17 April 2007).
- Annie E. Casey Foundation. (2002) *START: A Child Welfare Model for Drug-Affected Families*. Available at: <http://www.aecf.org/upload/PublicationFiles/start%20child%20welfare%20model.pdf> (accessed 17 April 2007).
- Berrick, J.D., Young, E., Cohen, E. & Anthony, E. (2008) *Partnering with Parents: Promising Approaches to Improve Reunification Outcomes for Children in Foster Care*. University of California at Berkeley, Center for Social Services Research, Berkeley, CA.
- Chaffin, M., Bonner, B.L. & Hill, R.F. (2001) Family preservation and family support programs: child maltreatment outcomes across client risk levels and program types. *Child Abuse & Neglect*, **25**, 1269–1289.
- Cohen, S. (1988) Psychosocial models of the role of social support in the etiology of physical disease. *Health Psychology*, **7**, 269–297.
- Cohen, E. & Canan, L. (2006) Closer to home: parent mentors in child welfare. *Child Welfare*, **85**, 867–884.
- Frame, L.C., Conley, A. & Berrick, J.D. (2006) 'The real work is what they do together': peer support and child welfare services. *Families in Society*, **87**, 509–520.
- Frame, L., Berrick, J.D. & Knittel, J. (2010) Parent mentors in child welfare: a paradigm shift from traditional services. *The Source*, **20**, 2–6.
- Fraser, M.W., Walton, E., Lewis, R.E. & Pecora, P. (1996) An experiment in family reunification: correlates of outcomes at one-year follow-up. *Children and Youth Services Review*, **18**, 335–361.
- Jenson, C.E., Pine, B.A., Spath, R. & Kerman, B. (2009) Developing strong helping alliances in family reunification. *Journal of Public Child Welfare*, **3**, 331–353.
- Quinton, D. (2004) *Supporting Parents: Messages from Research*. Jessica Kingsley, London.
- Ryan, J., Marsh, J., Testa, M. & Louderman, R. (2006) Integrating substance abuse treatment and child welfare services: findings from the Illinois alcohol and other drug abuse waiver demonstration. *Social Work Research*, **30**, 95–107.
- Smith, S., Shane, T. & Jackson, A. (2004) An exploration of the therapeutic relationship and counseling outcomes in a problem gambling counseling service. *Journal of Social Work Practice*, **18**, 99–112.
- Solomon, P., Draine, J. & Delaney, M.A. (1995) The working alliance and consumer case management. *Journal of Mental Health Administration*, **22**, 126–134.
- Stroul, B. & Friedman, R.M. (1986) *A System of Care for Children and Youth with Severe Emotional Disturbances*. Georgetown University Child Development Center, Washington, DC.
- Substance Abuse and Mental Health Administration, & National Center for Substance Abuse and Child Welfare. (2006) *The Family Engagement Program: A Product of the Massachusetts Family Recovery Collaborative*. Available at: http://www.ncsacw.samhsa.gov/files/MA_FamilyEngagementConceptPaper.pdf (accessed 6 April 2007).
- Thoits, P.A. (1986) Social support as coping assistance. *Journal of Consulting and Clinical Psychology*, **54**, 416–423.
- Trevithick, P. (2003) Effective relationship-based practice: a theoretical explanation. *Journal of Social Work Practice*, **17**, 163–176.
- Young, N. & Gardner, S. (2002) *Navigating the Pathways: Lessons and Promising Practices in Linking Alcohol and Drug Services with Child Welfare*. US Department of Health and Human Services, Rockville, MD.