



**Building Evidence about
Parent Advocacy Initiative
in Initial Child Safety
Conferences**

*Program Evaluation
Final Report
January 2019*

Silberman
School of Social Work

HUNTER

The Program Evaluation Report was prepared for
The Administration for Children's Services

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BUILDING EVIDENCE ABOUT PARENT ADVOCACY INITIATIVE IN INITIAL CHILD SAFETY CONFERENCES

EXECUTIVE SUMMARY

This evaluation study examined the perceptions and outcomes of the Parent Advocacy (PA) Initiative implemented in Initial Child Safety Conferences (ICSC) by New York City's Administration for Children's Services (ACS). Parent advocates hailed from two agencies: The Center for Human Development and Family Services (CHDFS), whose catchment area covered the Bronx, Manhattan, and Staten Island; and the Jewish Child Care Association (JCCA), whose catchment area encompassed Brooklyn and Queens. In ICSCs, parent advocates, drawing upon their extensive personal and professional experiences, advocated for, supported, counseled, and guided families throughout the duration of the conference.



This study analyzed the experiences and perceptions of parent advocates differentiated by agency of origin; investigated parents' understanding of the parent advocates' role; elicited feedback from the child protective services (CPS) staff at the supervisory and caseworker-levels about their professional and relational experiences working alongside advocates; identified the types of supports provided by advocates to families; described the role and utility of advocates in the ICSC and their general helpfulness to families and child welfare staff; and proposed areas for improvements.

METHODS

A mixed-methods approach drawing upon both qualitative and quantitative data sources was utilized to complete this study.

To gain an in-depth understanding of Parent Advocates' role and capture perceptions and experiences of multiple stakeholders (parents, PAs, CPS staff), qualitative data were gathered through face-to-face interviews. The study relied on convenience sampling and self-reports; thus, representativeness of the sample is limited, and generalizations should be done with caution.

Additionally, quantitative data mined from ACS' 2013 and 2016 administrative datasets offered granular detail about the context of the Parent Advocacy Initiative. A pre-and-post-test multivariate analysis compared cases from 2013, prior to PA Initiative implementation (n=5598), against cases from 2016 post-intervention period (n=3224) to determine whether the presence of a PA was associated with positive case outcomes, such as (a) placement decisions at the ICSC and (b) repeat indicated maltreatment investigations within 6 months of initial investigation.

KEY FINDINGS

What were the motivations for parent advocates?

Advocates shared that a combination of *personal and professional experience* impelled them towards helping families mired in circumstances that mirrored those of their own past interactions with ACS. Many advocates held their work in high regard given their *intrinsic motivation* to help better family's circumstances. The *rewards* of advocacy work encompassed the domain of *extrinsic motivation* and included *seeing positive changes in families* and *recognition* from grateful families quick to express their thankfulness.

What were the perceived benefits for parents receiving assistance from parent advocates?

The types of support that advocates provided included *advocacy, emotional, informational and concrete supports*. Advocates were praised for *comforting, encouraging, and empowering* families and *instilling hope*. Their guidance and advice in navigating the child welfare system was invaluable. Given the tense tenor of conferences, families were understandably relieved to rely upon the expertise, insight, and advice of advocates unaffiliated with ACS and intimately familiar with the child welfare system. PAs further helped parents *improve understanding of the reasons for an ICSC* as well as *safety factors*. To this end, advocates could be relied upon to *defend parental rights*, and *give parents a voice*. Finally, advocates provided *referrals to community-based resources*, helped connect to services, and provided *concrete services* to parents, a task, which workers highly valued for ensuring continuity of services.

What was the process of engagement and rapport-building between parents and parent advocates?

While some parents believed *perceived sameness* and the recounting of an advocate's *lived experience* endeared advocates to them, others mentioned advocates' personal characteristics that engaged them and built trust. The disparity between *professional versus peer support* highlighted one of the critical differences between help offered by child welfare professionals and that provided by a parent advocate. Generally, parents regarded advocates as more relatable, empathetic, and personable due to their perception that advocates demonstrated greater degrees of *empathy, comfort, and non-judgment* compared to others employed in the child welfare field.

On a case-by-case basis, advocates utilized limited *personal disclosure* alongside other tactics such as *asking permission of the parent* prior to conference attendance, asserting an advocate's *non-affiliation with ACS*, employing *real talk*, and *making parents feel welcome* by inquiring about their cases and soliciting feedback.

CPS staff and advocates both acknowledged that, sometimes, the source of information mattered more than the actual substance, with parents more inclined to listen to statements articulated by an advocate than those of a CPS worker. This highlights the extent to which families embraced and trusted advocates as members of an inner circle. Such relatedness and fellowship was enhanced upon discovering that advocates often resided in the self-same communities as client populations and could offer practical insight into accessing appropriate community-based services.



What were the qualities of effective parent advocates?

Parents found advocates *trustworthy, knowledgeable, and personable*. Advocates, for instance, employed appropriate *bedside manner* in approaching families with sensitivity and willingness to listen. Parents also perceived that advocates had their best interests at heart, were empathetic, understanding, friendly and demonstrated dedication and genuine concern.

What was the impact of the Parent Advocacy Initiative on ICSC and case outcomes?

ICSC outcomes changed significantly between 2013 and 2016. For example, the rates of Foster Care/Remand as an ICSC recommendation decreased from 2013 to 2016 (2013: 35.9% vs. 2016: 25.4%;). Similarly, children remained at home at higher rates in 2016 than 2013 (2013: 17.6% vs. 2016: 19%). Many factors may account for these findings: in addition to the Parent Advocacy Initiative, ACS made other changes in practice and programs during this period, including the large expansion of ACS-funded evidence-based, intensive and therapeutic prevention programs that served about 5,000 families per year by 2016, as well as the increased use of Family Assessment Response, a service-oriented alternative to the traditional child protective investigation.

Whenever Foster Care/Remand was recommended, placement in non-relative foster care significantly decreased (Placement-Foster Care 2013: 60.9% vs. 2016: 57.6%); so did placement into group homes (Placement-Group Home 2013: 2.4% vs. 2016: 1.7%). Kinship care placements increased (Placement-Kinship 2013: 32.7% vs. 2016: 35.9%).

The presence of a parent advocate in an ICSC was associated with a recommendation *other* than placement in foster care; however, this analysis does not account for other additional changes in family team conferencing and ACS practices between 2013 and 2016, and cannot be considered as evidence of causality.

PA Initiative was associated with increased odds of remaining at home (*OR*[Odds Ratio]: 1.53 [95% *CI*: 1.35-1.74], $p < 0.001$) and court recommendation (*OR*: 1.77 [95% *CI*: 1.60-1.97], $p < 0.001$), relative to being recommended for foster care. These findings suggest that the PA Initiative along with a range of concurrent ACS initiatives (such as the implementation of preventive evidence-based models; the Family Assessment Response initiative; training of conference facilitators and other practice changes), may have reduced reliance on non-relative foster care placements.

The rate of repeat indicated investigations was similar (2013: 16.8% vs. 2016: 17.4%, $p > .05$). Multivariate analysis controlling for the differences between pre- (2013) and post-intervention (2016) did not find evidence of a significant effect of the PA Initiative on the repeat maltreatment investigation outcome (*aOR*: 1.08 [95% *CI*: 0.94-1.24]). Factors associated with increased risk of repeat indicated investigations included borough, family risk factor of four or more reports, risk rating, allegation of inadequate food, clothing, or shelter, prior ICSC investigation and type of trigger event.

What were recommendations to enhance the Parent Advocacy Initiative?

While respondents across the board generally expressed satisfaction with the inclusion of parent advocates in ICSCs, they also identified areas for further improvement. Specifically, parents, CPS staff, and advocates desired an *expansion of the advocate role past ICSC with more follow-up*. To this end, the role of an advocate should not be solely limited to the initial child safety conferences and could include extended interaction with families via ongoing ancillary contacts and interventions.

Some parents expressed a desire for more time with advocates prior to the ICSC and stated that advocates *should have prior case knowledge* to gain a better grasp of the individual problems and concerns of different families. This mirrored the sentiment of CPS staff who expressed that advocates should be *informed of case details beforehand*. PAs also agreed that having a brief pause during the ICSC to caucus with the family would be beneficial in helping them process the information and discuss options presented. Child welfare staff also desired a *greater diversity among advocates with particular sensitivity to cases involving domestic violence*.

Respondents indicated a wish for *more inclusive and collaborative relationship and emphasis on teamwork* among the PAs and CPS staff and acknowledged that *greater role clarity and understanding is needed*. Furthermore, greater communication between CPS staff and advocates should be encouraged so that information could be exchanged on a more efficient and frequent basis.

IMPLICATIONS FOR PARENTS, PARENT ADVOCATES, CHILD WELFARE STAFF, AND ADMINISTRATORS

The results of this citywide evaluation of the efficacy of parent advocacy services in initial child safety conferences has long-standing implications for providers and administrators seeking to implement or understand similar services.

Implications for Parent Advocates. Some of the most salient implications for advocates included:

- In assessing the needs of families, advocates must adequately engage parents by presenting as non-judgmental, compassionate, and understanding of the unique circumstances of parents.
- Personal history with the child welfare system is a highly desired qualification for parent advocates. Appropriate personal disclosure of past experiences can promote parent engagement; discretion should be used to determine when/under what circumstances it may be beneficial to disclose this to parents.
- Parents may be more inclined to engage with advocates they perceive to be uniquely invested in the welfare of a family and those demonstrating “perceived sameness” via indicators of similar socio-economic or ethno-cultural background.
- Advocates should explicitly delineate their role and the extent of their responsibilities to parents.
- To offer appropriate interventions to parents, providers must remain knowledgeable and up-to-date on appropriate services and resources accessible to parents, preferably in their own communities.
- Throughout conferences, advocates need to take a proactive and prominent approach in defending the rights of parents, clarifying obscure vernacular, and offering parents an opportunity to voice their concerns.

- Advocates should provide families with a greater understanding of the reasons/circumstances that precipitated conferences and ensure an environment of mutual respect and collaboration.
- Advocates should maintain impartiality in working with families and seek to uphold the objective of ensuring the safety and well-being of children.

Implications for Child Welfare Staff. Some of the noted implications for ACS staff included:

- Co-trainings for CPS staff and PAs about the respective roles, system changes, and protocols can provide access to the same resources and knowledge base as well as enhance collaboration and promote respect and understanding towards each other.



- Communication and check-ins between CPS staff and PAs beyond conferences can facilitate information sharing, transparency, and overall collaboration.

Implications for Program Administrators. In assessing areas for further improvement, administrators should take note of the following:

- The role of parent advocates can potentially be expanded post-ICSC and should allow advocates to assist families in connecting to necessary services, following the parent(s) through the ACS process by checking in with them and attending the follow-up conference.
- Family private time/caucusing should be made available during ICSCs where families, accompanied by a PA, receive private time to speak about conference proceedings.
- Provisions should be made for greater diversity of gender, language, and ethnicity, with special attention paid to those domestic violence cases to families in which English is not the primary language.
- Scheduling practices should be revamped to ensure timely advance notice of conferences so that PAs can have a wide berth of time to ensure punctual arrivals.

CONCLUSION

This citywide evaluation sought to analyze and better understand the benefits and perceptions of the Parent Advocacy Initiative in Initial Child Safety Conferences from the perspectives of multiple stakeholders. The results demonstrated that parent advocates' participation in conferences ushered in a slew of rewards for parents and families.

The PA Initiative, among other ACS Initiatives, significantly contributed to the reduction of foster care placements and, as a result, more children remained home. Whenever foster care was recommended, out-of-home placement gave way to increased kinship care placements.

The findings suggest that the inclusion of a parent advocate offers a necessary and welcome support for child welfare-involved families who feel overwhelmed, distraught, and unsupported in their initial dealings with the child welfare system. Parents have extolled the virtues of advocates and expressed their gratitude for the many emotional and concrete benefits these PAs have provided in a time of familial crisis. Their positive response is reason enough to further examine this unique intervention. While parents and CPS staff alike embraced the inclusion of parent advocates in initial child safety conferences and voiced support for continuing the comprehensive work advanced by advocates, there was general agreement that further enhancements should be made.



ACKNOWLEDGEMENTS

The author would like to express her great appreciation to the Commissioner of the New York City Administration for Children's Services (ACS) David A. Hansell, Deputy Commissioner for Child Protection William Fletcher, and Borough Commissioners Sandra Graydon-Long (Staten Island), Marsha Kellam (Queens), Lisa Bolling (Bronx North), Almarie Buddington (Bronx South), Joan Cleary (Brooklyn West), Rodney Jackson (Brooklyn East) for making this project possible. The senior leadership team's efforts in expeditiously connecting the research team to CPS workers, troubleshooting roadblocks, and anticipating the research team's needs provided much-needed ongoing support and guidance.

An additional debt of gratitude goes to the members of the advisory committee: Michael Arsham, Executive Director of the ACS Office of Advocacy; Kassa Belay, former Manager of Community Collaboratives at ACS; Natalie Marks, Associate Commissioner of Child Protection at ACS; Sandra Davidson, Director of Program Development at ACS; Beverly Ali, Assistant Commissioner of Family Team Conferencing at ACS; Katie Rollins, former Executive Director, Policy, Planning, and Measurement at ACS; Yudelca DeLaCruz, Director of the Family Resource Center at JCCA; Bevanjae Kelley, Peer Supporter/Family Coach at Graham Windham; Jessie Pearson, Parent Advocate at JCCA; and Oscar Rios-Boyer, Parent Advocate Coordinator at CHDFS. I am grateful to them for providing access to CPS and parent advocate staff, negotiating the logistics of the study, and for continuously offering sound feedback and advice. The advisory committee's commitment to excellence is matched only by its dedication to advocating and supporting children and families.

Special recognition must be paid to the experienced and dedicated facilitators that make Family Team Conferencing (FTC) possible. The objectivity, insight, and guidance they lend to conferences are why they are so highly esteemed. Thanks to FTC Borough Directors Perpetua Igweatu (Bronx South), Robert Martinez (Bronx North & Upstate), Celeste Lucas-Powers (Queens & Long Island), Taryen Davidson (Queens), Judith Vassell-Mariette (Manhattan North), Sonia Tye-Santiago (Manhattan South and Staten Island), Harry Comeau (Brooklyn West), and Deborah George-West (Brooklyn East).

A very special appreciation is extended to the dedicated CPS workers, supervisors, and managers who work tirelessly day-in and day-out to protect the children and families of New York City and agreed to offer their precious time to participate in interviews. Their personal experiences and accumulated professional knowledge offered but a glimpse into the incredible hard work and passion needed to provide excellent compassionate services to the families and children of New York City.

This study would not have been possible without the input, support, and cooperation of the committed leadership teams and the parent advocates at the Center for Human Development & Family Services (CHDFS) and JCCA. At CHDFS, acknowledgements are extended to Julio E. Barros, Chief Executive Officer & Founder and Nancy Parker,

Parent Advocate Director. At JCCA, thanks to Richard Hucke, Senior Vice President of Campus Services, and Marleen Litt, Assistant Vice President. The leadership teams at both agencies provided oversight and helped to facilitate the data collection process—their receptiveness and availability especially did not go unnoticed.

The ongoing work and contributions of the parent advocates at CHFDS and JCCA, who work daily alongside parents and CPS staff, merit more recognition than words can offer. Their years of accumulated experience and knowledge, empathy, and passion were made apparent in the glowing testimonies of parents and CPS staff alike. Thank you for taking the time to graciously sit, speak, and reflect on your personal experiences as service providers and as parents.

A heartfelt thanks to the parents who offered up their discretionary time to meet and speak with the research team. Their observations and insights proved immeasurably helpful in contextualizing the data and it was a great honor to be privy to such a diversity of compelling and unique personal experiences.

Finally, many thanks to the team of research assistants – Chad Ayers, Sandra Bitowft, Michele Matatov, Dalia Rana, and Shamika Sutherland – who worked tirelessly to contact respondents and collect and/or transcribe the interview data. The hard work of research associate, Sharon Jeon, is especially acknowledged for outstanding data collection, management, analysis, and report writing. The author expresses sincere appreciation and gratitude to Dr. John Fluke at Kempe Center of the University of Colorado and Dr. Katarzyna Wyka, an Assistant Professor of Epidemiology and Biostatistics at the CUNY Graduate School of Public Health and Health Policy, for the statistical consulting and data analysis.

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FINAL REPORT

STUDY FOCUS

This evaluation study examined the overall role of parent advocates in child safety conferences; explored the experiences of multiple stakeholders associated with the parent advocacy initiative; investigated stakeholders' perceived impact of parent advocacy on families and case outcomes; and studied the effect of the parent advocacy model on case outcomes.

STUDY SITE AND PARENT ADVOCACY INITIATIVE DESCRIPTION

The New York City Administration for Children's Services (ACS) implemented a new initiative to deploy parent advocates to every Initial Child Safety Conference (CSC) in NYC in December 2013. ACS contracted with two organizations – the Center for Human Development and Family Services (CHDFS) to cover all CSCs in the Bronx, Manhattan and Staten Island, and the Jewish Child Care Association (JCCA) to cover all CSCs in Brooklyn and Queens. Contractor organizations are responsible for recruiting, training and employing sufficient numbers of parent advocates to cover all CSCs. According to the RFP, "Parent Advocate" (PA) may include but is not limited to individuals who have personally experienced the child welfare system. Parent advocates offer support to parents in preparation for and during the CSC by helping them engage and better understand and navigate the child welfare system. They provide information about their rights and responsibilities within the child welfare system. They may empower parents to become more meaningfully engaged in decisions involving the safety of their children and provide parents with needed support including viable referral resources. In collaboration with ACS staff, the PA may actively participate in decision-making about the needs, services, and safety plans being contemplated during the CSC. Parent advocates usually meet with parents prior to the CSC (same day) to prepare them for the CSC and encourage them to think creatively about ways to keep their children safe.

LITERATURE REVIEW

When parents are faced with child maltreatment allegations, they must interact with a range of systems. Numerous studies have discussed the negative perceptions and experiences with the child protection system as described by parents involved in the system. Birthparents have expressed fear of the child welfare worker's power and the system in general (Anderson, 1998; Corby, Millar & Young, 1996; Darlington, Healy & Feeney, 2010; Dumbrill, 2006; Mandell, 2008; Reich, 2005). Families felt misunderstood by caseworkers (Corby et al., 1996; Fisher, Marsh & Phillips, 1986) and had little opportunity to voice their opinion or challenge child protective services workers' pre-conceived views of their problems and family needs (Dumbrill, 2006). Likewise, parents have experienced repeated stigmatization and blame (Scholte et al., 1999) from caseworkers and other professionals. Studies have documented the intense feelings associated with a child removal and involvement with the child welfare system in general (Bruskas, 2008; Doyle, 2007; Lawrence, Carlson, & Egeland, 2006). Common feelings included stress, nervousness, anger, guilt, and shame among others (Broadhurst, & Mason, 2017). Feelings of isolation, lack of support, and powerlessness have also been reported (Levin, 1992).

Due to the nature of child welfare involvement, parent engagement in a dialogue and service planning is a very challenging yet critical task in the context of non-voluntary child protection. Parent engagement can impact parental outcomes, such as cooperation, service acceptance and participation (Fraser & Featherstone, 2011), as well as child permanency outcomes, such as placements and reunification (Anthony, Berrick, Cohen & Wilder, 2009; Cohen & Canan, 2006).

Without a doubt, innovative approaches diminishing the barriers to parent engagement and more effectively addressing parental needs in child welfare services are needed (Marcenko, Brown, DeVoy & Conway, 2010). For example, birthparents can benefit from having a representative or an advocate who could help them understand child welfare and legal system policies and procedures, support and stabilize the process, and concentrate on goals they need to achieve on their path to reunification with their children.

Parent advocates, a term used synonymously with parent mentors, peer mentors, parent representatives, and parent partners (Lalayants, 2012, 2013, 2014; Berrick, Young, Cohen & Anthony, 2011; Rauber, 2009, 2010; Summers, Macgil, Russell & Wood, 2011), are defined as parents who have had personal experiences with the child welfare system and offer advocacy and support to birthparents newly-involved in the system (Lalayants, 2012, 2013, 2014; Cohen & Canan, 2006; Berrick et al., 2011).

Although the use of parent advocates in child welfare and more specifically in child protection is relatively new and there is a lack of research, the benefits of this model have been discussed in the literature. For example, parent advocates helped parents navigate the system, educated them,

and provided support and guidance (Lalayants, 2014). Because parent advocates had been through the child welfare system, some struggled with substance abuse, and felt the stigma, social isolation, and the range of emotions related to the child welfare system involvement, they exhibited a unique ability to understand the perspectives of parents and promoted family engagement (Lalayants, 2012, 2013, 2014; Lalayants, Baier, Benedict, & Mera, 2016).

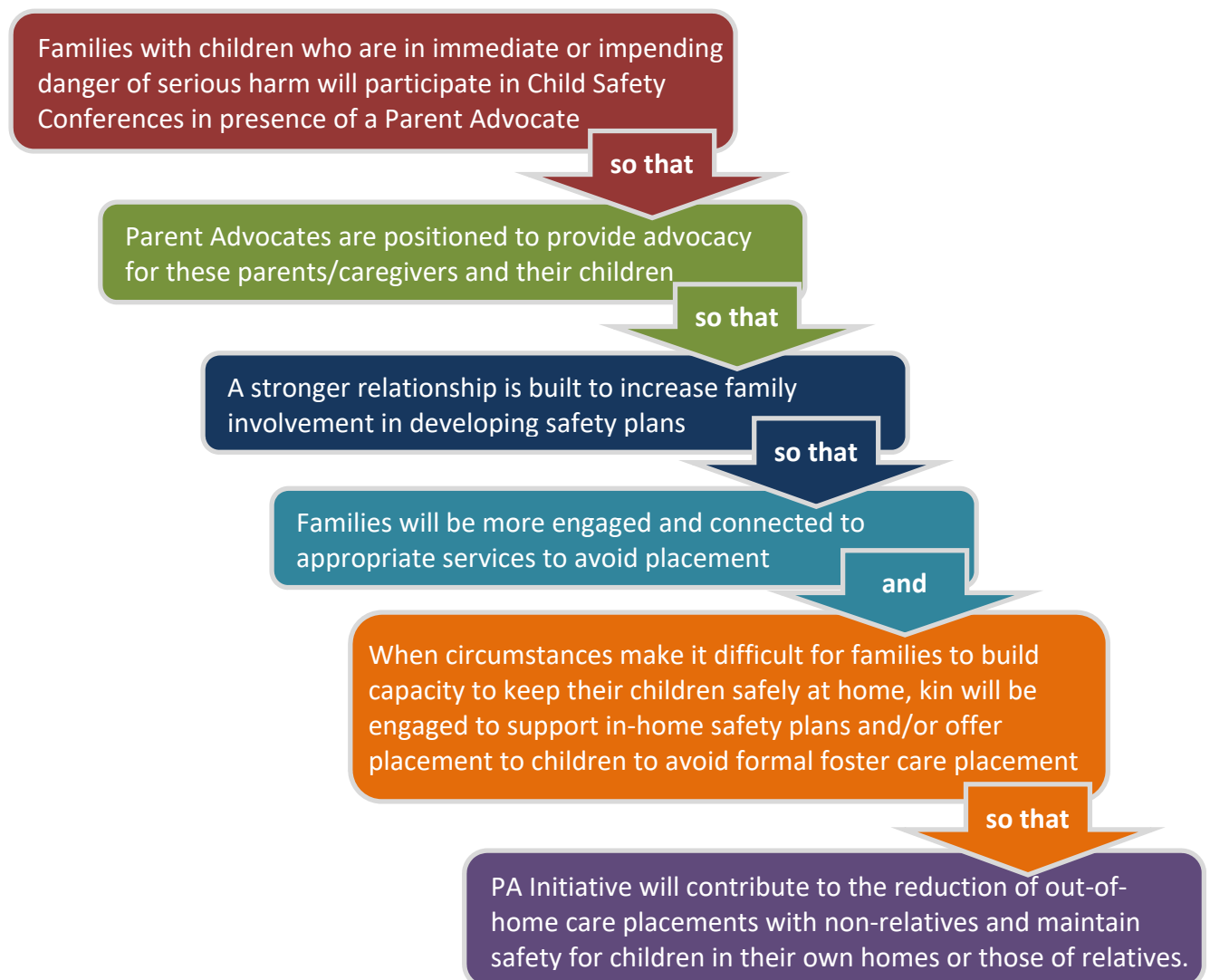
Since most birthparents suspected of child maltreatment lack family support throughout the process of investigation and placement, parent advocates can provide such support, encouraging participation in services and acting as a connection between professionals and stigmatized parents and as a positive social comparison (Summers et al., 2011). Anthony and colleagues (2009) further found that parents who received support services from other parents with similar but successful child welfare histories were more than four times as likely to achieve positive reunification outcomes as parents in a comparison group.

THEORY OF CHANGE

Problem statement

In New York City the process of child maltreatment investigation sometimes results in the removal of children in order to keep them safe from future harm. Such placements, while addressing immediate concerns for safety may engender side effects such as traumatic stress in the short term and result in poor longer term outcomes. It may be possible in some instances to avoid placement and reduce placements overall. ACS has implemented the Parent Advocacy Initiative that deploys Parent Advocates' to participate in Child Safety Conferences with caregivers and ACS workers to help negotiate the system and to organize more up-front resources to support families in keeping children safe.

Theory of change



METHODS

Research Design

Although the Parent Advocacy Initiative began in December 2013, this evaluation covered a period of one year, **December 1, 2015–November 30, 2016**, as the initiative became fully functional and staffed.

A mixed-methods approach was used to conduct this study, incorporating both quantitative and qualitative data sources. Quantitative data sources included administrative data collected and stored by ACS in CNNX and PROMIS. The purpose of the administrative data analysis was to assess the effect of the parent advocacy model on case outcomes (i.e., recommendations made at the end of each Initial Child Safety Conference).

In addition to understanding case outcome data, it was also important to gain an in-depth understanding of the role performed by parent advocates in child safety conferences. This included capturing the experiences of multiple stakeholders (i.e., parent advocates, parents, and child protective services staff) associated with the initiative as well as the impacts they each perceived parent advocates' work to have on families and case outcomes. Thus, the study gained vital information from qualitative data generated through face-to-face interviews with the following key stakeholder groups: (a) parents who attended child safety conferences, (b) parent advocates serving them, and (c) child protective services workers and supervisors, managers, and facilitators who attended child safety conferences at which parent advocates were present.

Study Procedures

As part of the preparation stage prior to commencing the implementation of the study, the researcher reviewed initiative documents including roles, responsibilities, and intended outcomes as spelled out in the program RFP. During this stage, an advisory committee was formed and research assistants were hired and trained.

Advisory Committee

To design and implement the study, the researcher partnered with key stakeholders, including ACS staff representing the Division of Child Protection, Policy, Planning, and Measurement (PPM), the Office of Advocacy, Division of Child Protection (DCP), social work interns, and representatives from each of the contract agencies, to form a small advisory committee. Evidence suggests that consumer/academic partnerships such as these yield protocols that are relevant to the needs of the targeted population (Whyte, 1991). The committee convened in-

person at the ACS William Street office once during the preparation stage of the project, once during the data collection stage, and once during the final report-writing stage. The committee provided feedback on data collection tools; advised on strategies for sampling and recruiting participants (i.e., CPS workers, supervisors, parent advocates, and parents); “tested” the procedures and data collection tools (i.e., interview questions); verified major themes identified through qualitative interviews as well as key results emerging from administrative data sources; and reviewed, discussed, and contextualized the findings and final recommendations for the report.

Qualitative Interview Protocols

The use of qualitative methodology provided a deeper understanding and exploration of personal experiences of various stakeholders during the child safety conferences. Semi-structured in-depth interview guides consisting of open-ended questions followed by more specific probes were used for each participant group. The questions were developed after consulting the existing literature on the topic and with the Advisory Committee. The interview guide provided a general framework, helped keep the interviews focused, “ensured relevant topics were covered,” and allowed enough flexibility to keep interviews fairly conversational (Patton, 2002). To validate clarity and relevance of interview questions, they were piloted with some of the parent advocates during the first set of interviews.

Parent advocate interview questions covered areas such as advocates’ personal experiences with the child welfare system, their relationships with parents who they serve (e.g., engagement, resistance, etc.), beneficial as well as challenging aspects of their work, perceptions of their influence on case outcomes, and collaboration between the child protective workers and parent advocates.

Parent interview questions asked respondents to share their experiences with child safety conferences and the involvement of parent advocates. Parents were also asked to comment on advocates’ helpfulness and the types of support received.

During the interviews with ACS caseworkers and supervisors, respondents were asked to share their experiences with child safety conferences and the involvement of parent advocates, perceived benefits for parents, CPS staff, and case outcomes as well as the dynamics of collaboration between themselves and parent advocates.

Sampling for Qualitative Study

Recruitment and Sampling of Parent Advocates

A complete list of all parent advocates, containing names and contact phone numbers, was obtained from each PA provider organization. At the time of the study, there were a total of 65

parent advocates employed (JCCA - 34 PAs; CHDFS - 31 PAs). Potential respondents were initially contacted by research assistants with a phone call inviting them to participate in the study. The recruitment was done on voluntary basis.

19 PAs from JCCA and 16 from CHDFS volunteered and were available to participate in interviews. All of them were interviewed, therefore no sampling was applied. Before their interview, each respondent was asked to sign a written informed consent form. Interviews lasted about 40 minutes and were conducted at the participant's office, in a private environment.

Recruitment and Sampling of Parents

At the end of each child safety conference with parents, parent advocates handed out fliers advertising this study. The flier briefly described the study and invited interested parents to call or email the researcher to participate in a face-to-face interview. Additionally, fliers were posted in borough offices in the waiting/reception areas. A total of 15 parents expressed interest in participating in the study. Prior to interviewing, each respondent was asked to sign a written informed consent form. The interviews lasted about 40 minutes and took place at a mutually convenient location, in a private environment (e.g., a public library in participant's neighborhood). Respondents were offered \$30 as an incentive to participate in the study.

Recruitment and Sampling of Child Protective Services Staff

A roster of all child protective workers and supervisors at each field office was obtained from each borough office. An initial screening process took place to identify those who had exposure to a parent advocate (i.e., presence of a parent advocate at a child safety conference that the CPS staff person attended) at least once. The sample size was determined based on the notion of "theoretical saturation," when no original discoveries are likely to be revealed (Morse, 1995); with this method, sampling is complete when the information obtained is redundant and no new information emerges. Theoretical saturation was reached after 15 interviews (both caseworkers and supervisors); however, the researcher continued to do a few more interviews. A total of 41 CPS staff members were interviewed. Interviews lasted about 30 minutes and were conducted at ACS field offices, in a private environment.

Protection of Human Subjects and Data Storage

Prior to interviewing, each participant was asked to sign an informed consent form in order to participate in the study. The interviews were audio-recorded with the respondent's permission and then transcribed by research assistants. Participation in this evaluation study was completely voluntary and confidential. Each participant was assigned a unique number. All identifying information about respondents was omitted or disguised. Only aggregate data were used for analysis. Institutional Review Boards of Hunter College, ACS, and the New York State Office of Children and Family Services reviewed and approved the research project procedures prior to their implementation.

Qualitative Data Analysis

The audio-recorded interviews were transcribed and then analyzed thematically according to principles derived from grounded theory analysis (Corbin & Strauss, 2008). Codes were assigned to the data to represent meaningful categories; then, the major transcript segments relating to the primary research questions were identified, data matrices were developed to organize findings according to core concepts, and patterns, similarities and differences in participants' responses were detected. Triangulation and extensive audit trail was applied to increase rigor of the analysis (Lincoln & Guba, 1985). The identified themes were manifest; that is, they came directly from the data (Corbin & Strauss, 2008).

Study Limitations

Some study limitations should be noted. The qualitative data were generated from a convenience sample relying on self-reports. Generalizing from the interview findings should be done with caution, as the sample may not be representative. Furthermore, the administrative data may have limitations in terms of missing and/or inaccurate data as well as variables that were not included in these analyses (e.g., other initiatives that may have been taking place in conjunction with the PA Initiative). Finally, the urban setting in which the study was conducted is unique given that New York City functions quite differently in many ways than other cities. Beyond this, practices employed in urban areas may work differently in suburban and/or rural settings.



**ADMINISTRATIVE
DATA
ANALYSIS FINDINGS**

ADMINISTRATIVE DATA ANALYSIS

Purpose

The purpose of the administrative data analysis was to assess the effect of the parent advocacy (PA) initiative on case outcomes, such as (a) recommendations made at the end of each Initial Child Safety Conference (ICSC) and (b) investigations of indicated repeat maltreatment within 6 months after ICSC.

Methods

Matching

Data was linked from several large administrative datasets pertaining to the pre-intervention time period (2013) and post-intervention time period (2016). Post-intervention cases (2016) were further categorized as intervention cases (PA present) and control cases (PA not present). The ICSC dataset (main dataset) contained investigations with ICSC identified by case ID and child ID as well as stage ID and Prognote ID. The sub-datasets contained at least one ID type, which was used for data linkage and creation of the master dataset. The sub-datasets contained the following information:

1. Child demographics
2. Parents demographics
3. Investigations associated with the case prior to the ICSC
4. ICSCs associated with the case prior to the current ICSC
5. High Risk, Allegation, Risk Assessment Rating of the last investigation before ICSC
6. Repeat maltreatment, defined as an indicated maltreatment investigation of any child in the case that started within 6 months of the ICSC, along with the allegations associated with each child in the investigation, and
7. Purchased preventive services received between within 60 days after the current ICSC along with an associated PROMIS closing code.

Inclusion Criteria

Following the matching process, cases meeting the following conditions were selected for analyses:

- 1) The case was included if it occurred in the 2013 or 2016 datasets. Cases that occurred in both 2013 and 2016 were excluded ($n=253$).
- 2) Cases from 2013 were included if PA was not present ($n=5620$). 2013 cases where PA was present were excluded ($n=393$).
- 3) Cases from 2016 were included if PA was present ($n=3237$). 2016 cases where PA was not present were treated as control cases ($n=3537$).

- 4) For cases with multiple children associated, one child was chosen at random to represent the investigation for the logistic regression models (2013 $n=5598$; 2016 cases with PA $n=3224$; 2016 cases without PA $n=3450$).¹

Variables

Case information for ICSCs included:

- Presence of Parent Advocate (Yes vs. No)
- ICSC participants (mother, father, youth)
- Borough (Bronx, Brooklyn, Manhattan, Queens, Staten Island, and Office of Special Investigations) and site
- Child demographics (age as of investigation start date, gender, race/ethnicity)
- Caregiver demographics (age as of investigation start date, gender, race/ethnicity)
- Family characteristics (the size of the sibling group, risk factors, risk assessment rating of the last investigation prior to the ICSC (HP code), allegations (multiple categories))
- Prior investigations (Yes vs. No) and determination (Unfounded vs. Indicated), prior ICSC investigations (Yes vs. No)
- Triggers/ Reason why the ICSC was called for
 - CPS (Child removed by CPS prior to conference)
 - CPS_CONS (CPS is considering removal or other legal intervention)
 - ECS (Child removed by Emergency Children’s Services prior to conference)
 - FATAL (Fatality)
 - NEWBORN
 - POLICE (Child removed by police prior to conference)
 - VP (Voluntary placement requested)
- ICSC outcomes/recommendations
 - COURT (ACS bring the case to court seeking an outcome other than Remand, e.g., Court-Ordered Supervision)
 - HOME (ACS recommend the child remain/return home with no court involvement)
 - VPAA (Voluntary placement)
 - Foster Care/Remand (ACS recommends the child be remanded to custody of the Commissioner)
 - ◆ Foster Care/ Remand Types:
 - Placement-Foster Care
 - Placement-Group home
 - Placement-Kinship
 - Placement-Residential Care
- Service referrals

¹ A total of 24158 children were in the dataset after inclusion criteria were applied (2013 $n=10260$ and 2016 $n=13898$); limiting to one child per investigation via random selection reduced the size of investigations in the analysis to 12272 (2013 $n=5598$, 2016 $n=3224$ -cases with PA, $n=3450$ -cases without PA). This filter was added due to the inability to properly model investigation as a random effect, given that approximately half of investigations had a cluster size of 1.

- Investigations of indicated repeat maltreatment 6 months after ICSC [for a sample of cases tracked up to March 30, 2017] (Yes vs. No), along with Allegation types (multiple categories)
- Participation in required and recommended non-court-ordered services (Type of service and associated PROMIS code) (multiple categories)

Statistical Analysis

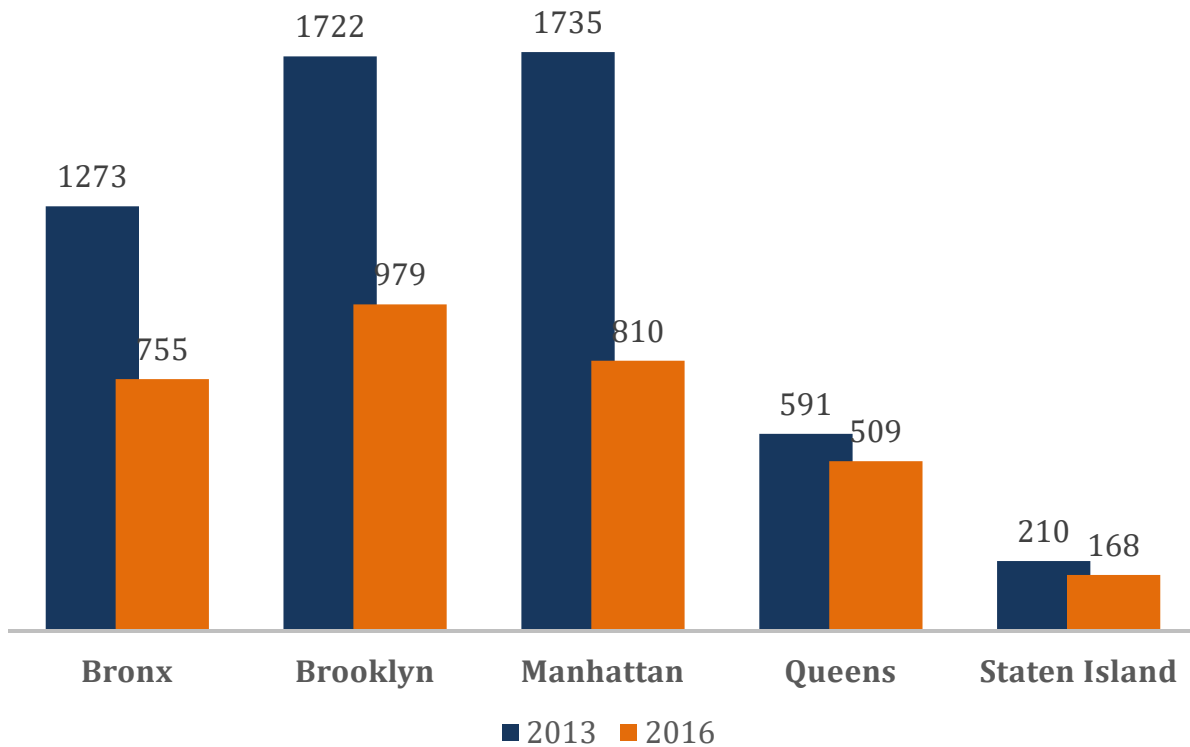
The main comparison of interest was between pre-intervention cases without a PA (2013 cases without PA: $n=5598$) and post-intervention cases with a PA present (2016 cases with PA: $n=3224$). A second set of analyses compared 2016 cases with a PA ($n=3224$) to 2016 control cases without a PA ($n=3450$). The independent variable of interest was PA presence. The outcomes of interest were (a) ICSC recommendations and (b) investigations of indicated repeat maltreatment within 6 months of the ICSC investigation.

First, bivariate comparisons were completed comparing 2013 (without PA) and 2016 cases (with PA) on all variables. Chi-squared tests were used for categorical variables and independent t-tests were used for continuous variables. Multivariate multinomial regressions were used to assess the effect of PA (binary variable) on ICSC outcomes/recommendations (categorical outcomes). Likewise, a multivariate logistic model was used to assess the effect of PA (binary variable) on repeat maltreatment outcomes (binary outcome). The models were controlled for all independent variables that showed significant differences between the cases with PA and without PA (2013 vs. 2016) at the .05 level in bivariate analyses. Control variables included borough, child and caregiver characteristics (race/ethnicity, age of the child), risk factors (the size of the sibling group, child has a positive toxicology, malnutrition/failure to thrive; domestic violence; child under 7, caretaker abuses drugs/alcohol; child on sleep apnea monitor; four or more reports), risk rating, allegations (educational neglect, inadequate food, clothing, shelter; malnutrition, failure to thrive), prior investigations, prior ICSC, triggers/reason why the ICSC was called for and whether mother/father/youth attended the meeting. Finally, separate logistic regression models were used to analyze 2016 data only (i.e., 2016 cases with PA present were compared to 2016 control cases without PA).

Results

A total of $n=8822$ children were included in the pre-intervention vs. post-intervention analysis (2013: $n=5598$, 2016: $n=3224$). The majority of cases came from Brooklyn, Manhattan and the Bronx in both years (2013: 84.4%, vs. 2016: 78.9%). The case distribution by site was also similar between the years, with the majority of cases located at the Brooklyn Field Office (KBD) (2013: 30.8%, vs. 2016: 30.4%), Bronx Field Office (XBD) (2013: 22.7%, vs. 2016: 23.4%); Child Welfare Programs (CWP) (2013: 17.5%, vs. 2016: 13.6%), Manhattan Field Office (MBD) (2013: 13.1%, vs. 2016: 11.2%) and Queens Field Office (QBD) (2013: 10.6%, vs. 2016: 15.8%).

Number of Cases 2013 vs. 2016



Child and Caregiver Demographics

The average age and gender of children was similar in 2013 and 2016 ($M=8.18$, $SD=5.93$, 50.9% male vs. $M=7.93$, $SD=5.67$, 51.5% male, $p>.05$). Race/ethnicity distribution was significantly different between the years, particularly with respect to African /Americans (2013: 47.5% vs. 2016: 39.6%), Hispanics (2013: 35.9% vs. 2016: 40.0%) and Whites (2013: 5.3% vs. 2016: 7.9%, $p<.001$). Among caregivers, the average age was similar in 2013 and 2016 ($M=36$, $SD=11.71$, vs. $M=36.13$, $SD=11.22$, $p>.05$). Gender distribution differed slightly (2013: male 3.0% vs. 2016 male 2.2%, $p=.033$). Race/ethnicity distribution was significantly different between the years, again particularly with respect to African /Americans (2013: 47.8% vs. 2016: 40.5%), Hispanics (2013: 35.8% vs. 2016: 38.9%) and Whites (2013: 8.1% vs. 2016: 8.9%, $p<.001$) (Table 1).

Family Risk Factors, Risk Ratings, Allegations and Prior Investigations

Family risk factors were similar between 2013 and 2016 cases, except in 2016 there was an increase in reports of child positive toxicology (2013: 3.9% vs. 2016: 5.7%, $p<.001$), malnutrition, failure to thrive (2013: 0.2% vs. 2016: 0.7%, $p=.007$), domestic violence (2013: 32.0% vs. 2016: 34.9%, $p=.013$), child under 7, caretaker abuses drugs/alcohol (2013: 22.1% vs. 2016: 25.3%, $p=.002$), child on sleep apnea monitor (2013: 14.9% vs. 2016: 18.8%, $p<.001$) and four or more reports (2013: 43.7% vs. 2016: 45.1%, $p=.004$). However, risk ratings were significantly lower in 2013 (Table 1). Differences in allegations were evident in reports of educational neglect (2013: 13.6% vs. 2016: 8.9%, $p<.001$), inadequate food, clothing, shelter (2013: 12.4% vs. 2016: 9.4%, $p<.001$) and malnutrition, failure to thrive (2013: 0.3% vs. 2016: 0.7%, $p=.008$). Finally, there were slightly more prior investigations reported among 2016 cases, with no difference in the determination status. However, there was a significant difference in prior ICSC investigations between the periods (2013: 26.3% vs. 2016: 19.6%, $p<.001$). The size of sibling group was slightly lower in 2016 ($M=2.30$, $SD=1.37$, vs. $M=2.37$, $SD=1.43$, $p=.036$) (Table 1).

ICSC Triggers and Family Attendance

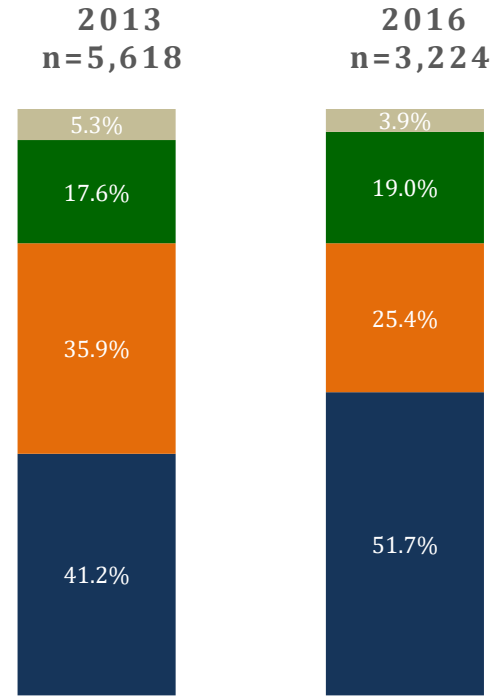
The ICSC investigation triggers are listed in Table 1. Type of trigger differed between the years ($p<.001$), particularly with respect to CPS_CONS (2013: 78.8% vs. 2016: 84.2%) and CPS (2013: 7.0% vs. 2016: 4.0%), POLICE (2013: 2.8% vs. 2016: 1.7%) and VP (2013: 4.9% vs. 2016: 3.3%). In 2016 there was an increase in the percentage of ICSC cases attended by the mother (2013: 58.9% vs. 2016: 83.7%, $p<.001$) and father (2013: 24.4% vs. 2016: 29.1%, $p<.001$); however, youth attendance decreased slightly (2013: 14.3% vs. 2016: 12.7%, $p=.029$).

ICSC Recommendations

ICSC outcomes changed significantly between 2013 and 2016. Many factors may account for the decreased rate in the ICSC recommendation for Foster Care/Remand (2013: 35.9% vs 2016: 25.4%) and the higher rate of children remaining at home following an ICSC (2013: 17.6% vs 2016: 19%). In addition to the PA Initiative, other changes in practice and programming occurred during this period, including the large expansion of ACS-funded evidence-based intensive and therapeutic prevention services to serve about 5,000 families per year and the increasing use of Family Assessment Response, a service-oriented alternative to a traditional investigation. Court involvement increased in 2016 (2013: 41.2% vs. 2016: 51.7%); and Voluntary Placements decreased in 2016 (2013: 5.3% vs. 2016: 3.9%).

- Court
- Foster Care/Remand
- Home
- Voluntary Placement

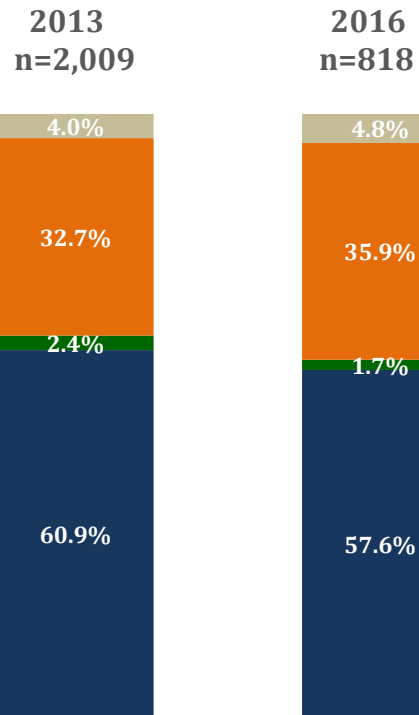
ICSC RECOMMENDATIONS



Whenever Foster Care/Remand was recommended, placement in non-relative foster care significantly decreased (Placement-Foster Care 2013: 60.9% vs. 2016: 57.6%); so did placement into group homes (Placement-Group home 2013: 2.4% vs. 2016: 1.7%). At the same time, kinship care placements increased (Placement-Kinship 2013: 32.7% vs. 2016: 35.9%) along with residential care placements (Placement-Residential Care 2013: 4.0% vs. 2016: 4.8%) (Table 1). The relatively small sample size for the remand types precluded multivariate analysis for this recommendation.

- Placement-Residential Care
- Placement-Kinship
- Placement-Group Home
- Placement-Foster Care

REMAND TYPES



There was a significant association between the presence of a parent advocate in ICSC and a recommendation *other* than Foster Care. In unadjusted bivariate analysis, PA intervention was associated with increased odds of remaining at home ($OR: 1.53$ [95% $CI: 1.35-1.74$], $p<0.001$) and court recommendation ($OR: 1.77$ [95% $CI: 1.60-1.97$], $p<0.001$), relative to being recommended for foster care. These findings suggest that the Parent Advocacy Initiative along with a range of concurrent ACS initiatives (such as the implementation of evidence-based models in the prevention services system; the Family Assessment Response initiative; training of conference facilitators and other changes in practice), may have reduced reliance on non-relative foster care placements. There was no statistically significant association with VPAA recommendation ($OR: 1.03$ [95% $CI: .83-1.29$], $p=0.772$).

Multivariate analysis controlling for the differences between pre-intervention (2013) and post-intervention (2016) case characteristics indicated a change in post-ICSC recommendations. Specifically, PA intervention was associated with increased odds of remaining at home ($aOR: 1.16$ [95% $CI: 0.99-1.37$], $p=0.074$) and court recommendation ($aOR: 1.34$ [95% $CI: 1.17-1.53$], $p<.001$), relative to being recommended for foster care (Table 2).

The analysis of 2016 data (i.e., 2016 intervention-cases with PA present vs. to 2016 control cases without PA) showed similar pattern of results, indicating that PA intervention increased odds of remaining at home ($aOR: 1.83$ [95% $CI: 1.53-2.19$], $p<.001$) and court recommendation ($aOR: 1.41$ [95% $CI: 1.22-1.64$], $p<0.001$), relative to being recommended for foster care (Table 2a).

Overall, the presence of a parent advocate in an ICSC was associated with a recommendations *other* than placement in foster care; however, this analysis does not account for other additional changes in family team conferencing and ACS practices between 2013 and 2016, and cannot be considered as evidence of causality.

Service Referrals

Service referrals and PROMIS closing codes are presented in Table 1. The majority of cases were referred to General Preventive Services (2013: 55.7%, vs. 2016: 46.0%) or Family Treatment and Rehabilitation (2013: 25.4%, vs. 2016: 22.8%). The most frequent PROMIS closing codes included foster care placement (2013: 21.1%, vs. 2016: 16.7%) and transfer to another PPRS (2013: 17.3%, vs. 2016: 23.3%). Meeting all goals was reported for 12.8% cases in 2013 and 15.0% cases in 2016. Progress toward one or more goals was reported for 12% cases in 2013 and 16.7% cases in 2016.

Repeat Maltreatment Investigations Within 6 Months of ICSC

The rate of repeat maltreatment investigations was similar between 2013 and 2016 cases (2013: 16.8% vs. 2016: 17.4%, $p=.467$). The average duration of the maltreatment investigation was longer in 2016 ($M=49.21$, $SD=19.65$, vs. $M=52.82$, $SD=19.50$, $p<.001$). Allegations were similar between 2013 and 2016 cases, except in 2016 there was a significant decrease in reports of

educational neglect (2013: 11.6% vs. 2016: 8.4%, $p=0.048$) and a trend toward an increase in allegations of parent's drug/alcohol misuse (2013: 23.8% vs. 2016: 28.3%, $p=0.052$). In both years about 60% of the cases were indicated ($p=.852$).

Multivariate analysis controlling for the differences between pre-intervention (2013) and post-intervention (2016) case characteristics did not find evidence of a significant effect of the PA model on the repeat maltreatment outcome (aOR : 1.08 [95% CI : 0.94-1.24], $p =.263$). Factors associated with increased risk of repeat indicated investigations included borough, family risk factor of four or more reports, risk rating, allegation of inadequate food, clothing, or shelter, prior ICSC investigation and type of trigger event (Table 3). Findings were identical when the analysis was restricted to cases with Home or Court recommendations (aOR : 1.08 [95% CI : 0.91-1.28], $p =.403$) (Table 3a).

The analysis of 2016 data (i.e., 2016 intervention-cases with PA present vs. 2016 control cases without PA) showed that while the unadjusted repeat indicated investigations rate was lower among 2016 cases with PA present (17.4% vs. 20.0%, $p=.007$), the effect of PA intervention on the repeat maltreatment outcome was not significant after adjusting for differences in case characteristics (aOR : 0.94 [95% CI : 0.81-1.09], $p=0.398$) (Table 3b). Again, findings were identical when the analysis was restricted to cases with Home or Court recommendations (aOR : 1.03 [95% CI : 0.86-1.23], $p =.763$) (Table 3c).

Table 1. Bivariate comparisons between pre-intervention time period (2013, no PA) and post-intervention time period (2016, PA) cases

	2013 (n=5598)		2016 (n=3224)		p-value
	n	%	N	%	
BOROUGH					
Bronx	1273	22.7	755	23.4	<i>p</i> <.001
Brooklyn	1722	30.7	979	30.4	
Manhattan	1735	31.0	810	25.1	
Queens	591	10.6	509	15.8	
Staten Island	210	3.8	168	5.2	
Office of Special Investigations (OSI)	67	1.2	3	0.1	
SITE					
Bronx Field Office (XBD)	1273	22.7	755	23.4	n/a
Brooklyn Field Office (KBD)	1722	30.8	979	30.4	
Manhattan Field Office (MBD)	734	13.1	361	11.2	
Queens Field Office (QBD)	591	10.6	509	15.8	
Staten Island Field Office (SBD)	210	3.8	168	5.2	
Office of Special Investigations (OBD)	67	1.2	3	0.1	
Child Welfare Programs (CWP)	980	17.5	439	13.6	
Office of Interjurisdictional (ACC)	6	0.1	0	0.0	
Office of The Commissioner (ACS)	0	0.0	1	0.0	
Office of Case Management Fc (CBD)	1	0	0	0.0	
Family Support Services (FSS)	2	0.0	0	0.0	
Youth & Family Justice (YFJ)	12	0.2	9	0.3	
CHILD AND CAREGIVER DEMOGRAPHICS					
CHILD AGE					
Child Age as of investigation start date (M, SD)	8.18	5.93	7.93	5.67	<i>p</i> =.049
CHILD GENDER					
Female	2852	50.9	1659	51.5	<i>p</i> =.093
Male	2717	48.5	1557	48.3	
CHILD RACE/ETHNICITY					
African American	2643	47.5	1273	39.6	<i>p</i> <.001
American Indians	5	0.1	0	0.0	
Asian/Pacific Island	159	2.9	97	3.0	
Hispanic	2001	35.9	1288	40.0	
Other	92	1.7	62	1.9	
Unknown	295	5.3	253	7.9	
White	374	6.7	244	7.6	

CAREGIVER AGE					
Caregiver Age as of investigation start date (M, SD)	36.00	11.71	36.13	11.22	$p=.601$
CAREGIVER GENDER					
Female	5311	97.0	3098	97.8	$p=.033$
Male	164	3.0	71	2.2	
CAREGIVER RACE/ETHNICITY					
African American	2616	47.8	1283	40.5	$p<.001$
American Indians	2	0.0	2	0.1	
Asian/Pacific Island	158	2.9	102	3.2	
Hispanic	1959	35.8	1233	38.9	
Other	77	1.4	59	1.9	
Unknown	219	4.0	209	6.6	
White	444	8.1	281	8.9	
FAMILY RISK FACTORS, RISK RATINGS, ALLEGATIONS AND PRIOR INVESTIGATIONS					
FAMILY RISK FACTORS					
Sibling Group Size (M, SD)	2.37	1.43	2.30	1.37	$p=.036$
DOA/Fatality	30	0.7	30	1.1	$p=.097$
Child Has Positive Toxicology	162	3.9	156	5.7	$p<.001$
Serious Injury	1032	24.7	640	23.4	$p=.216$
Malnutrition, Failure to Thrive	10	0.2	18	0.7	$p=.007$
Sexual Abuse	287	6.9	196	7.2	$p=.637$
Domestic Violence	1338	32.0	955	34.9	$p=.013$
Child under 7, caretaker abuses drugs/alcohol	921	22.1	693	25.3	$p=.002$
Child under 7, caretaker mentally ill/developmentally disabled	861	20.6	543	19.9	$p=.445$
Child under 7, unsupervised	397	9.5	229	8.4	$p=.109$
Reported Child Under 1 Year Old	1052	25.2	714	26.1	$p=.389$
Child on Sleep Apnea Monitor	622	14.9	515	18.8	$p<.001$
Weapon Noted in Report	156	3.7	99	3.6	$p=.805$
Four or More Reports	1825	43.7	1292	45.1	$p=.004$
RISK ASSESSMENT RATING OF LAST INVESTIGATION PRIOR TO ICSC					
Low	984	20.8	807	27.6	$p<.001$
Moderate	1636	34.6	1076	36.8	
High	843	17.8	351	12.0	
Very High	1272	26.9	689	23.6	
ALLEGATIONS					
Abandonment	22	0.5	7	0.2	$p=.119$
Burns, Scalding	73	1.5	40	1.4	$p=.542$
Child's Drug/ Alcohol Use	98	2.1	48	1.6	$p=.184$
Choking/ Twisting/ Shaking	127	2.7	93	3.2	$p=.203$
Educational Neglect	644	13.6	259	8.9	$p<.001$

Emotional Neglect	71	1.5	43	1.5	<i>p</i> =.922
Excessive Corporal Punishment	474	10	322	11	<i>p</i> =.160
DOA/ Fatality	30	0.6	30	1	<i>p</i> =.058
Fractures	61	1.3	43	1.5	<i>p</i> =.501
Inadequate Food, Clothing, Shelter	587	12.4	275	9.4	<i>p</i> <.001
Internal Injuries	74	1.6	64	2.2	<i>p</i> =.045
Inappropriate Custodial Conduct	10	0.2	2	0.1	<i>p</i> =.125
Inadequate Guardianship	4427	93.5	2715	92.9	<i>p</i> =.316
Inappropriate Isolation/ Restraint	6	0.1	2	0.1	<i>p</i> =.443
Lacerations, Bruises, Welts	943	19.9	593	20.3	<i>p</i> =.690
Lack of Medical Care	569	12	348	11.9	<i>p</i> =.887
Lack of Supervision	619	13.1	355	12.1	<i>p</i> =.238
Malnutrition, Failure to Thrive	14	0.3	21	0.7	<i>p</i> =.008
Parent's Drug/ Alcohol Misuse	1292	27.3	837	28.6	<i>p</i> =.199
Poisoning, Noxious Substances	7	0.1	3	0.1	<i>p</i> =.595
Swelling/ Dislocation/ Sprains	199	4.2	126	4.3	<i>p</i> =.819
Sexual Abuse	303	6.4	207	7.1	<i>p</i> =.243
Other	41	0.9	36	1.2	<i>p</i> =.119

PRIOR INVESTIGATIONS

No	251	4.5	114	3.5	<i>p</i> =.031
Yes	5347	95.5	3110	96.5	

DETERMINATION

Indicated	4595	86	2658	85.6	<i>p</i> =.633
Unfounded	751	14	448	14.4	

PRIOR ICSC

No	4128	73.3	2592	80.4	<i>p</i> <.001
Yes	1470	26.3	632	19.6	

ICSC TIGGERS & PARTICIPANTS

TRIGGERS/ REASON WHY ICSC WAS CALLED FOR

CPS	391	7.0	130	4.0	<i>p</i> <.001
CPS_CONS	4414	78.8	2714	84.2	
ECS	133	2.4	95	2.9	
FATAL	23	0.4	20	0.6	
NEWBORN	202	3.6	105	3.3	
POLICE	158	2.8	55	1.7	
Voluntary Placement	277	4.9	105	3.3	

ICSC FAMILY PARTICIPANTS

Mother attended	3298	58.9	2699	83.7	<i>p</i> <.001
Father attended	1366	24.4	939	29.1	<i>p</i> <.001
Youth attended	803	14.3	409	12.7	<i>p</i> =.029

ICSC RECOMMENDATIONS					
COURT	2309	41.2	1668	51.7	p<.001
Foster Care/Remand	2009	35.9	818	25.4	
HOME	983	17.6	613	19.0	
Voluntary Placement (VPAA)	297	5.3	125	3.9	
REMAND TYPES					
Placement-Foster Care	1223	60.9	471	57.6	p<.001
Placement-Group home	48	2.4	14	1.7	
Placement-Kinship	657	32.7	294	35.9	
Placement-Residential Care	81	4.0	39	4.8	
REPEAT MALTREATMENT INVESTIGATIONS WITHIN 6 MONTHS OF ICSC					
Number of repeat maltreatments cases	942	16.8	562	17.4	p=.467
Repeat maltreatment investigation duration (days)	49.21	19.65	52.82	19.50	p<.001
DETERMINATION					
Indicated	565	60.0	338	60.5	p=.852
Unfounded	377	40.0	221	39.5	
ALLEGATION TYPE					
Abandonment	1	0.1	1	0.2	p=.712
Burns, Scalding	4	0.4	2	0.4	p=.838
Child's Drug/ Alcohol Use	22	2.3	10	1.8	p=.470
Choking/ Twisting/ Shaking	16	1.7	6	1.1	p=.324
Educational Neglect	109	11.6	47	8.4	p=.048
Emotional Neglect	8	0.8	5	0.9	p=.935
Excessive Corporal Punishment	41	4.4	32	5.7	p=.242
DOA/ Fatality	3	0.3	0		n/a
Fractures	2	0.2	3	0.5	p=.295
Inadequate Food, Clothing, Shelter	102	10.8	72	12.8	p=.245
Internal Injuries	4	0.4	4	0.7	p=.459
Inadequate Guardianship	856	90.9	507	90.2	p=.672
Lacerations, Bruises, Welts	96	10.2	68	12.1	p=.251
Lack of Medical Care	75	8	57	10.1	p=.148
Lack of Supervision	144	15.3	71	12.6	p=.155
Malnutrition, Failure to Thrive	2	0.2	4	0.7	p=.137
Parent's Drug/ Alcohol Misuse	224	23.8	159	28.3	p=.052
Poisoning, Noxious Substances	2	0.2	0	0	n/a
Swelling/ Dislocation/ Sprains	20	2.1	7	1.2	p=.215
Sexual Abuse	34	3.6	19	3.4	p=.816
Other	8	0.8	4	0.7	p=.772

PARTICIPATION IN REQUIRED AND RECOMMENDED NON-COURT ORDERED SERVICES

Boys Town Model	1	0.1	4	0.6	n/a
BSFT	4	0.4	7	1.1	
CPP	3	0.3	7	1.1	
Family Connections	10	0.9	29	4.6	
Family Treatment and Rehabilitation	272	25.4	143	22.8	
FAP	17	1.6	8	1.3	
FFT	1	0.1	8	1.3	
FFT/CW	47	4.4	54	8.6	
General Preventive	597	55.7	289	46.0	
High Risk	3	0.3	0	0.0	
Intensive Preventive	35	3.3	0	0.0	
JJI	9	0.8	4	0.6	
Medically Fragile	54	5.0	36	5.7	
MST-CAN	1	0.1	9	1.4	
MST-SA	0	0.0	4	0.6	
Safe Care	5	0.5	6	1.0	
NSP Aftercare	0	0.0	2	0.3	
Sexually Exploited	7	0.7	4	0.6	
SFT	6	0.6	10	1.6	
TST	0	0.0	3	0.5	

PROMIS CLOSING CODE

All goals met	135	12.8	72	15.0	n/a
Completed (Partial Goals Met)	3	0.3	0	0.0	
Progress towards one or more goals	127	12.0	80	16.7	
18th Birthday	10	0.9	0	0.0	
Community Services, No Child Welfare Services Needed	5	0.5	1	0.2	
Foster Care Placement	224	21.1	80	16.7	
Moved out of area	64	6.0	17	3.6	
Return to ACS Borough Office	95	9.0	29	6.0	
Transfer to Another PPRS	184	17.3	97	20.3	
Family withdrew or refused services	48	4.5	17	3.6	
Whereabouts Unknown	8	0.8	3	0.6	
Other	71	6.7	31	6.5	
Clearance Denied as per ACS	2	0.2	0	0.0	
Lack of Engagement	0	0.0	1	0.2	
Violation of Probation	1	0.1	0	0.0	
Administrative Removal	1	0.1	1	0.2	
Higher Level of Service Is Needed	72	6.8	44	9.2	
Placement (Non-MTFC)	5	0.5	1	0.2	
End of Disposition Order	1	0.1	1	0.2	
Placement, Prior Event	1	0.1	0	0.0	
Remanded to ACS-DYFJ	1	0.1	1	0.2	

Table 2. Multivariate multinomial logistic model of the intervention—Parent Advocate presence (2016) vs. no Parent Advocate presence (2013) on ICSC recommendations.

	Comparison: Home vs. Foster care						Comparison: Court vs. Foster care					
	B	S.E.	aOR	95% CI. for aOR		p-value	B	S.E.	aOR	95% CI. for aOR		p-value
Parent Advocate Presence/Intervention	0.151	0.084	1.16	0.99	1.37	0.074	0.295	0.070	1.34	1.17	1.53	<.001
BOROUGH^a						<.001						<.001
Brooklyn	0.138	0.112	1.15	0.92	1.43	0.219	0.163	0.095	1.18	0.98	1.42	0.086
Manhattan	-0.285	0.118	0.75	0.60	0.95	0.015	-0.124	0.097	0.88	0.73	1.07	0.199
Queens	-0.611	0.146	0.54	0.41	0.72	<.001	-0.379	0.119	0.69	0.54	0.86	0.001
Staten Island	-0.751	0.235	0.47	0.30	0.75	0.001	-0.148	0.169	0.86	0.62	1.20	0.379
Office of Special Investigations (OSI)	-0.841	0.603	0.43	0.13	1.41	0.163	-0.958	0.467	0.38	0.15	0.96	0.040
CHILD AND CAREGIVER DEMOGRAPHICS												
CHILD AGE	0.010	0.008	1.01	0.99	1.03	0.209	0.012	0.007	1.01	1.00	1.03	0.076
CHILD RACE/ETHNICITY^b						0.228						0.228
African American	-0.653	0.271	0.52	0.31	0.89	0.016	-0.580	0.220	0.56	0.36	0.86	0.008
Asian/Pacific Island	-0.334	0.256	0.72	0.43	1.18	0.191	-0.338	0.206	0.71	0.48	1.07	0.101
Hispanic	-0.455	0.548	0.64	0.22	1.86	0.407	-0.261	0.437	0.77	0.33	1.82	0.551
Other	-0.303	0.392	0.74	0.34	1.59	0.440	-0.191	0.320	0.83	0.44	1.55	0.550
Unknown	-0.182	0.295	0.83	0.47	1.49	0.538	-0.184	0.241	0.83	0.52	1.33	0.444
CAREGIVER RACE/ETHNICITY^b						0.573						0.573
African American	0.287	0.255	1.33	0.81	2.20	0.260	0.135	0.204	1.14	0.77	1.71	0.509
Asian/Pacific Island	0.195	0.240	1.22	0.76	1.94	0.416	0.187	0.190	1.21	0.83	1.75	0.325
Hispanic	0.296	0.534	1.35	0.47	3.83	0.579	0.451	0.428	1.57	0.68	3.63	0.292
Other	0.258	0.411	1.29	0.58	2.90	0.530	0.291	0.333	1.34	0.70	2.57	0.383
Unknown	0.360	0.289	1.43	0.81	2.53	0.212	0.226	0.236	1.25	0.79	1.99	0.338

FAMILY RISK FACTORS, RISK RATINGS, ALLEGATIONS AND PRIOR INVESTIGATIONS

FAMILY RISK FACTORS

Family Risk Factor - Sibling Group Size	0.248	0.030	1.28	1.21	1.36	<.001	0.207	0.026	1.23	1.17	1.29	<.001
Family Risk Factor - Child Has Positive Toxicology	0.718	0.175	2.05	1.46	2.89	<.001	-0.341	0.164	0.71	0.52	0.98	0.038
Family Risk Factor - Malnutrition, Failure to Thrive	-1.553	1.215	0.21	0.02	2.29	0.201	-1.497	1.153	0.22	0.02	2.14	0.194
Family Risk Factor - Domestic Violence	-0.309	0.098	0.73	0.61	0.89	0.002	0.749	0.074	2.12	1.83	2.45	<.001
Family Risk Factor - Child under 7, caretaker abuses drugs/alcohol	-0.085	0.105	0.92	0.75	1.13	0.419	-0.041	0.082	0.96	0.82	1.13	0.616
Family Risk Factor - Child on Sleep Apnea Monitor	0.162	0.108	1.18	0.95	1.45	0.132	-0.196	0.090	0.82	0.69	0.98	0.030
Family Risk Factor - Four or More Reports	-0.047	0.088	0.95	0.80	1.13	0.595	-0.281	0.071	0.76	0.66	0.87	<.001

RISK RATINGS^c

						<.001						<.001
Moderate	-1.024	0.126	0.36	0.28	0.46	<.001	-0.645	0.113	0.53	0.42	0.66	<.001
High	-1.920	0.152	0.15	0.11	0.20	<.001	-1.225	0.128	0.29	0.23	0.38	<.001
Very High	-2.293	0.139	0.10	0.08	0.13	<.001	-1.596	0.118	0.20	0.16	0.26	<.001

ALLEGATIONS

Allegation - Educational Neglect	0.308	0.134	1.36	1.05	1.77	0.022	0.229	0.115	1.26	1.00	1.58	0.046
Allegation - Inadequate Food, Clothing, Shelter	-0.141	0.122	0.87	0.68	1.10	0.249	-0.686	0.105	0.50	0.41	0.62	<.001
Allegation - Malnutrition, Failure to Thrive	0.967	1.089	2.63	0.31	22.21	0.374	0.302	1.026	1.35	0.18	10.11	0.769

PRIOR ICSC INVESTIGATION

Trigger Event ^d						<.001						<.001
CPS	-2.798	0.250	0.06	0.04	0.10	<.001	-2.600	0.159	0.07	0.05	0.10	<.001
ECS	-2.316	0.288	0.10	0.06	0.17	<.001	-3.144	0.269	0.04	0.03	0.07	<.001
FATAL	1.246	0.427	3.48	1.51	8.03	0.004	-0.906	0.519	0.40	0.15	1.12	0.081
NEWBORN	-0.479	0.244	0.62	0.38	1.00	0.049	-0.732	0.190	0.48	0.33	0.70	<.001
VP/POLICE	-1.078	0.196	0.34	0.23	0.50	<.001	-2.260	0.206	0.10	0.07	0.16	<.001

Note: comparison: VPAA vs. Foster care was not possible due to small counts. Reference categories: ^a - Bronx; ^b - White; ^c - Low; ^d - CPS_CONS; B - beta estimate, SE - standard Error, aOR- adjusted odds ratio, CI- Confidence Interval

Table 2a. Multivariate multinomial logistic model of the intervention—Parent Advocate presence (2016) vs. no Parent Advocate presence (2016) on ICSC recommendations.

	Comparison: Home vs. Foster care						Comparison: Court vs. Foster care					
	B	S.E.	aOR	95% CI. for aOR		p-value	B	S.E.	aOR	95% CI. for aOR		p-value
Parent Advocate Presence/Intervention	0.603	0.093	1.83	1.53	2.19	<.001	0.345	0.075	1.41	1.22	1.64	<.001
BOROUGH^a						<.001						<.001
Brooklyn	0.039	0.123	1.04	0.82	1.32	0.754	0.111	0.104	1.12	0.91	1.37	0.286
Manhattan	-0.331	0.133	0.72	0.55	0.93	0.013	-0.099	0.109	0.91	0.73	1.12	0.365
Queens	-0.935	0.164	0.39	0.28	0.54	<.001	-0.525	0.127	0.59	0.46	0.76	<.001
Staten Island	-1.115	0.271	0.33	0.19	0.56	<.001	0.046	0.173	1.05	0.75	1.47	0.792
Office of Special Investigations (OSI)	0.094	0.368	1.10	0.53	2.26	0.799	-1.066	0.372	0.34	0.17	0.71	0.004
CHILD AND CAREGIVER DEMOGRAPHICS												
CHILD AGE	-0.002	0.009	1.00	0.98	1.02	0.841	0.010	0.008	1.01	1.00	1.03	0.192
CHILD RACE/ETHNICITY^b						0.793						0.793
African American	-0.205	0.297	0.82	0.46	1.46	0.490	-0.105	0.237	0.90	0.57	1.43	0.657
Asian/Pacific Island	-0.137	0.284	0.87	0.50	1.52	0.631	-0.030	0.224	0.97	0.63	1.50	0.893
Hispanic	0.060	0.612	1.06	0.32	3.52	0.921	-0.108	0.475	0.90	0.35	2.28	0.821
Other	0.442	0.400	1.56	0.71	3.41	0.269	0.148	0.336	1.16	0.60	2.24	0.660
Unknown	0.246	0.316	1.28	0.69	2.38	0.436	0.266	0.251	1.30	0.80	2.13	0.290
CAREGIVER RACE/ETHNICITY^b						0.358						0.358
African American	0.046	0.279	1.05	0.61	1.81	0.868	-0.081	0.221	0.92	0.60	1.42	0.714
Asian/Pacific Island	0.110	0.271	1.12	0.66	1.90	0.686	0.185	0.211	1.20	0.80	1.82	0.381
Hispanic	-0.166	0.593	0.85	0.27	2.71	0.780	0.235	0.459	1.27	0.52	3.11	0.608
Other	0.074	0.488	1.08	0.41	2.80	0.880	0.537	0.389	1.71	0.80	3.67	0.168
Unknown	-0.224	0.310	0.80	0.44	1.47	0.470	-0.053	0.240	0.95	0.59	1.52	0.825

FAMILY RISK FACTORS, RISK RATINGS, ALLEGATIONS AND PRIOR INVESTIGATIONS

FAMILY RISK FACTORS

Family Risk Factor - Sibling Group Size	0.215	0.035	1.24	1.16	1.33	<.001	0.192	0.029	1.21	1.14	1.28	<.001
Family Risk Factor - Child Has Positive Toxicology	1.191	0.191	3.29	2.26	4.79	<.001	-0.282	0.180	0.75	0.53	1.07	0.117
Family Risk Factor - Malnutrition, Failure to Thrive	-0.089	1.089	0.92	0.11	7.72	0.935	-0.756	1.137	0.47	0.05	4.36	0.506
Family Risk Factor - Domestic Violence	-0.231	0.110	0.79	0.64	0.99	0.036	0.883	0.083	2.42	2.06	2.85	<.001
Family Risk Factor - Child under 7, caretaker abuses drugs/alcohol	0.151	0.119	1.16	0.92	1.47	0.205	0.149	0.093	1.16	0.97	1.39	<.001
Family Risk Factor - Child on Sleep Apnea Monitor	0.046	0.120	1.05	0.83	1.32	0.698	-0.424	0.100	0.65	0.54	0.80	<.001
Family Risk Factor - Four or More Reports	-0.101	0.103	0.90	0.74	1.11	0.329	-0.333	0.083	0.72	0.61	0.84	<.001

RISK RATINGS^c

						<.001						<.001
Moderate	-1.047	0.134	0.35	0.27	0.46	<.001	-0.561	0.118	0.57	0.45	0.72	<.001
High	-1.674	0.166	0.19	0.14	0.26	<.001	-1.189	0.140	0.30	0.23	0.40	<.001
Very High	-2.471	0.158	0.08	0.06	0.12	<.001	-1.515	0.126	0.22	0.17	0.28	<.001

ALLEGATIONS

Allegation - Educational Neglect	0.431	0.156	1.54	1.13	2.09	0.006	0.357	0.130	1.43	1.11	1.84	0.006
Allegation - Inadequate Food, Clothing, Shelter	-0.123	0.140	0.88	0.67	1.16	0.377	-0.552	0.116	0.58	0.46	0.72	<.001
Allegation - Malnutrition, Failure to Thrive	-0.077	0.953	0.93	0.14	5.99	0.936	-0.514	0.990	0.60	0.09	4.16	0.603

PRIOR ICSC INVESTIGATION

	0.139	0.111	1.15	0.93	1.43	0.21	-0.404	0.091	0.67	0.56	0.80	<.001
Trigger Event ^d						<.001						<.001
CPS	-2.508	0.283	0.08	0.05	0.14	<.001	-2.549	0.184	0.08	0.06	0.11	<.001
ECS	-2.557	0.293	0.08	0.04	0.14	<.001	-2.960	0.223	0.05	0.03	0.08	<.001
FATAL	1.676	0.472	5.34	2.12	13.48	<.001	-0.222	0.507	0.80	0.30	2.16	0.661
NEWBORN	-0.838	0.266	0.43	0.26	0.73	0.002	-1.155	0.235	0.32	0.20	0.50	<.001
VP/POLICE	-1.272	0.236	0.28	0.18	0.45	<.001	-2.323	0.231	0.10	0.06	0.15	<.001

Note: comparison: VPAA vs. Foster care was not possible due to small counts. Reference categories: ^a - Bronx; ^b - White; ^c - Low; ^d - CPS_CONS; *B* - beta estimate, *SE* - standard Error, *aOR*- adjusted odds ratio, *CI*- Confidence Interval

Table 3. Multivariate logistic model of the intervention—Parent Advocate presence (2016) vs. no Parent Advocate presence (2013) on repeat maltreatment outcome—all cases (ICSC Recommendations: Home, Court, VPAA, Foster Care/Remand).

	<i>B</i>	<i>SE</i>	aOR	95% CI		p-value
Parent Advocate Presence/Intervention	0.078	0.07	1.08	0.94	1.24	0.263
BOROUGH^A						0.004
Brooklyn	-0.242	0.094	0.79	0.65	0.94	0.010
Manhattan	-0.181	0.095	0.83	0.69	1.01	0.057
Queens	0.985	0.418	2.68	1.18	6.08	0.019
Staten Island	0.019	0.119	1.02	0.81	1.29	0.874
Office of Special Investigations (OSI)	-0.164	0.176	0.85	0.60	1.20	0.352
CHILD AND CAREGIVER DEMOGRAPHICS						
CHILD AGE	0.010	0.007	1.01	1.00	1.02	0.128
CHILD RACE/ETHNICITY^b						0.595
African American	0.189	0.217	1.21	0.79	1.85	0.385
Asian/Pacific Island	-0.038	0.204	0.96	0.65	1.44	0.851
Hispanic	0.481	0.432	1.62	0.69	3.77	0.266
Other	0.173	0.315	1.19	0.64	2.20	0.584
Unknown	0.118	0.238	1.13	0.71	1.79	0.621
CAREGIVER RACE/ETHNICITY^b						0.155
African American	-0.357	0.201	0.70	0.47	1.04	0.076
Asian/Pacific Island	-0.165	0.188	0.85	0.59	1.23	0.380
Hispanic	-1.041	0.443	0.35	0.15	0.84	0.019
Other	-0.350	0.326	0.71	0.37	1.34	0.283
Unknown	-0.393	0.237	0.68	0.42	1.07	0.097
FAMILY RISK FACTORS, RISK RATINGS, ALLEGATIONS AND PRIOR INVESTIGATIONS						
FAMILY RISK FACTORS						
Family Risk Factor - Sibling Group Size	-0.021	0.024	0.98	0.93	1.03	0.380
Family Risk Factor - Child Has Positive Toxicology	0.011	0.172	1.01	0.72	1.42	0.950
Family Risk Factor - Malnutrition, Failure to Thrive	0.422	0.992	1.53	0.22	10.67	0.670
Family Risk Factor - Domestic Violence	0.004	0.075	1.00	0.87	1.16	0.958
Family Risk Factor - Child under 7, caretaker abuses drugs/alcohol	0.018	0.086	1.02	0.86	1.21	0.833
Family Risk Factor - Child on Sleep Apnea Monitor	0.017	0.094	1.02	0.85	1.22	0.854
Family Risk Factor - Four or More Reports	0.333	0.073	1.40	1.21	1.61	<.001

RISK RATINGS						
Risk Rating ^c						<.001
Moderate	0.391	0.103	1.48	1.21	1.81	<.001
High	0.529	0.119	1.70	1.34	2.15	<.001
Very High	0.258	0.115	1.30	1.03	1.62	0.024
ALLEGATIONS						
Allegation - Educational Neglect	0.191	0.106	1.21	0.98	1.49	0.072
Allegation - Inadequate Food, Clothing, Shelter	0.284	0.099	1.33	1.10	1.61	0.004
Allegation - Malnutrition, Failure to Thrive	0.368	0.902	1.45	0.25	8.47	0.683
PRIOR ICSC INVESTIGATIONS						
Prior ICSC Investigation	0.942	0.076	2.57	2.21	2.98	<.001
Trigger Event ^d						<.001
CPS	0.115	0.138	1.12	0.86	1.47	0.406
ECS	0.270	0.191	1.31	0.90	1.90	0.158
FATAL	0.192	0.457	1.21	0.50	2.97	0.674
NEWBORN	-0.810	0.241	0.45	0.28	0.71	0.001
Voluntary Placement/POLICE	0.383	0.139	1.47	1.12	1.92	0.006

Notes. Reference categories: a - Bronx; b - White; c - Low; d - CPS_CONS; B - beta estimate, SE - standard Error, aOR- adjusted odds ratio, CI- Confidence Interval

Table 3a. Multivariate logistic model of the intervention—Parent Advocate presence (2016) vs. no Parent Advocate presence (2013) on repeat maltreatment outcome—selected cases (ICSC Recommendations: Home or Court).

	<i>B</i>	<i>SE</i>	aOR	95% CI		p-value
Parent Advocate Presence/Intervention	.073	.088	1.076	.906	1.278	.403
BOROUGH^A						0.002
Brooklyn	-0.369	0.117	0.69	0.55	0.87	0.002
Manhattan	-0.130	0.122	0.88	0.69	1.11	0.285
Queens	1.470	0.581	4.35	1.39	13.57	0.011
Staten Island	-0.131	0.154	0.88	0.65	1.19	0.395
Office of Special Investigations (OSI)	-0.233	0.224	0.79	0.51	1.23	0.298
CHILD AND CAREGIVER DEMOGRAPHICS						
CHILD AGE	0.011	0.009	1.01	0.99	1.03	0.208
CHILD RACE/ETHNICITY^b						0.423
African American	0.217	0.279	1.24	0.72	2.14	0.436
Asian/Pacific Island	0.174	0.259	1.19	0.72	1.98	0.501
Hispanic	1.107	0.514	3.03	1.11	8.28	0.031
Other	0.127	0.405	1.14	0.51	2.51	0.754
Unknown	0.288	0.295	1.33	0.75	2.38	0.329
CAREGIVER RACE/ETHNICITY^b						0.072
African American	-0.358	0.259	0.70	0.42	1.16	0.167
Asian/Pacific Island	-0.388	0.24	0.68	0.42	1.09	0.107
Hispanic	-1.464	0.539	0.23	0.08	0.67	0.007
Other	-0.876	0.462	0.42	0.17	1.03	0.058
Unknown	-0.605	0.303	0.55	0.30	0.99	0.046
FAMILY RISK FACTORS, RISK RATINGS, ALLEGATIONS AND PRIOR INVESTIGATIONS						
FAMILY RISK FACTORS						
Family Risk Factor - Sibling Group Size	-0.045	0.031	0.96	0.90	1.02	0.145
Family Risk Factor - Child Has Positive Toxicology	0.451	0.21	1.57	1.04	2.37	0.031
Family Risk Factor - Malnutrition, Failure to Thrive	-0.157	1.419	0.85	0.05	13.80	0.912
Family Risk Factor - Domestic Violence	-0.033	0.094	0.97	0.81	1.16	0.727
Family Risk Factor - Child under 7, caretaker abuses drugs/alcohol	0.026	0.11	1.03	0.83	1.28	0.813
Family Risk Factor - Child on Sleep Apnea Monitor	-0.011	0.121	0.99	0.78	1.26	0.930
Family Risk Factor - Four or More Reports	0.444	0.094	1.56	1.30	1.87	<.001

RISK RATINGS						
Risk Rating ^c						<.001
Moderate	0.467	0.122	1.60	1.26	2.03	<.001
High	0.585	0.15	1.80	1.34	2.41	<.001
Very High	0.382	0.144	1.47	1.11	1.94	0.008
ALLEGATIONS						
Allegation - Educational Neglect	0.128	0.134	1.14	0.88	1.48	0.339
Allegation - Inadequate Food, Clothing, Shelter	0.390	0.138	1.48	1.13	1.94	0.005
Allegation - Malnutrition, Failure to Thrive	0.151	1.185	1.16	0.11	11.88	0.898
PRIOR ICSC INVESTIGATIONS						
Prior ICSC Investigation	0.881	0.103	2.41	1.97	2.96	<.001
Trigger Event ^d						0.222
CPS	0.536	0.287	1.71	0.97	3.00	0.062
ECS	-0.100	0.551	0.91	0.31	2.67	0.856
FATAL	0.055	0.56	1.06	0.35	3.17	0.922
NEWBORN	-0.379	0.333	0.68	0.36	1.32	0.255
Voluntary Placement/POLICE	0.433	0.292	1.54	0.87	2.74	0.138

Notes. Reference categories: a - Bronx; b - White; c - Low; d - CPS_CONS; B - beta estimate, SE - standard Error, aOR- adjusted odds ratio, CI- Confidence Interval

Table 3b. Multivariate logistic model of the intervention—Parent Advocate presence (2016) vs. no Parent Advocate presence (2016) on repeat maltreatment outcome—all cases (ICSC Recommendations: Home, Court, VPAA, Foster Care/Remand).

	<i>B</i>	<i>SE</i>	aOR	95% CI		p-value
Parent Advocate Presence/Intervention	-0.062	0.074	0.94	0.81	1.09	0.398
BOROUGH^A						0.014
Brooklyn	-0.35	0.1	0.71	0.58	0.86	<.001
Manhattan	-0.208	0.103	0.81	0.66	0.99	0.043
Queens	0.244	0.323	1.28	0.68	2.41	0.449
Staten Island	-0.190	0.129	0.83	0.64	1.07	0.141
Office of Special Investigations (OSI)	-0.238	0.174	0.79	0.56	1.11	0.172
CHILD AND CAREGIVER DEMOGRAPHICS						
CHILD AGE	0.004	0.008	1.00	0.99	1.02	0.585
CHILD RACE/ETHNICITY^b						0.571
African American	0.341	0.233	1.41	0.89	2.22	0.142
Asian/Pacific Island	0.257	0.22	1.29	0.84	1.99	0.244
Hispanic	0.701	0.456	2.02	0.83	4.92	0.124
Other	0.129	0.319	1.14	0.61	2.12	0.687
Unknown	0.224	0.248	1.25	0.77	2.04	0.366
CAREGIVER RACE/ETHNICITY^b						0.234
African American	-0.327	0.21	0.72	0.48	1.09	0.120
Asian/Pacific Island	-0.369	0.201	0.69	0.47	1.03	0.067
Hispanic	-0.709	0.453	0.49	0.20	1.20	0.118
Other	0.023	0.332	1.02	0.53	1.96	0.944
Unknown	-0.181	0.232	0.84	0.53	1.32	0.436
FAMILY RISK FACTORS, RISK RATINGS, ALLEGATIONS AND PRIOR INVESTIGATIONS						
FAMILY RISK FACTORS						
Family Risk Factor - Sibling Group Size	-0.026	0.027	0.97	0.92	1.03	0.332
Family Risk Factor - Child Has Positive Toxicology	-0.247	0.195	0.78	0.53	1.15	0.206
Family Risk Factor - Malnutrition, Failure to Thrive	-1.495	0.964	0.22	0.03	1.48	0.121
Family Risk Factor - Domestic Violence	0.067	0.08	1.07	0.91	1.25	0.405
Family Risk Factor - Child under 7, caretaker abuses drugs/alcohol	0.121	0.091	1.13	0.94	1.35	0.185
Family Risk Factor - Child on Sleep Apnea Monitor	0.030	0.102	1.03	0.84	1.26	0.771
Family Risk Factor - Four or More Reports	0.564	0.084	1.76	1.49	2.07	<.001

RISK RATINGS						
Risk Rating ^c						0.058
Moderate	0.205	0.108	1.23	0.99	1.52	0.058
High	0.343	0.13	1.41	1.09	1.82	0.008
Very High	0.260	0.121	1.30	1.02	1.65	0.032
ALLEGATIONS						
Allegation - Educational Neglect	0.146	0.118	1.16	0.92	1.46	0.216
Allegation - Inadequate Food, Clothing, Shelter	0.356	0.108	1.43	1.16	1.76	0.001
Allegation - Malnutrition, Failure to Thrive	1.975	0.861	7.20	1.33	38.95	0.022
PRIOR ICSC INVESTIGATIONS						
Prior ICSC Investigation	0.977	0.082	2.66	2.26	3.12	<.001
Trigger Event ^d						0.010
CPS	0.255	0.158	1.29	0.95	1.76	0.107
ECS	0.253	0.173	1.29	0.92	1.81	0.144
FATAL	0.215	0.432	1.24	0.53	2.89	0.618
NEWBORN	-0.702	0.272	0.50	0.29	0.85	0.010
Voluntary Placement/POLICE	0.323	0.17	1.38	0.99	1.93	0.058

Notes. Reference categories: a - Bronx; b - White; c - Low; d - CPS_CONS; B - beta estimate, SE - standard Error, aOR- adjusted odds ratio, CI- Confidence Interval

Table 3c. Multivariate logistic model of the intervention—Parent Advocate presence (2016) vs. no Parent Advocate presence (2016) on repeat maltreatment outcome—selected cases (ICSC Recommendations: Home or Court).

	<i>B</i>	<i>SE</i>	aOR	95% CI		p-value
Parent Advocate Presence/Intervention	0.028	0.092	1.03	0.86	1.23	0.763
BOROUGH^A						0.013
Brooklyn	-0.438	0.122	0.65	0.51	0.82	<.001
Manhattan	-0.232	0.13	0.79	0.62	1.02	0.074
Queens	0.237	0.447	1.27	0.53	3.04	0.596
Staten Island	-0.301	0.171	0.74	0.53	1.03	0.078
Office of Special Investigations (OSI)	-0.121	0.205	0.89	0.59	1.32	0.556
CHILD AND CAREGIVER DEMOGRAPHICS						
CHILD AGE	-0.002	0.01	1.00	0.98	1.02	0.805
CHILD RACE/ETHNICITY^b						0.510
African American	0.309	0.291	1.36	0.77	2.41	0.288
Asian/Pacific Island	0.292	0.274	1.34	0.78	2.29	0.286
Hispanic	0.913	0.53	2.49	0.88	7.03	0.085
Other	0.294	0.378	1.34	0.64	2.81	0.436
Unknown	0.098	0.313	1.10	0.60	2.04	0.754
CAREGIVER RACE/ETHNICITY^b						0.506
African American	-0.237	0.264	0.79	0.47	1.32	0.37
Asian/Pacific Island	-0.385	0.251	0.68	0.42	1.11	0.125
Hispanic	-0.736	0.529	0.48	0.17	1.35	0.164
Other	0.017	0.406	1.02	0.46	2.25	0.966
Unknown	-0.270	0.297	0.76	0.43	1.37	0.363
FAMILY RISK FACTORS, RISK RATINGS, ALLEGATIONS AND PRIOR INVESTIGATIONS						
FAMILY RISK FACTORS						
Family Risk Factor - Sibling Group Size	-0.024	0.034	0.98	0.91	1.04	0.470
Family Risk Factor - Child Has Positive Toxicology	-0.016	0.233	0.98	0.62	1.55	0.945
Family Risk Factor - Malnutrition, Failure to Thrive	-0.592	1.321	0.55	0.04	7.37	0.654
Family Risk Factor - Domestic Violence	-0.018	0.098	0.98	0.81	1.19	0.855
Family Risk Factor - Child under 7, caretaker abuses drugs/alcohol	0.031	0.114	1.03	0.83	1.29	0.783
Family Risk Factor - Child on Sleep Apnea Monitor	0.084	0.132	1.09	0.84	1.41	0.526
Family Risk Factor - Four or More Reports	0.592	0.104	1.81	1.47	2.22	<.001

RISK RATINGS						
Risk Rating ^c						0.006
Moderate	0.260	0.128	1.30	1.01	1.67	0.043
High	0.501	0.161	1.65	1.20	2.26	0.002
Very High	0.459	0.151	1.58	1.18	2.13	0.002
ALLEGATIONS						
Allegation - Educational Neglect	0.080	0.144	1.08	0.82	1.44	0.577
Allegation - Inadequate Food, Clothing, Shelter	0.412	0.144	1.51	1.14	2.00	0.004
Allegation - Malnutrition, Failure to Thrive	0.895	1.133	2.45	0.27	22.55	0.430
PRIOR ICSC INVESTIGATIONS						
Prior ICSC Investigation	1.239	0.101	3.45	2.83	4.21	<.001
Trigger Event ^d						0.836
CPS	0.082	0.358	1.09	0.54	2.19	0.818
ECS	-0.497	0.509	0.61	0.22	1.65	0.328
FATAL	0.228	0.482	1.26	0.49	3.23	0.636
NEWBORN	-0.055	0.372	0.95	0.46	1.96	0.882
Voluntary Placement/POLICE	0.323	0.359	1.38	0.68	2.79	0.368

Notes. Reference categories: a - Bronx; b - White; c - Low; d - CPS_CONS; B - beta estimate, SE - standard Error, aOR- adjusted odds ratio, CI- Confidence Interval

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**QUALITATIVE
STUDY FINDINGS**

RESPONDENT BACKGROUND INFORMATION

CPS Staff Professional Experience

Length of Time in Current Position

The CPS staff who were engaged for this study represented a range of positions within ACS, from frontline roles – namely child protective specialist – to more supervisory roles including supervisor and manager (Table 4). Among caseworkers, the average length of time spent in the current position was 7.4 years ($n=25$) with a range of 15.8 years. For supervisors, the average amount of time in the current position was 7.4 years ($n=14$) with a range of 30 years. Two managers participated in interviews, who had spent 1.5 years on average in this position.

Average Length of Total Time at ACS

Staff members' total amount of time working at ACS often included years spent in positions other than their current ones (Table 4). Among caseworkers ($n=25$), the average total time at ACS was 7.4 years with a range of 15.8 years. Among supervisors ($n=14$), the average total time at ACS was 15.9 years with a range of 23 years. The managers spent a total of 14.3 years at ACS on average.

Table 4. ACS Staff Participants (N=41)

ACS STAFF			
Tenure	Caseworkers	Supervisors	Managers
Average Time in Position	7.4 yrs	7.4 yrs	1.5 yrs
Range of Time in Position	15.8 yrs	29.9 yrs	n/a
Average Total Time at ACS	7.4 yrs	15.9 yrs	14.3 yrs
Range of Time at ACS	15.8 yrs	23 yrs	n/a
Total	25 respondents	14 respondents	2 respondents

Parent Advocate Professional Experience

Length of Time in Current Position

Among CHDFS parent advocates ($n=16$), the average length of time working with the agency was 1.5 years with a range of 3.4 years (Table 5). Among JCCA advocates ($n=18$), the average length of time with the agency was 1.6 years with a range of 2.9 years. Combining CHDFS and JCCA advocates, the average length of time spent working for either agency was 1.6 years with a range of 3.2 years.

Table 5. Parent advocate respondents (N=35)

PA STAFF			
Tenure	CHDFS	JCCA	CHDFS + JCCA
Average Length of Time at Agency	1.5 years	1.6 years	1.6 years
Range of Time at Agency	3.4 years	2.9 years	3.2 years
Total	16 respondents	19 respondents	35 Respondents

Parent Background Information

Parent Characteristics

Of 16 parents interviewed, 68.75% ($n=11$) identified as female while the remaining 31.25% ($n=5$) identified as male (Table 6). Within this cohort, 62.5% further identified as African American/Black, ($n=10$), 25% as White/Caucasian ($n=4$), 6.25% as Hispanic ($n=1$), and 6.25% specified Jamaican as their ethnicity but did not mark a specific race ($n=1$). Participants ranged in age from 25 to 59 years old, with an average age of 38.56 ($SD=8.14$). When asked about their relationship status, 25% ($n=4$) indicated being separated or divorced, 18.75% ($n=3$) responded that they were either “single” or “in a relationship”, and 37.5% ($n=6$) stated that they were married. Concerning levels of educational attainment, 18.75% ($n=3$) did not reply when asked, 25% ($n=4$) wrote responses indicating some degree of high school-level attainment (i.e. 9th, 10th, 11th, 12th grade); 18.75% ($n=3$) held a GED; 6.25% ($n=1$) wrote “no GED”; additionally, 12.5% ($n=2$) held an Associate’s degree, and 18.75% ($n=3$) stated “some college” or “college.”

Table 6. Parent demographics (N=16)

PARENT DEMOGRAPHICS	N	PERCENT
Gender		
Female	11	68.75
Male	5	31.25
Race/Ethnicity		
African American/Black	10	62.50
White/Caucasian	4	25
Hispanic	1	6.25
Jamaican	1	6.25
Age		
Range 25-59		
Mean = 38.56 (SD=8.14)		
Level of Educational Attainment		
No Reply	3	18.75
High School	4	25
GED	3	18.75
No GED	1	6.25
Associate's Degree	2	12.50
Some College or College	3	18.75

Children and Family Characteristics

When asked about the number of biological children residing in the home, 31.25% ($n=5$) stated having no biological children in the home, 43.75% ($n=7$) reported having one biological child in the home, 18.75% ($n=3$) had two biological children in the home, and 6.25% ($n=1$) had three biological children in the home. There were a total of 16 children among the 11 participants who affirmed having biological children in the home. Of these 16 children residing in the home, their ages ranged from birth to 9.5 years old ($M=2$; $SD=1.31$) (Table 7).

62.5% ($n=10$) of respondents indicated that they had no children in out-of-home placement or replied “not applicable.” 18.75% ($n=3$) had one child in out-of-home placement, 6.25% ($n=1$) had two children in out-of-home placement, and 12.5% ($n=2$) had four children in out of home placement. Among the six individuals who indicated having children in out-of-home placement, 13 children resided out-of-home. Of these 13 children, their ages ranged birth to 17 years old ($M=1.45$; $SD=0.53$) (Table 7).

When asked about the number of kinship or relative children out of the home, 81.25% ($n=13$) indicated none or “not applicable,” 12.5% ($n=2$) stated having one kinship or relative child out of home, and 6.25% ($n=1$) stated having two kinship or relative children out of home. When questioned about the number of non-relative children living out of the home, 87.5% ($n=14$) indicated none or “not applicable,” 6.25% ($n=1$) failed to reply, and 6.25% ($n=1$) stated having four non-relative children living out of the home. In response to a question asking about the length of time children spent in out-of-home placement, 62.5% ($n=10$) stated “not applicable,” 6.25% ($n=1$) failed to reply, 6.25% ($n=1$) replied “since birth,” 6.25% ($n=1$) stated “2 weeks,” 6.25% ($n=1$) indicated 3 weeks, 6.25% ($n=1$) indicated 5 years, and 6.25% ($n=1$) indicated 6 years.

None of the participants indicated having any biological children living independently. When asked about the number of biological children adopted out-of-home, 75% ($n=12$) indicated “not applicable” or having no biological children adopted out-of-home, 6.25% ($n=1$) failed to reply, 6.25% ($n=1$) stated having two biological children adopted out-of-home, and 12.5% ($n=2$) indicated having four biological children adopted out-of-home. Among all participants who indicated having biological children adopted out-of-home, a total of ten biological children were adopted out-of-home; their ages ranged from 2 to 23 years old, ($M=1.43$, $SD=0.54$) (Table 7).

Table 7. Children characteristics (N=16)

CHILDREN CHARACTERISTICS	N	PERCENT
Number of Biological Children in Home		
None	5	31.25
One	7	43.75
Two	3	18.75
Three	1	6.25
Age of Biological Children in Home		
Range 0-9.5 Mean=2 (SD=1.31)		
0 to 6 months	4	25
1-3 years old	8	50
5-6 years old	3	18.75
9.5 years old	1	6.25
Number of Children in Out-of-Home Placement		
None/Not Applicable	10	62.50
One	3	18.75
Two	1	6.25
Four	2	12.50
Age of Children Out-of-Home		
Range 0-17 Mean=1.45 (SD=0.53)		
11 weeks old	1	7.69
2-3 years old	3	23.07
5-6 years old	4	30.76
8-9 years old	3	23.07

14 years old	1	7.69
17 years old	1	7.69
Kinship/Relative Children Out of Home		
No Children/Not Applicable	13	81.25
One	2	12.50
Two	1	6.25
Non-Relative Children Out of Home		
No Children/Not Applicable	15	93.75
Four	1	6.25
Length of Time in Out-of-Home Placement		
Not Applicable/No Reply	11	68.75
Since Birth	1	6.25
2-3 weeks	2	12.50
5-6 years	2	12.50
Biological Children Adopted Out-of-Home		
None/Not Applicable	12	75
No Reply	1	6.25
Two	1	6.25
Four	2	12.50
Age of Biological Children Adopted Out-of-Home		
Range 2-23		
Mean=1.43, SD=0.54		
2-3 years old	2	20
5-6 years old	4	40
8 years old	2	20
21-23 years old	2	20

ACS Involvement

When interviewees were asked about the reasons or situations that instigated their ACS involvement, 42.75% ($n=7$) indicated allegations of domestic violence, 31.25% ($n=5$) indicated concerns over parental substance abuse, 12.5% ($n=2$) indicated primary guardian’s loss of custody and ACS’ efforts to seek kinship placement, 6.25% ($n=1$) stated child endangerment, and 6.25% ($n=1$) indicated medical neglect (Table 8).

When asked about the outcome of their own ICSCs, 50% of respondents ($n=8$) indicated that their child or children were paroled back into their care, 12.5% ($n=2$) mentioned that the child/children were paroled to the other parent/caregiver, 18.75% ($n=3$) stated that their case was “to be determined” pending court involvement or further ACS investigation, 6.25% ($n=1$) stated that their child or children were placed with kin, and 12.5% ($n=2$) simply stated “more programs” or “referral to services” without further elaboration (Table 8).

Table 8. ACS Involvement (N=16)

ACS INVOLVEMENT	N	PERCENT
Reasons for ACS Involvement		
Domestic Violence	7	42.75
Parental Substance Abuse	5	31.25
Primary Guardian’s Loss of Custody	2	12.50
Child Endangerment	1	6.25
Medical Neglect	1	6.25
Case Outcome		
Paroled to Primary Caregiver	8	50
Paroled to the Other Parent	2	12.50
TBD	3	18.75
Kinship	1	6.25
More Programs/Referral to Services	2	12.50

PARENT ADVOCATES' IMPETUS FOR ADVOCACY WORK

Motivation to Be a Parent Advocate



In pinpointing the precipitating factors that motivated them to engage in advocacy work, parent advocates responded with references to past professional experiences, personal experiences, and/or some combination thereof. Most parent advocates introduced to this line of work demonstrated some prior understanding or experience of advocacy work and the intricacies of the child welfare system (CWS). It was rare that advocates came to this job as novices completely unaware of the demands or the context.

Personal Experience with Child Welfare System

An advocate's personal experience within CWS, as either a parent or a kinship/foster parent, also informed their commitment to parent advocacy. For some advocates who had had CWS involvement as parents, the negative experience of grappling with system policies and procedures impressed upon them a desire to "speak up" on behalf of parents or to "give back" to their communities. These advocates, by dint of their personalities and acumen, were often introduced to parent advocacy work by existing child welfare staff. One parent advocate revealed that upon the closure of her case, an ACS supervisor explicitly encouraged her to pursue parent advocacy: "She said, 'Listen, I think you would be a great parent advocate, as much as you talk, she said, that's the position for you'...she said that will be something I was good at" (JCCA-11). The recognition by a child welfare professional of some special quality well-suited to advocacy,

like gregariousness, was an experience echoed by other respondents who were also introduced to parent advocacy in a similar manner via professional endorsements.

Past Professional Experience

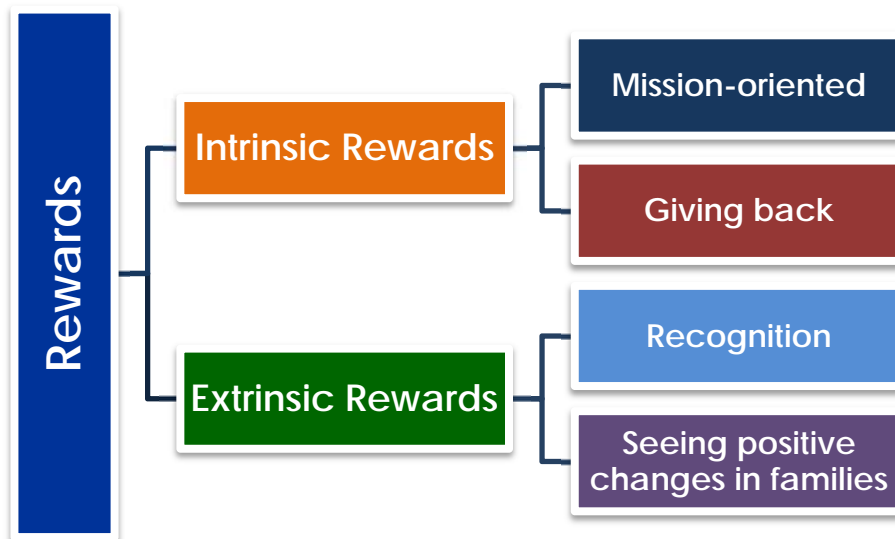
Parent advocates who were introduced to advocacy work through past professional experience commonly identified work experience as “community representatives” usually within the auspices of community partnership programs. Given the similar occupational responsibilities between community representatives and parent advocates, a past history of professionalized advocacy nudged many prospective parent advocates into their current line of work and into parent advocacy work. One respondent stated, “I worked as a community rep from the beginning. This current advocacy is just a little bit different but not too much that I felt that I couldn’t do it” (JCCA-18). In a similar vein, another respondent related, “I was doing community rep and I ran into someone who told me that parent advocate was similar” (CHDFS-03). Alongside former community representatives, other respondents had previously worked as waiver service providers and were recommended by employers to their current positions with subsequent invitations to interview.

Coupled with advocacy experience, the circumstance of having advocated on behalf of one’s own child or children proved a compelling incentive. Respondents revealed having advocated for and having parented adopted children, children diagnosed with mental illnesses, and children with special needs. These personal experiences, combined with work experience in organizations like the National Alliance on Mental Illness (NAMI) and the Board of Education, encouraged such so-called hyper-experienced parents towards parent advocacy.

Personal/Social Network

For parent advocates with personal experiences within CWS, the use of a social network proved critical in alerting them of available advocacy work and in providing them a pathway into the job. Respondents related having been introduced to parent advocacy opportunities via church members, former coworkers, friends, and family members. Still others learned of the opportunity from participation in support groups or even via coincidental yet highly auspicious interactions with well-connected professionals.

Rewards



The various motivations that compelled respondents toward parent advocacy also greatly informed the rewards of the job that they articulated. The types of rewards articulated could be bifurcated into intrinsic and extrinsic rewards, as popularly advanced by motivational psychology theory. For some advocates, intrinsic rewards included participating in work that aligned with one’s own values and giving back to underserved families. More popular, however, were extrinsic rewards such as receiving acknowledgement or recognition and seeing positive change in families.

Intrinsic Rewards

Mission-oriented. For advocates who spoke of contributing to a mission, parent advocacy was akin to a calling and fulfilled a deep-seated desire to contribute in meaningful ways to a cause larger than oneself. Respondents with such an orientation sometimes invoked religious or spiritual language to underscore the greatness of their pursuit. In the words of one advocate, “I feel really good doing this. This is exactly what God created me to do” (CHDFS-09). Another stated, “I’m not religious but I do feel like I’m doing God’s work” (CHDFS-12). Other parents who were introduced to parent advocacy through personal experiences related a desire to “make a difference” or to fulfill the role of advocate as a voice and defender of parents typically divested of recourse and options. For such advocates, the principles behind parent advocacy – chiefly to support and to counsel – resonated with their own personal value systems. These advocates could be described as feeling rewarded because of their passion for a job they saw as a calling, ordained by a higher spiritual authority or by otherwise remaining faithful to their values.

Giving back. Giving back to communities in need or helping overburdened parents resonated with many advocates who empathized with the struggles of parents and recalled their own identities as parents. Looking back on their experiences within CWS, parent advocates related the difficulties of child-rearing and expressed gratitude for the help they either received or wished they had been offered. For instance, one advocate expressed, “The rewarding part about this work is that I feel I’m helping a parent when-through a situation that I didn’t have the same help in until late in the situation” (CHDFS-02). The desire to assist underserved parents as a result of one’s own past struggles was a refrain cited by many participants. On the other hand, some respondents stated that the help they received while involved in the CWS was immeasurably helpful and that the time had come to give back. The sentiment articulated by one respondent captures the rationale behind such contribution: “...I’m the type of person that when I needed support I got so much support. I feel like it’s time for me to give back” (CHDFS-08).

Extrinsic Rewards

Recognition. Many advocates stated that it was rewarding to feel acknowledged by parents with words of gratitude or to see the positive effects of their involvement with “families in need.” Being able to “help people,” making families happy, and bearing witness to outpourings of emotion sated some advocates’ desires for recognition. Directly-expressed gratitude by thankful families remained particularly salient in respondents’ memories and reinforced the notion that advocates made a positive impact in the lives of families.

Seeing positive changes in families. Advocates revealed that seeing positive changes in families as a result of their involvement presented an additional reward. Behavioral changes from conference to follow-up proved particularly compelling, with formerly reluctant parents acquiescing to various service recommendations or even lifestyle changes in an attempt to reunite with their children. For instance, one advocate recalled a young boy stating, “ ‘Wow, my mom has really changed and thank you for giving me my mom.’ What really got me is that he was like, ‘thank you for giving us our lives back’ ...I am like ‘thank you’. That’s like, better than the check that my boss gave me” (CHDFS-07). Others recalled the noticeable shift in mood as parents reunited with children or expressed joy at unexpected favorable outcomes. One advocate recalled, “seeing them leave with a smile on their face because sometimes they come in here when they come they are crying they are upset. But after the meeting, they release” (JCCA-04). For parent advocates, such noticeable displays of parental change in attitude, behavior, or lifestyle were outward manifestations of the utility of advocacy work.

Goals of Parent Advocates: Advocates' Perspectives



For advocates, their stated goals within the conference setting could be categorized into the domains of supporting, educating, and mediating on behalf of parents. Support was often manifest as propelling parents to advocate, safeguarding parental rights, and guiding parents towards desired goals like family reunification and preservation. Educating entailed helping parents understand rights or learn from missteps. Mediation involved advocates limiting escalation of conflict within conferences and monitoring parent behavior.

Supporting Parents in Every Possible Way

At the most basic level, advocates characterized their main goal as that of “support to the parents” in which they help the parent “in every way possible”. This included ensuring connection to necessary and appropriate services, offering moral support, and taking on tasks that may otherwise have escaped the notice or ability of child welfare professionals. Under the domain of support, family reunification and preservation, safeguarding parental rights, and propelling parents to advocate were frequently mentioned objectives.

Promoting Family Reunification and Preservation

Most advocates stated that helping families achieve family reunification or preservation was a primary objective. The importance of permanency planning meant advocates worked within conferences to offer helpful suggestions to ensure children remained out of foster care. For

instance, one advocate recalled conversations held with parents about available family members who could offer kinship care. Another advocate wanted families to know that options other than remand, like family preservation service or court-ordered supervision (COS), remained viable alternatives.

Safeguarding Parental Rights

Advocates also supported parents by ensuring that parental rights remained respected and safeguarded from ACS overreach. Parents inexperienced with the child welfare system required a certain kind of guidance from advocates who could help ensure parents were fairly represented in conferences and that ACS did not “violate” rights. Educating parents about their rights was deemed valuable, especially for parents inexperienced with the process of child safety conferences and the extent of ACS’ authority to enforce agreement with service recommendations or participation in court or legal intervention. Advocates stated that parents unfamiliar with their rights were in jeopardy of overextending themselves with services or submitting to recommendations not necessarily in their best interests.

Respondents described advocates as alerting parents to “alternative[s] if they do not agree with what we said and what” or acting as “a point of reference...help the parents understand the process.” The presence of advocates in CSCs was particularly useful given the latent sense of distrust that could hinder rapport-building between workers and families. For instance, a respondent described, “if we have an outside person who’s like...they’ll say they’re neutral and they don’t have affiliation with ACS so I think that’s what makes it more accepting too” (CPS-30). In this way, advocates acted as liaisons or as a “bridge” – informing parents of their rights and connecting them to necessary resources by “getting them to agree to some of the services or the outcomes of the conference” (CPS-11; CPS-15). Another worker described advocates as a “buffer between ACS and the parents” and found that advocates could elucidate “the processes of the CSC” and “the procedures that take place.”

Propelling Parents to Advocate

Encouraging parents to advocate for themselves remained another goal for advocates who supported parents throughout conferences. Aware of the necessity and value of parental input in conferences, advocates found it imperative that parents speak up to better ensure that their stated objectives were achieved. Advocates spoke about helping parents “make sure their voices [were] heard” and empowering parents to become active participants in conferences. As the experts on their own families, parents were seen as the best resource for understanding the needs of their families, which made their input considerably vital throughout the conference process.

Reducing Re-Reports of Child Maltreatment

When queried about what they hoped to accomplish with families, advocates expressed a desire to reduce re-reports of child maltreatment. Parents needed to “learn a lesson,” acknowledge their

mistakes, and demonstrate progress towards realizing reunification objectives (JCCA-13). One advocate elaborated that a “moral lesson” entailed “parents...realiz[ing] that their actions could determine what goes on in their homes. The way they react to drama and crisis and situations in their home[s] can make a difference between an ACS case or not knowing” (CDHDFS-09). Advocates voiced that it was important for parents to “not come back” given the “revolving door” phenomenon of CWS-involved families to cycle through the system sometimes even reappearing “a month or two months later” (CDHDFS-12; CHDFS-11).

For some advocates, reducing re-reports meant providing services more geared towards families’ individual issues from the outset. For instance, a respondent indicated speaking with the parent[s] “over the phone if they feel that they want to commit suicide or hurt themselves or if they are unsure about their child or don’t know how to deal with it or talk to them on the phone” (CHDFS-04). By recognizing potential areas of struggle and pre-emptively reaching out with relevant resources in mental health care or childcare, advocates could mitigate a family’s chances of re-entry into the system. Another advocate described his or her efforts to create a sewing class for child welfare involved-families to strengthen the bonds within families. This respondent recalled, “I took it upon myself a few years ago to go into meetings with ACS at 150 Williams Street with some of the big people, and promoted my sewing class...so now I’m getting [ready] to open up that sewing class that I’ve been trying to get up and running for so many years to reunite families together and once I see that my families is working together, the mom and children is working, they making something together...that’s my goal to bring families back together that been ripped apart for so many years or so many months or so many days or weeks” (JCCA-09). For these advocates, a more sensible approach than offering services too little, too late was to promptly recognize and adequately address difficulties in a family’s “earlier years...so they wouldn’t be in the situation that they’re in and their children wouldn’t be a part of it” (JCCA-09).

Checks and Balances

Advocates played a significant mediating role in conferences by acting as arbiters between families and ACS. Such aims were achieved by monitoring parent behavior and calming them down or instructing them to behave in ways more conducive to fruitful discussion. Given the sometimes strained or antagonistic dynamic between these parties, advocates ensured that respect on both sides was maintained. Some advocates stated that even the physical presence of an advocate held ACS personnel accountable and reduced the likelihood of “groupthink”. One advocate even outright stated that supervisors “feel like we’re there for a check balance” (CHDFS-09). Other advocates took the approach of reasoning with parents to explain that displacing their anger unto ACS personnel was unhelpful. For instance, if parents arrived at conferences angry, one advocate would de-escalate by inquiring “why you fighting ACS? What did ACS do?” Some workers related that parents “come into the meetings feeling as if they are being attacked. The parent, yes. Come into the meetings like they are being attacked by the parents. So when the parent advocate is there it would seem like they have someone on their side” (CPS-01). Workers recalled, “some of them really do provide ideas of like, ‘what if that

happens what happens if they go that route?’ It helps prepare them because a parent is just hurt, sometimes it’s just the parent themselves, they have no family there. It’s good to have someone there” (CPS-10; CPS-41).

Monitoring Parent Behavior and De-Escalating

Given the sensitive nature of conferences, advocates attempted to limit escalation of conflict between ACS and families. Such aims were achieved by monitoring parent behavior and calming them down or instructing them to behave in ways more conducive to fruitful discussion. Other advocates took the approach of reasoning with parents to explain that displacing their anger onto ACS personnel was unhelpful. For instance, if parents arrived at conferences angry, one advocate would de-escalate by inquiring “why you fighting ACS? What did ACS do?” Advocates recognized the tendency for tempers to flare and for frustration to erupt and hoped to obviate such emotional distress.

INITIAL CHILD SAFETY CONFERENCE PROCESS



Pre-Meeting between Parent and Parent Advocate

Pre-Meeting Protocol

JCCA respondents recalled specific pre-meeting protocols in which introductions between parents and their respective advocates took place via the CPS worker. An advocate recounted, “They [CPS] will let the parent know your parent advocate is here, Ms. James is here and she can assist you as far as this meeting is concerned, and if you don’t understand something, she can explain it to you, if you need a minute, you can talk to your parent advocate, this is your meeting and that’s it” (JCCA-11). Another respondent recalled the atmosphere of anonymity that cloaked the conferences:

We don’t get first and last names, so if somebody’s name is Jennifer Whitfield, we’ll just get JW, so we’ll just keep checking the book for JW, and if we happen to run across that, we’ll speak to them on our own because half the time we don’t know who these people are, we just get their initials, we don’t know anything about their case (JCCA-05).

Once advocates were introduced to parents, they explained to the parents, “I’m here for you, my name is such and such, and I need your permission in order to sit in, and then when you’re in the conference, you explain more to them what’s going on...but sometimes the only thing you get to do is just basically say who you are, why you’re there and you accept me yes or no” (JCCA-05). Another respondent added, “I introduce myself to the parent; if I have time to speak to them, I let them know I don’t work for ACS, I’m here to provide resources for the family” (JCCA-19).

Introduction Process and Role Explanation

During pre-meetings, advocates introduced themselves to parents and explained their role by emphasizing their lack of affiliation with ACS and the parent’s right to consent to services. Given that pre-meetings were the very first interaction parents had with advocates, advocates performed a number of functions ranging from informing parents of conference objectives, to inquiring about an individual parent’s particular case, to elucidating their own responsibility as an advocate “there to help” interested parents.

Parent perspectives indicate that advocates were also able to answer “...questions like what’s going to happen today in the meeting” (PAR-04). One parent added, “We talked about why we was there; what allegations were... And basically we talked about my rights as a parent” (PAR-07). Another parent recalled that she “had a lot of questions for [the advocate] cause I just didn’t understand what her role was in the conference and why I needed her. She explained everything to me” (PAR-09). For some parents, role explanation had a pacifying effect and made one parent feel “way more comfortable about the situation cause I went in very anxious, angry, you know, all those emotions running through me, and then when she [PA] explained that I’m the person who’s gonna explain to you. I would never wanna go home not fully understanding what’s gonna happen with my life” (PAR-09).

Pre-Meeting Time

Length of time provided. Advocates spoke about the length of time spent in pre-meetings with parents prior to child safety conferences. The majority of respondents indicated that they typically met with parents for a period of *5 to 15 minutes*. Other respondents revealed, “it depends on the facilitator” or “that really varies” as “sometimes the parent...get[s] there super early and I would speak to them as long as I want”. Another individual substantiated this claim of variable pre-meeting time: “If we need it, they [CPS/CFS] don’t give us a hard time about it;” “sometimes the facilitator will actually allow you to talk and wait. Not too long, they’ll come out [if] you’re taking too long of course” (CHDFS-03; CHDFS-06).

A smaller number of advocates stated that pre-meetings took less than 5 minutes of time or that they did not occur at all. One respondent recounted that the reality of a situation did not always align with expectations, saying, “technically, it’s supposed to be 15 minutes but that never really happens; very rarely, since “sometimes the parent is running late...sometimes they just want to rush the conference because CPS has 50 more conferences to do” (CHDFS-14). For this

respondent, pre-meetings typically took “2 minutes” (CHDFS-14). Two others verified the experience of short pre-meetings stating, “sometimes depending if the person is late to their conference, we walk and talk. So it’s like maybe 2-3 minutes, real brief” or “we get 1 or 2 minutes that’s it” (JCCA-04; JCCA-16).

Sufficiency of time provided. Advocates were divided when it came to the sufficiency of pre-meeting time, with some stating, “it varies by case” whereas others felt “99.5% I have enough time” (JCCA-05; JCCA-13). While some advocates were satisfied with the length of time provided lest parents otherwise become sidetracked with convoluted explanations, others expressed a desire for more pre-meeting time: “I try to do 10 to 15 [minutes] because they have so many questions, so many that they want answered that I may not [be able to] answer but I can answer to the best of my ability.” Consideration for extenuating circumstances was given since “sometime, it depends on if the parent comes on time, it’s not always ACS, sometimes the parent arrives late, and they’ll start the conference because they will start the conference without the parent” (JCCA-07).

Parents thought “five minutes” or “five to ten minutes” constituted sufficient pre-meeting time. A parent shared, “if we wanted to go longer, he [PA] would have. It was us that cut it short because we’re like ‘okay, we are ready.’ He answered all of our questions” (PAR-04).

Ideal pre-meeting time. When questioned about the ideal pre-meeting time, advocates replied anywhere in the range of 5 to 20 minutes, a period of time that aligned with the amount currently spent in pre-meetings with parents. An advocate felt that “15 to 20 minutes would be good just to get a feel of the parent, you can have eye contact; I still won’t know anything about the case but it’s just a smile or just saying you know we’re there to support you” (JCCA-07). One advocate felt “5 to 7 minutes” sufficed to understand the gist of parent’s concerns without becoming bogged down in superfluous details.

To summarize, advocates agreed that “it should be at least 15 minutes minimum.” They also acknowledged, “sometimes, if we need more time they [CFS] will allow it. They will but if they’re on a time and they really want to get started before a certain time, then they’ll be like okay we’ll give you 5 more minutes” (JCCA-15).

Location

Some advocates communicated qualms about the location of pre-meetings as “not private and...a little uncomfortable.” For itinerant advocates provided with little prior notification and without dedicated office space, child safety conferences could feel rushed and impromptu. Given such limitations, advocates resorted to speaking to “the parent in the waiting area,” which one advocate found unpleasant since “there are too many people there and nobody should know their business” (CHDFS-08). Another advocate revealed, “I try to keep it [the pre-meeting] brief because everybody is standing outside while I’m talking to the parent, and there is no privacy” (CHDFS-12).

Advocates further expressed concerns about privacy and discretion when speaking to parents about sensitive and deeply personal matters. One respondent shared, “that’s why I advocated for the office, they wanted you to speak to the parents and I said that’s not right, they need their privacy, I won’t do it, would refuse the job, I wouldn’t speak to anyone out there. If I am going to do something, I’m going to do it complete or not do it at all. That doesn’t give the parents the right to get devoured by everyone about what’s going on, they need their privacy” (CHDFS-07). The limitation of available private space was an apparent and pressing issue with another advocate, who recalled, “there is really no space in the conference room...It all depends on where the conference is being held; sometimes we would go right outside the building or we would walk to the water fountain and drink some water and wait about three, four minutes” (JCCA-01).

Value of Pre-Meeting Time

Discovering more information about the parents and case. Given that advocates entered conferences with no knowledge or context about a particular case, pre-meetings were considerably valued for the insight and background they provided into families’ lives. An advocate expressed, “pre-meeting is important because you need to know what happened.”

When we get there, we don’t know what happened. You would get an email saying you have a conference at 11:30 at Waters Place; it might say something like educational neglect or corporal punishment and that’s it. So, when I get there, I need to know why we’re here so I know what the parent expects to represent them, so I need to know what to expect. I need to know why we’re here, who’s involved, what happened when ACS got there, what did the parent do...It’s important that we meet with them” (CHDFS-09).

Advocates felt that a greater understanding of case history made for more effective support. As one expressed, “how do I know how to prepare myself to go to the meeting if I don’t know what’s really going on? Is it a light case or is it a heavy case? How can I be prepared? How can I help her better or him better? Or the grandparents better?” (CHDFS-08).

While approaching conferences as a tabula rasa had undeniable benefits, namely in eliminating or mitigating preconceived biases, it also presented challenges: Advocates sometimes felt blindsided by allegations that emerged during conferences or felt their ability to help was hindered by scant case information. An advocate expressed their frustration: “Why do they give out such little information about the case before we go in? That is something that would be so much helpful. I do get some information on the parent but it would be more helpful if we would know more about the case. Why aren’t we entitled to know about the case? Exactly what they bringing the mom in for. What is the negligence...” (CHDFS-07). For those advocates able to uncover

information during pre-meetings, seemingly inconsequential details could “actually change this whole conference” (CHDFS-01). One cited example involved, “We could put up as a strength that mom wakes up child every morning to go to school. The child doesn’t go but we could put the strength there showing that she actually tries” (CHDFS-16). Information revealed to advocates during pre-meetings could later be reprised to a parent’s advantage during conferences.

Generally, parents did not hesitate to “share information” with advocates about their individual cases and willingly divulged personal and private case details during pre-meetings (PAR-15). One parent explained, “well, she didn’t know nothing about the safety concerns until I told her” (PAR-01). Another respondent agreed, “no he didn’t know prior, we had to explain everything in the back room” (PAR-04).

One parent valued the lack of information advocates had at their disposal prior to conferences stating, “I think it’s better that she spoke with me first because you’re speaking to a bunch of people who are making a monster out of me. Painting this ugly picture of me... yeah, I think it’s better that you speak to the person instead of like...get it from the horse’s mouth” (PAR-09). As the experts on their own lives, parents felt it was important that advocates “just don’t take whatever it is that these people are saying” at face value and that they could directly inform advocates of what happened.

Establishing a relationship with the parent. By the same token, advocates found pre-meetings equally valuable for parents who gained insight into conference proceedings and secured “an opportunity...to understand that we are not ACS, that we’re here to listen to them and support them” (JCCA-15). Pre-meetings provided advocates with time to “speak to the parent before we go into the conference...and let them know that I am there for them and if they don’t understand something, you know they can ask” (CHDFS-10).

Alleviating anxieties. For other advocates, pre-meetings were used to assuage anxieties and alleviate concerns, “because some parents are nervous, they are upset, the least you can give is a little assurance that you’re there to help them” or “to gauge my parent’s emotion, I need to know if they’ll have a blowout in the conference...I need to know how I need to treat them during the conference with kid gloves, you know, or what” (JCCA-17; JCCA-12). One respondent recalled, “in that pre-meeting, the parent gets kind of relaxed and changes their facial expression from madness to relaxation” (JCCA-13). Another advocate added, “it is to kind of give voice to the parent and let them know ‘yeah, although you are in this situation, it could be fixed’. Also tell them how services could help your family stay together” (JCCA-02). Whether fulfilling the role of “calming mechanism” or “somebody [who] is there for you,” advocates valued the pre-meeting for dispelling fears and soothing agitated parents (CHDFS-15).

Giving parents voice. Pre-meetings were perceived as an opportunity for parents to voice their concerns and empowered parents to speak up. One advocate revealed the instruction they offered parents: “You don’t allow any conference to go on without you being there. You don’t let

anyone make decisions for you without you being there, so it's important that you be in the conference to voice your opinion, or to tell exactly what happened--your side of the story" (CHDFS-03).

Suggestions

Dedicated *private pre-meeting space* was the main suggestion that many parent advocates shared. Most advocates sensitive to parents' desire for privacy found hallways and public spaces ill-suited to the serious concerns expressed by parents in pre-meetings. An advocate explained the limitations of currently available pre-meeting space as follows: "We speak to them in the waiting room, or if somebody's in there, we go out in the hallway and speak to them" (JCCA-10). A few advocates suggested *more pre-meeting time* be offered since "some parents, they have a lot to say and figure out. Finally, a number of advocates preferred *more case information* being shared with them prior to the conference, whenever possible to help them be better prepared for the conference.

Initial Child Safety Conference Logistics

Office Location and Conference Notification

Advocates spoke about the convenience of their office location and the co-location with CPS in some DCP offices. Not all advocates were provided their own office space and most revealed that they regularly traveled between two or three different locations to attend conferences. When advocates were provided their own space and attended conferences within the buildings they occupied, they contended with another challenge—parents expressed suspicion that advocates were installed in the same space that housed ACS workers. While working in ACS offices afforded certain conveniences, such as eliminating the vagaries of commuting, it meant that advocates had to doubly reassure parents of their non-affiliation with their building-mates.

Fixed location vs. itinerant. The availability, if any, of office space greatly influenced an advocate's perception of convenience and the sufficiency of advance notice received prior to conferences. A number of advocates worked from a fixed location full-time. Other so-called "floater" advocates were dispersed in the Bronx, Staten Island, and Brooklyn and traveled to different conferences throughout their respective boroughs.

Advocates stationed in offices or who attended conferences in the vicinity of their homes found commuting reasonably convenient as voiced by one advocate who said, "I have no issues because I live in the neighborhood" (JCCA-12). Yet, even those advocates installed in permanent spaces floated to nearby conferences. Another advocate found that traveling to "hospitals" or "outside the agency" posed challenges because of the "long distance" (JCCA-18).

Given enough advance notice. Advocates were split in their assessment of sufficient advance notice for conferences, depending on their typical office space. Individuals with a dedicated space easily arrived at conferences on time as articulated by one advocate who said, “I’m their person that’s there full time...I work from the office everyday from 9:30-2:30 and then anything that takes place after that if I have to stay, I’ll stay” (CHDFS-15). Floater advocates found that receiving notice the night before was sufficient and that supervisors tried their best to provide notification as soon as possible. Another advocate stated, “Most of the time I am notified on time. I only had one incident I wasn’t given enough notice and the conference has started. I was already too late” (JCCA-19). Most advocates were aware of the difficulties in maneuvering across the city and were appreciative of the consideration taken in providing timely notifications of upcoming conferences.

Conference Attendants

Conferences were populated with anywhere “from four people to ten to twelve” including “the case worker, supervisor, facilitator, parents, us [advocates], sometimes there could be a family member, preventive agencies involved, or a mental health specialist. Advocates noticed “sometimes parents bring their friends. If they are alone, I’ll say, ‘you didn’t bring nobody with you? Your mother, your father, your sister, your brother?’” (JCCA-03). Not all parents availed themselves of external social support as “some people don’t have other people to support them, some people may not even be from New York for their first case so they don’t really know what’s going on and they might not even speak English” (JCCA-11).

Clarity of Presented Information

When asked about the clarity of presented information, parents were divided, with some indicating that they understood all the information that had been presented whereas others admitted to encountering some confusion or difficulty in parsing the details of the conference. When it came to the use of ACS-specific vernacular, one respondent shared the following example: “They had this alphabetical thing, due to the fact that I was in ACS already...I was lost. Like he used ah ‘ACDs’ and um ‘paroles’ due to the fact that I was an ACS and foster kid myself...It was confusing because they use ABCs, 123s, and paroles and you be like ‘uh what did they just do to me’” (PAR-01). A different parent attributed feeling “kind of stumped” to the fact that “they were going super fast, when they were discussing brainstorming options” (PAR-02). Another parent did not “really fully understand” the language being used in the conference and consequently felt their rights glossed over (PAR-15). In many cases, when parents experienced confusion from the information presented by the caseworker or facilitator, “the parent advocate explained it and it very helpful” (PAR-07).

A number of parent respondents indicated that information “was clear” or “nothing was confusing” due to either the CPS/CFS or PA explanation. A parent related, “She [facilitator] went over everything in order so I understood everything that she was saying. Because it went from like first step to second and all of that so it wasn’t scabbled around so I couldn’t

understand. Nah everything was clear and precise” (PAR-03). Another parent affirmed, “It was pretty self-explanatory so we didn’t really have questions after. If we did, the parent advocate answered them all” (PAR-04).

Conference Process

Parents described the conference process, which began with “introductions of everybody...and then everybody took turns talking” (PAR-04). An emphasis on collaboration between workers and parents was key as “we wrote on the board what things that could be changed. How I could improve my parenting skills, stuff like that” (PAR-04). Another parent recounted, “Usually, it’s a list of goals. That’s what they do, they have a board...Yes, there’s usually a list of goals for me and for my son and what not” (PAR-16).

Giving the family/parents an opportunity to take a few minutes during the conference and meet privately with the advocate (or without) was viewed as potentially beneficial. Currently, the only occasions when the parent would have a private meeting with the advocate involved distraught parents who needed to be calmed down. Advocates agreed that having private time with the family would offer benefits, such as helping parents process information presented in the conference, getting clarification on the issues discussed, brainstorming options, and developing a plan to address the safety concerns with the guidance of the parent advocate.

Explanation and Understanding of Follow-Up Process

Parents generally agreed that either an advocate or a CPS worker explained that there would be another meeting after the initial conference—the follow-up conference. It was rare that no follow-up meeting was mentioned. A parent related the experience of working with one particularly invested advocate: “The advocate had to explain it to me because I never realized when they finished writing out the letters of the conference I didn’t even know that they put down on a piece of paper. So she read it over, explaining, ‘are you all right with this? Do you have a problem with this? Is there anything that you need before you leave?’ She said, ‘okay, this is um on the 6th of April, you have another conference I will be there. Let’s talk more, and um, let’s get some things in place in our house, some things in place, but let’s hope they agree to that too’” (PAR-01). Following conferences, some advocates provided “pertinent paperwork” to parents related to “services” or other “helpful” resources “like counseling things of that nature” (PAR-03).

Parents were divided in describing whether they understood the follow-up process. Generally, parents knew that a follow-up conference would take place but were unsure of what would transpire in the interim or what exactly CPS expected of them. While most parents had been notified of a follow-up conference, some parents admitted that ACS workers had not been keeping tabs or diligently following up with parents in the interim. A parent revealed, “They haven’t sent me to the parenting classes or the rehab yet. I haven’t heard from them since that meeting and that was on the 8th of June and it’s now it’s going to our next meeting on the 26th of

June and which she'll be one month but I haven't heard from them since so I guess I'll see them on the 26th. I just asked her [the PA] what happens after the 20 days? I just come back after the 20 days and then are they gonna take my baby or what happens then? I still don't understand" (PAR-09). Still, another parent vaguely recalled that an advocate "explained it to us what's gonna happen next" (PAR-15).

Other parents stated that an explanation of follow up processes was provided by "the facilitator" who "explained that there was going to be a follow up" and also provided "a paper stating that I had to follow up within twenty days" (PAR-03). A few parents admitted that "nobody" explained what would happen post-ICSC. One parent articulated, "Nobody. They just said in 20 days they're going to make me come again. So they didn't explain nothing what was going to happen within those 20 days. They just left it to me. Come back in 20 days" (PAR-04).

Post-Meeting between Parent and Parent Advocate

Receipt of Post-Meeting Time

Unlike pre-meeting time, which was nearly universally provided, post-meetings took place on a more frenzied ad-hoc basis and were highly dependent on circumstances. Bloated caseloads, cramped schedules, and immediate post-conference court appearances could subvert post-meeting opportunities. When queried as to whether they received post-meeting time, respondents commonly replied "sometimes" or "if need be." An advocate explained, "It's not a formal kind of thing. Sometimes if I see them in the waiting room, I'd go over there and talk. What's supposed to happen at the conclusion of the [ICSC] meeting, we're supposed to debrief without the parent... Sometimes if the others are scurrying, because they have to make phone calls or do paperwork, I would go and talk to parents privately or sometimes I would see" (CHDFS-13). Other respondents gave more straightforward answers simply stating "Yes I do" or "Every time. We walk out together and sit down and talk." Less frequent were "no" responses indicating that post-meetings did not take place at all. Some advocates elaborated, "We are not supposed to talk to the parent after the conference but I do sometimes" and "at times by the end of the conference they are pissed off, so they don't want to talk to nobody" (JCCA-19).

Ideal Post-Meeting Time

There was variability in responses when it came to the ideal amount of post-meeting time with some advocates stating, "It depends, each case is different" and others indicating that anywhere between 5 to 15 minutes would be sufficient "because a lot of the times parents still have questions." Others felt that post-meetings could be quick affairs of "five minutes because most of the time they have to go to court" (CHDFS-12).

Value of Post-Meeting

Advocates perceived post-meetings as useful in helping families “get closure on the situation because...it’s an invasion for one, of a person’s whole space” (CHDFS-02). Respondents were hesitant to leave parents in a lurch and found post meetings “very important like you don’t just want to be like I’ll be all up in your business then we split. Sometimes I would even give the parents my phone number just to be there to talk” (CHDFS-08). Post-meetings were regarded as opportunities for parents to process any emotional fallout from conferences given that “navigating the system is vital to the parent sanity when you’re going through the experience. Having your child removed from you is as much traumatic to the parent as it is to the kid” (CHDFS-12). Another respondent described the feelings of deflation following conferences: “For an hour/hour and a half something pretty intense is going on there, and then she [the parent] walks out the door and we never see her again; to not even say good luck, or make sure you do this or that, or give them my card, or say call me if you have any questions, seems it’s odd enough as it is that we’re not there for the 20-day follow up so I try at least [to] have some sense of closure at the end” (CHDFS-13).

While post-conferences could help parents collect or process their emotions, they also presented other practical benefits such as reviewing or clarifying information “because sometimes even after the conference is over, the parent is still slightly confused of what’s going on” or “to let them know about the things that they have to do. Like don’t forget you have to go to tomorrow...” (JCCA-12). A respondent stated, “For the parent it’s important because you need to be able to tell them everything we just spoke about” whereas another advocate supplied “some flyers, some brochures, some things that they need” (CHDFS-16).

Rather than demystify ACS’ policies and procedures, conferences could instead further befuddle parents. A PA recalled, “Most times the parent didn’t know anything, so you went in, you had the conference, stuff came out, the facilitator says ‘any questions, any concerns?’, they [parents] say ‘no’ but then after they think about it and sign the papers, they might come up with questions, so the post-meeting is important” (JCCA-07). In this way, the post-meeting offered a final face-to-face opportunity for illumination on any lingering obscurities. This sentiment was echoed by other advocates who used the post-meeting to “explain...that’s why you have to go to court” or “explain to them exactly the procedures of what is going on here” (JCCA-08; CHDFS-04).

Purpose of Post-Meeting

The value of post-meetings was encapsulated by their purpose, which was chiefly “to make sure that [advocates] give them [parents] information or advise them on what they should do to navigate” and that “they understand the decision” and “get the copies of the documents” (CHDFS-12; JCCA-05). During post-meetings, advocates might “reiterate” procedures discussed in conferences like “they’re coming to your house later or you have to go to court...it’s just one more time to sort of take the opportunity to review that safety plan” (CHDFS-05). An example

illustrates the clarity post-meetings could provide: “When someone says ‘look they’re going to file an order of protection’, they need to understand what it means. I don’t think it always gets explained in the room... So I think those things really need to be made clear and I think that’s one of the things that the advocates try to do” (CHDFS-05). Another advocate saw the post-meeting as a chance to “suggest a course that I think can help them, then I can give them more information about it... I can make a call and see if they can get help somewhere” (CHDFS-06).

Follow Up With Parents after the Initial Conference

Although most advocates typically did not follow up with parents after initial child safety conferences, some advocates provided business cards or encouraged parents to contact them should any additional questions or concerns arise, especially if the PA provider agency offered other services that the parents could benefit from. The following summation by a respondent indicated the degree of sustained relationships between advocates and parents following conferences: “You know, we usually don’t put our numbers; but, sometimes you get a bond with one particular client that you feel that you may really be able to help, then you would give her your number and then you know, you’ll just periodically check... maybe you might be able to offer another service” (CHDFS-01). Replies indicated that continued interaction occurred on a case-by-case basis and were largely dependent on the degree of established rapport and the extent of required follow-up.

The onus of following up was nearly always left to the discretion of the parent whereby “if they want to call me afterwards, they have my card. I give them my card so that they can call. Or if they want to talk to me after the conference, they’re welcome to do that” (CHDFS-11). A couple of parent respondents noted that they had the PA contact information on the list of conference attendees and felt comfortable reaching out, if needed: “It was on the list of everybody who was there. So, if I wanted to contact him [the PA], I could” (PAR-05).

In general, most parent advocates shared that they wished they had an opportunity to follow-up with parents and “do more.” Similarly, parents found it worthwhile for advocates to follow up. One parent proposed, “Maybe [the advocates could] follow up and say, ‘how did everything go?’” (PAR-04). While the personal connections parents made with advocates were a significant reason they sought further interaction, parents also found accountability an enticing draw. Continuing interactions with advocates meant parents could ask clarifying questions, inform advocates of their progress, and troubleshoot any setbacks they encountered.

INITIAL CHILD SAFETY CONFERENCE PROCESS

KEY POINTS

Pre-meeting

- ⇒ Lasts 10-15 minutes and regularly occurs.
- ⇒ Valued for obtaining parental consent, explaining the role of the PA and the conference process, and for engaging parents.
- ⇒ Advocates should come with case knowledge prior to ICSC.
- ⇒ A dedicated private meeting space should be reserved to grant parents privacy to talk with PAs.
- ⇒ Advocates who commuted to conferences did not find sufficient advance notice was granted.

Initial Child Safety Conference

- ⇒ Populated with anywhere from 4-12 people.
- ⇒ Advocates help explain and clarify information within conferences related to resources and vernacular as well as voice parents' concerns.
- ⇒ Respondents desired to have a brief pause during ICSC to caucus with the family to help them process the information and discuss options presented.
- ⇒ Concludes with advocates alerting parents to a follow-up conference.

Post-meeting

- ⇒ Lasts 5-10 minutes; does not occur regularly.
- ⇒ Highly dependent on circumstances such as attending court and scheduling availability.
- ⇒ Offers parents an opportunity to obtain additional information, review unaired concerns, and provide a degree of closure.

Parent Perceptions of Initial Child Safety Conferences

Parents perceived conferences in a generally unfavorable light, with one parent describing the experience as an “inquisition” in which “you have been accused of this, this is why, and, my favorite is the third piece of paper titled um it’s the best, it’s titled brainstorming. There was no brainstorming about it. I wasn’t allowed to speak” (PAR-02). A feeling of antagonism pervaded the atmosphere with a respondent describing the conference thusly: “It’s defensive...it’s always defensive. On our part, on their part. They’re very nasty, you know” (PAR-10). This parent elaborated, “They’re trying to take my baby. It’s always going to be defensive” (PAR-10). For parents contending with allegations of drug use, the experience of conferences could take on a particularly accusatory tone with parents feeling judged for past choices. A respondent related, “I felt like everybody was jumping on me...because they said I neglected my child because she went through withdrawals” (PAR-13). Still another chimed, “And they were just naming ‘em left and right for me because of my past drug history” (PAR-14).

Another parent felt “like I was a criminal. To this day I feel like I am a criminal. And I was a DV victim myself, I have never touched my child in a harmful way in my life. Making me feel like the worst mother in the world...” (PAR-04). The sense of feeling criminalized was echoed by another parent who affirmed, “When I got defensive because they were attacking me like I was the criminal” (PAR-05). Another parent added, “CPS was against me the whole time” (PAR-07). One parent described the conference as an exercise in endurance and as “long and drawn out. It was long” (PAR-08). Rather than collaborative forums for discussion, conferences were regarded by some as “back and forth” debates with parents tasked with “pushing back” or “defending” themselves from misunderstandings, half-truths, or accusations (PAR-16).

PARENTS' ATTITUDES TOWARDS PARENT ADVOCATES

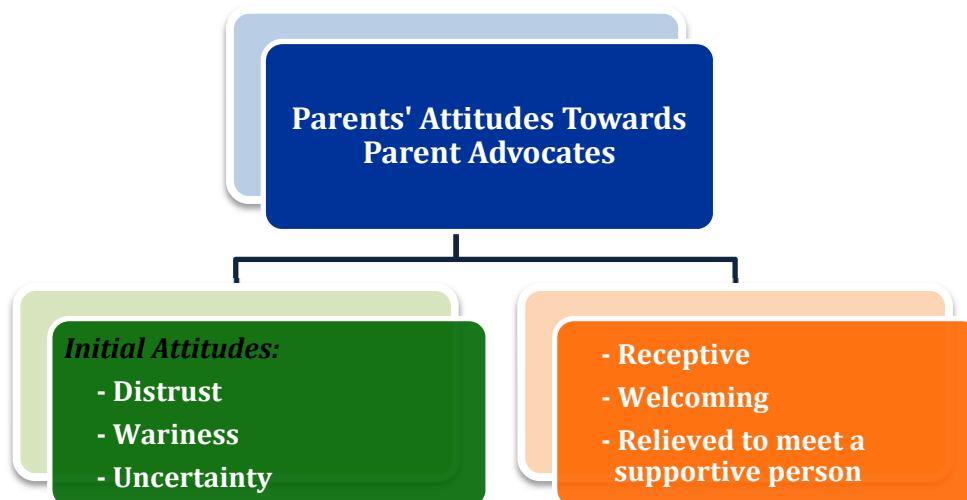
Prior Knowledge of Parent Advocates

About 75% of parent respondents (12 out of 16) reported that they had never heard of parent advocates prior to meeting them for the first time at their own child safety conferences. The remaining 25% (4) of parent respondents stated that they had a vague understanding of the roles parent advocates occupied but that greater understanding of their roles did not emerge until after their own personal encounters with advocates.

All three parents (out of 16) who had a history of ACS involvement, indicated that parent advocates were familiar staples. One said, "I learned about parent advocates through the child safety conference...5 years ago." Another parent revealed, "Yes. I heard about it because we had another situation with ACS CPS." One parent, who had heard of the advocates but did not have a past history of ACS involvement, stated "I heard of them but I hadn't dealt with them prior to that day; it was my first time at a child safety meeting."

Parents attending their first child safety conference often became acquainted with both advocates and the child welfare system concurrently. The experience of one parent was fairly representative of the majority of respondents: "I went to ACS, ACS building in Brooklyn. And, she [PA] was like 'do you need an advocate'? I said 'yes, I need an advocate'. She said 'okay, I have you'" (PAR-01). Parents "didn't know there was going to be someone there until [they] got there" (PAR-02). Typically, parents arrived at conferences and were greeted by advocates who directly introduced themselves or were otherwise already engaged with other family members in a pre-meeting.

Parents' Attitudes Towards Parent Advocates

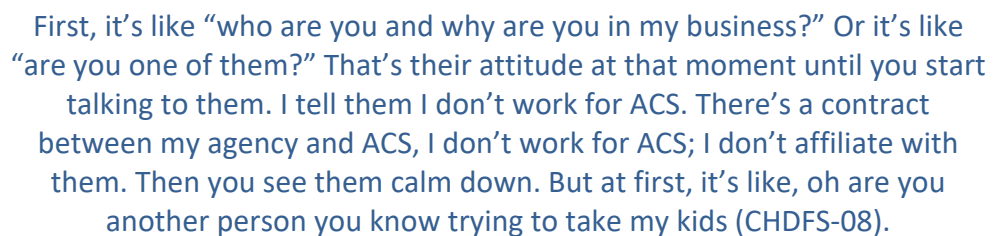


Initial Reaction: Distrust, Wariness and Uncertainty

Some parents expressed distrust and wariness when asked about their initial perceptions of and attitudes towards the parent advocate. One respondent described, “Running through my head was a combination of ‘thank God’ and ‘you are a double agent’” (PAR-02). Another parent felt that advocates colluded with other CWS professionals: “I’m just alert. I see what’s going on. I see it’s all about go to this agency so my friend over here could get paid...and go to this agency so my friend over here could get paid...keep feeding the beast...that’s what this is all about” (PAR-10).

Advocates similarly described parents’ initial perceptions of advocates as “very suspicious,” “a bit edgy, skeptical,” and “a little standoffish at first because you’re being called into an office, you’re meeting somebody, they’re telling you they’re not ACS but you’re not quite sure what they are, yeah they’re coming to you out of the blue” (CHDFS-13).

Often, such negative feelings resulted from a lack of information and knowledge about the purpose and role of the advocate. However, once advocates explained their position and their involvement in the conference, such perceptions often dissipated and the perceived trustworthiness of the advocate increased. One parent’s musings aptly illustrate the sense of puzzlement and attendant clarity that followed upon learning of an advocate’s role: “Who was this person, what are you here for...I asked her: what is her job description? What did she do? She gave me a pamphlet and I got to read through it. Once I read through it I was like okay, let’s try this” (PAR-12). Generally, parents evinced suspicion of advocates’ motives, as illustrated by one advocate’s delineation of a parent’s thought process:



First, it’s like “who are you and why are you in my business?” Or it’s like “are you one of them?” That’s their attitude at that moment until you start talking to them. I tell them I don’t work for ACS. There’s a contract between my agency and ACS, I don’t work for ACS; I don’t affiliate with them. Then you see them calm down. But at first, it’s like, oh are you another person you know trying to take my kids (CHDFS-08).

Parents described never letting their guard down with advocates due to the looming specter of ACS. For instance, “I don’t trust anybody because whether she was telling the truth or not, it would still make me feel, there’s a chance... you know what I mean? Because they [ACS] was trying to remove my child from me” (PAR-13). Given the nature of this parent’s interaction with ACS, the inability to trust any child welfare professional was common. In fact, this parent later revealed, “I trust nobody” (PAR-13).

CPS workers believed that parents welcomed the addition of advocates who could provide comfort to families with their assurances of support. One worker offered, “because they tell them from the beginning ‘I don’t work for ACS’...so you know it seem like it’s a completely separate

entity which actually works for the advocacy” (CPS-33). The distancing of advocates from ACS proved important in clinching parents’ trust and in offering solace.

Advocates stated that some parents evinced confusion when presented with the chance to have an advocate present: “Some parents are like ‘an advocate?’ They hear advocate and they think about lawyer” (CHDFS-09). The ambiguity of the word “advocate” could result in “some parents think[ing] their advocate...is someone who’s going to fight for them whatever the case, whatever’s happening, you know; and I had one parent who was disappointed, she didn’t get what she wan[ted]...she was really disappointed because she thought the advocate would get this for her regardless even though her situation was really bad” (CHDFS-06).

Most parents stated that the advocate’s presence made them feel comfortable, and that they did not oppose the inclusion of an advocate in conferences given the potential benefits that an advocate’s presence could confer. The gravity of parents’ situations coupled with a lack of insight into conference proceedings made advocates a welcome addition with no discernable drawbacks, especially when advocates presented as “congenial” or “interested in reuniting [families]” (PAR-16). One parent articulated feeling “more comfortable because I knew that I was getting help. I knew I wasn’t alone and I had somebody to support me. I felt scared and nervous but him being there worked” (PAR-07). For parents beset with anxiety about the potentially negative outcomes of a conference, an advocate was perceived as a default ally who could only add to parents’ understanding of the CWS and soothe frazzled nerves (PAR-09).

Receptive and Welcoming

Some advocates received a warm welcome from parents and did not encounter any or much parental resistance “because...as soon as I say I’m here to benefit you, they say ‘definitely yes, please,’ and then they start telling me all types of things so I really get...a warm welcome from the family” (JCCA-07). Receptive and welcoming parents “come in, they have a big smile, they thank you for giving them some of your time, they listen to me, I give them advice, I let them know that I’ve been doing this for quite some time, this is my heart and helping families and I guess by me talking to them they feel where I’m coming from and it be great, they be smiling, they be saying thank you and they be asking me questions” (JCCA-09).

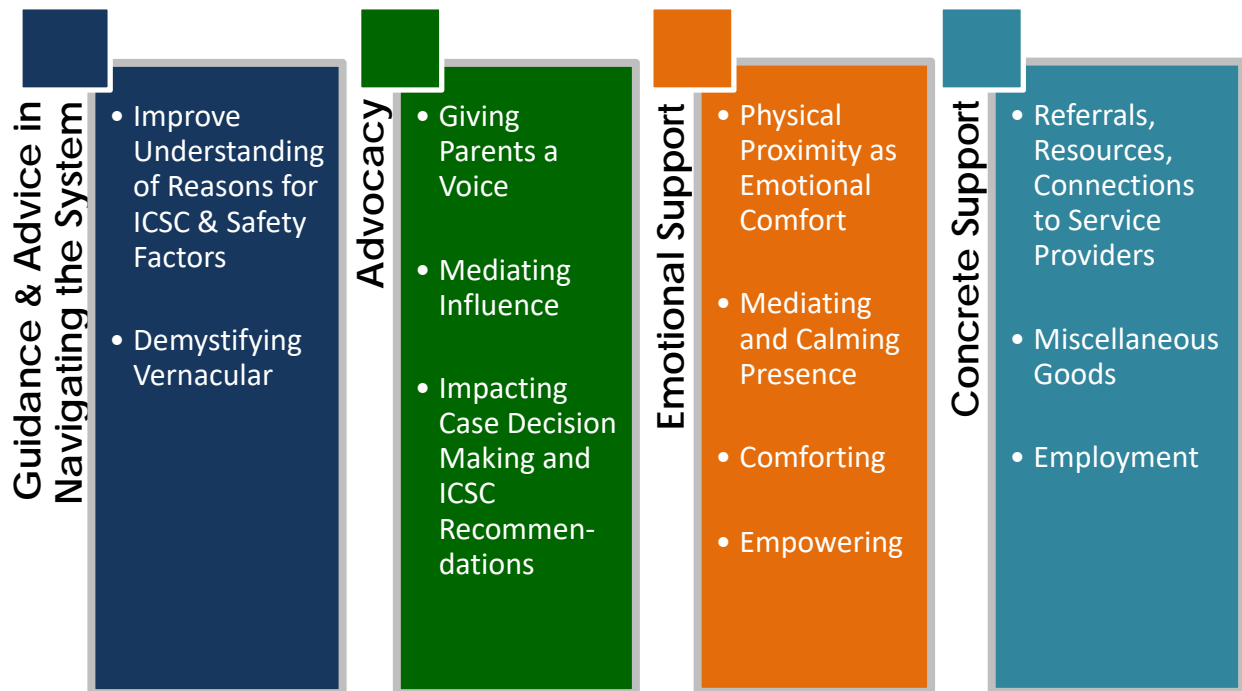
One advocate related, “They’re usually receptive. They’re usually happy to know that there’s an advocate and that they have someone to speak to” (CHDFS-05). Parents’ receptiveness was made manifest when “they tend to tell me a lot more than they would a worker” (JCCA-08). While some parents may not have explicitly welcomed advocates with open arms, advocates perceived that “they kind of have an inviting spirit. Some of them just spit everything up at me. Most of them. Most of them just tell me everything” (CHDFS-09). One PA stated, “Parents perceive me pretty well; I am honest, straightforward, and speak genuine” or were “very engaging most of the time after 2-3 minutes” (CHDFS-12). In other cases, “they [parents] actually welcome myself. They’re actually glad we’re here. Like I said, a lot of parents feel comfortable. We don’t work for CPS. They feel a little bit more comfortable and they feel ‘yes

somebody is on my side. Not everybody is against me.’ So when they find out we’re here for them to support them, because sometimes they need a backbone for them, they feel a little better” (JCCA-04).

Advocates recalled that while “other people are receptive from the beginning,” some parents warmed up to the advocates throughout the conference (CHDFS-13). Another PA stated, “I think they’re engaged in a sense that there is relief like I would tell you that there have been times where you know in the meeting they’ll scoot a little closer to me...they sense that I’m there to support them, and they’re feeling a little attached. So I think they’re engaged and receptive but it comes out in different ways” (CHDFS-05). Advocates found “some parents are so happy that they are gonna have someone there on their side” (CHDFS-10).

SUPPORTS PROVIDED BY PARENT ADVOCATES

Parents highlighted the unique supports that parent advocates provided them, especially given the lack of other support systems that most parents described. The support ascribed to parent advocates largely focused on guiding parents through the ACS processes, demystifying agency vernacular, helping parents understand safety concerns, and acting as a mediator between the parents and ACS. Importantly, PAs advocated on parents' behalf and made sure that parents' voices were present and heard. Advocates played an instrumental role in suggesting resources and offering emotional support. Furthermore, a number of respondents shared experiences and examples of advocates positively impacting conference decision-making and recommendations.



Lack of Support System

First, parent participants were asked about the availability of non-professional support, such as family and friends, in ICSCs. A few parents relied on the support of various family members, such as domestic partners, spouses, and parents, who were also in attendance at conferences. One parent brought along their mother, though ultimately found this decision to be of limited utility. In describing their experience, this parent confessed,

I felt like I didn't have anybody to back me as being a good person. Ms. ---- [the ACS worker] doesn't really know; she can't vouch for my character, you know? So I didn't really have anybody there. And who's gonna listen to my mom? Nobody wants to hear it from your mother. Of course your mother's gonna have your back no matter if you committed murder. Your mother's gonna say, 'no, but she's a good girl.' You know what I mean? (PAR-09).

More common were the experiences of socially isolated parents who admitted to not having any non-professionalized support systems immediately available. For such parents, the lack of familial or community based support underscored the outsized impact of the parent advocate, as recounted by a parent who stated, "I don't have any family member or people from my church... But the parent advocate was there for me" (PAR-11).

Given the numerous professional representatives from ACS including "the caseworker, the supervisor, and another person who is recording, facilitating the meeting," parents could feel outnumbered and helpless without the support of someone able to advance their interests, especially as "you feel like you're going in there alone and everybody's sitting across that table from you and they're not there for you" (PAR-04). The comfort of having a competent support available was articulated by one parent who admitted, "At the time, in my mind, CPS was against me the whole time. So him [advocate] to be in my corner was a great thing" (PAR-07).

Others availed themselves of the support of established social networks such as religious communities. For instance, a participant revealed that he or she attended the ICSC alone as "my mother died two years ago" but found solace in the Church of Mormon to such an extent that "on the brainstorming section once they moved to mother's strengths...they offered up one or two. I kept saying, 'Mother takes children to church, that's good, right?' And they didn't put it up, they wouldn't put it up and finally they wrote: 'Mother goes to church'" (PAR-02). For this participant, who "grew up in a family-related environment" as a "Mormon," the presence of a church community even outside the conference provided relief, comfort, and a cornerstone of their identity. For parents with limited or weakened social ties, social support within conferences was often not a possibility or, sometimes, not even desired. For instance, a parent acknowledged, "there are no family members outside me and my son" (PAR-16). This participant candidly

stated, “I’ve always taken care of myself and I will continue to do so...” (PAR-16). Whether due to circumstance or personal preference, many parents indicated having little to no non-professionalized support available within conferences and looked to the parent advocate to occupy multiple roles as advisors, defenders, and peers.

Value of Peer Support

The type of support offered by advocates differed in scope and ability from other, typically “professional” supports. Advocates took on tasks that went beyond the ability of workers but also indicated, via their tone and mannerisms, a more accessible and less intimidating level of support. For instance, one advocate stated, “The worst thing that I would hate to see is that ten years from now, parent advocates have become what ACS is, that they’ve become bachelor’s master’s degree” (CHDFS-02). The over-professionalization of child welfare work could widen the perceived differences between workers and clients, with parents feeling less of a kinship with workers who they see as occupying a starkly different demographic milieu. Unlike ACS staff, advocates had personal experiences within the system, not as service providers but first-hand as recipients. Additionally, advocates, unlike staff, were not entrusted to make potentially life-changing decisions regarding parents’ fates. A parent advocate recalled the reception she got from one parent, who exclaimed, “Oh, you’re not ACS, phew! Thank God!” (JCCA-03). This respondent continued, “and you hear that—‘you’re here to help me? You’re here to help me?’ And they’re seeing that I’m helping them...” (JCCA-03). The lack of affiliation with ACS and the quality of being a peer were viewed as unique and key factors in engaging parents.

Guidance and Advice in Navigating the System

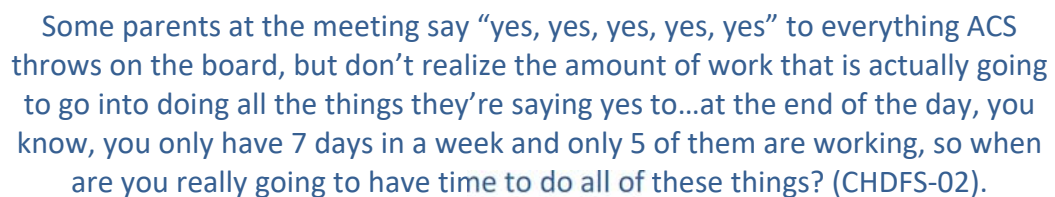
Drawing from both personal and professional experiences, advocates offered practical advice and guidance to parents about proper behavior in conferences and in court. For instance, one advocate said, “I really try to tell parents not to go into court and be completely complacent, not to just sit there, to let the judge know, to speak for themselves if necessary, to let their attorneys know everything” (JCCA-09). Advocates instructed parents to speak up and to practice restraint when “they sometimes are giving information that they don’t even have...that could hurt them in the long run” (CHDFS-15).

Appropriate behavior related to maintaining composure, keeping calm, and being honest was a recurrent theme in the kind of advice proffered to parents. An advocate shared the following example, “I let the parent know: ‘look, let’s be honest, ACS wants you to be honest with them, so if they feel like you’re lying, that’s not going to do good for you.’ So I need to speak to them to let them know how to carry themselves in the conference” (CHDFS-09). This was supported by a fellow parent advocate who instructed parents, “please be honest about everything, even drug use. I said, ‘it’s worse on you if you lie and they take that drug test and find out that you’re

an addict or that you're using drugs.' I say that every time to my clients and they understand that" (JCCA-15).

Furthermore, parent advocates understood that having parents participate in decision-making about the services they would receive and holding them accountable to agreed-upon service recommendations could go a long way. They counseled parents to consider the services suggested by ACS, "I let them know if there's services that have to be put in place, take the services. Because the services that they put in place will be based on the allegation that was called in on you...and ACS wants you to do tests, then that's how you prove to everybody that they, the people who called in are wrong because you're going to go through the test, you're going to go through the services" (JCCA-10). At the same time, advocates advised parents to be realistic in their efforts and actions, as demonstrated in the following example:

Finally, parent advocates worked on helping parents see through the process and work towards an actionable plan to achieve positive outcomes:



Some parents at the meeting say "yes, yes, yes, yes, yes" to everything ACS throws on the board, but don't realize the amount of work that is actually going to go into doing all the things they're saying yes to...at the end of the day, you know, you only have 7 days in a week and only 5 of them are working, so when are you really going to have time to do all of these things? (CHDFS-02).

Parents agreed that such guidance was much needed. One person shared, "It was comfortable to talk to someone on some level who's been through it before so that they can basically tell you what to expect" (PAR-13).

Workers saw advocates as guides in helping parents better understand the child welfare system since "some of these parents are first time, so they don't understand what really goes on here and what their rights are" (CPS-27). For parents unfamiliar with ACS, the agency's policies, procedures, and vernacular could result in confusion and an attenuation of rights (CPS-07). A worker explained, "some parents don't know what they are walking into even though it's explained by the CPS worker at the conference maybe the parent advocate can so maybe they can understand it" or to "let them know that ACS doesn't have the final say it's the judge sometimes it makes the parent feel better" (CPS-10; CPS-41). For instance, parents could remain unaware of their ability to voice their disagreement or displeasure with recommendations in conferences or feel flustered by the conference itself.

For some workers, advocates occupied a role that they themselves were not able to adequately fill due to time constraints: "The facilitator, the worker, the supervisor, we all need to be running the conference itself so we just don't have the time to lay everything out for the parent" (CPS-

19). Advocates could counsel parents about the best course of action to take: “the parents in these cases are in deep waters so it is really helpful for the parent to have a support there who can guide them and encourage them. They can tell parents, ‘you don’t need to sign that’ or ‘you don’t need to do that’” (CPS-36).

Improve Understanding of Reasons for ICSC and Safety Factors

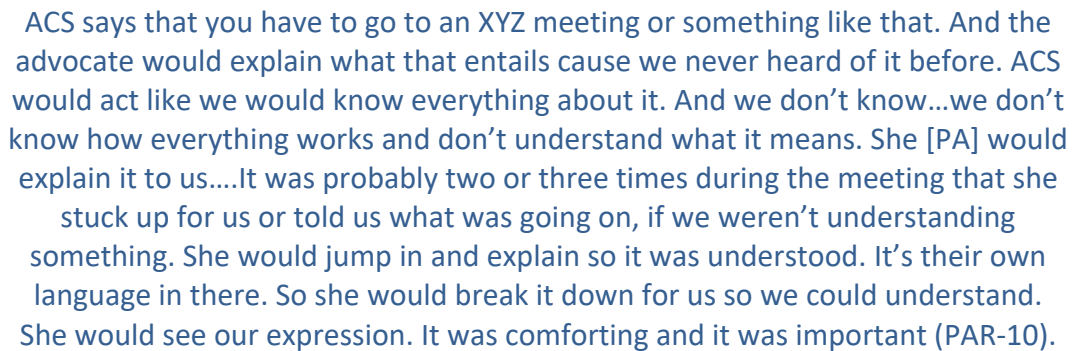
Many workers found advocates helped parents gain insight and better understand the reasons for child safety conferences, since “the rules are explained and the client may not understand the words that ACS is using so the parent advocates are able to break down the rules so that the client can understand, kind of like translating what ACS is saying in a way that they can understand” (CPS-01). Insight for families was particularly valued given that “some of these parents are just so clueless as to what we are asking them to come in for even though we tell them. Having a parent advocate there just to guide them letting them know what this process is about” (CPS-05). A worker relayed,

Throughout the conference you talk about the safety factors and, if a client is puzzled, the parent advocate can explain it and why it is a safety conference. I think the best thing that they do is explain to parents when they’re not understanding or when they keep making excuses about what happened. For example, I’ve seen parent advocates say to parents, ‘well this is what they’re saying mom, this is what they’re saying and this is what happened” (CPS-30).

Workers further spoke of advocates who did not hesitate to offer “brutal honesty and genuineness.” Such reality testing was viewed as “really important” since advocates could be “very transparent... about the entire procedure and parents really appreciate that” (CPS-15). This worker continued, “To get to the level of a CSC means that there are some serious concerns that were not adequately addressed, so the CSC is very, very serious, and it can get really emotional in there. So, advocates that can drive that point home and let parents know about the seriousness of the situation and be as honest with them as possible, that’s something that’s useful” (CPS-15).

Demystifying Vernacular

Throughout conferences, parents made references to the obscure agency-specific lingo utilized by ACS, which had the effect of tacitly excluding parents from obtaining a full understanding of conference proceedings. For parents unaccustomed to the ACS lingo, advocates helped to “explain it in layman’s terms” to further facilitate understanding (CPS-28). A number of parents described how an advocate helped clarify confusion over the word “parole,” others did not exactly know what “remand” meant. Another parent recalled a misunderstanding arising over service recommendations stating,



ACS says that you have to go to an XYZ meeting or something like that. And the advocate would explain what that entails cause we never heard of it before. ACS would act like we would know everything about it. And we don't know...we don't know how everything works and don't understand what it means. She [PA] would explain it to us....It was probably two or three times during the meeting that she stuck up for us or told us what was going on, if we weren't understanding something. She would jump in and explain so it was understood. It's their own language in there. So she would break it down for us so we could understand. She would see our expression. It was comforting and it was important (PAR-10).

For this parent, the advocate also helped to simplify language given this respondent's self-described "horrible vocabulary."

In addition to furthering understanding, advocates also helped to "clear up misunderstandings" as occurred in several instances involving non-English-speaking parents. A worker recalled, "We did have this one case where we had a Spanish advocate and we also had an interpreter who was interpreting in Spanish to the parent. And this advocate was able to stop the interpreter and say, 'no, you're not explaining it to her correctly' because the advocate knew the language and was bilingual. That's very, very helpful when an advocate is able to make things clearer for the parent so that everyone is on the same page" (CPS-29).

Advocacy

Advocates fulfilled a critical role to inform parents of their rights: "He [PA] reassured me I had rights as a parent" (PAR-07). Living up to their name, advocates staunchly defended parents' rights, asked clarifying questions, and spoke up on behalf of parents whether it came to "signing" documents or defining "domestic violence." The impression that parents were, in some way, being hoodwinked by ACS was present in their responses. In such high-stakes situations, a zealous advocate could make a huge difference in the types of services rendered to parents. One parent admitted, "Well, I'm going to accept any advocate in order to advocate for me, because I didn't have an attorney there" (PAR-13). For this individual, the presence of any advocate was welcome when facing ACS. Another parent appreciated the sizable role and impact a parent advocate played in their life: "Some of us don't have social workers. Some of us don't have a good lawyer. And an advocate is like a lawyer basically because they still protesting on your side" (PAR-01).

Parents glowingly recalled advocates' courage and direct challenging of ACS. One voiced: "He [PA] would mention things they [ACS] didn't want to hear in the meeting... but he still didn't stop" (PAR-04). Parents already wary of ACS' motivations felt vindicated by advocates who

directly challenged the agency in a show of checks and balances. For instance, “They would’ve probably got away with a couple of things. Like, probably my wife would’ve signed that paper that she saved her from—a drug class or something like that” (PAR-10).

Like their title indicated, advocates also spoke up on behalf of parents and advocated for their needs or clarified unclear details. For instance, a parent described how an advocate came to his or her defense, “She was the one who said what about the, you said she was clean. Now I don’t know what you mean by clean that’s not a good question to me but I know that’s a big deal when it comes to these agencies and the shelters” (PAR-02). Another parent expressed how the advocate “spoke up when they skipped mother’s strengths. She spoke up and added another strength. She had to put her foot down on that one, they were ready to pass it” (PAR-02).

Advocates left the impression that they “had a lot of information” and counseled clients “like a lawyer” by indicating “you don’t do this and don’t say this, say this and don’t do that” (PAR-13). In other instances, advocates could unearth pertinent information otherwise unknown to workers, as experienced by one respondent: “Just as an example, if there was domestic violence in the home the advocate might say something like, ‘well the child wasn’t in the same room right?’ ...trying to elicit from the parent some of the things they did to protect the kids” (CPS-31). In situations involving intimate partner abuse where privacy and discretion were of the utmost importance, the availability of an advocate could result in the uncovering of crucial information typically not volunteered to workers.

Giving Parents a Voice

Parents found the advocate to be “an extra voice.” One parent recalled, “It was like me having a voice.” In this way, the support of an advocate seemingly legitimized and bolstered parents’ voices. Advocates acted as mouthpieces for clients unable to articulate concerns: “The parent advocate helps to make the client feel as if their voice is being heard and help them understand what is going on” (CPS-02). Another worker further added,

The parent advocate can be [a] parent’s voice. Sometimes they can kind of lose their voice when there is so many players at the table. So, to really have someone very vocal and strong regarding the parent, it gives the parent a little more power, to feel a little more powerful in the situation (CPS-13).

A parent’s reluctance to speak up in conferences could be further bolstered by the fear and “paranoia” people harbored towards ACS and the perception that the agency was “attacking” the parent. A sense of defeatism among parents had to be combatted, since “they feel like they don’t really have a say, ‘like, ok we are here at the table and I don’t really have a choice’ in the decision making process, when they really do” (CPS-17). To this end, advocates encouraged, supported, and elicited parents’ input by reaffirming the importance of their contributions to

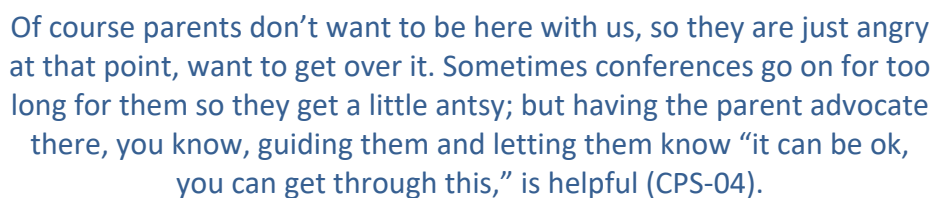
conferences. The empowerment advocates offered was especially noted in DV cases where “the advocate will tell the mom, ‘you’re the victim, you’re the one that has the duty to protect the child now’ and just empowering statements like that” (CPS-23).

Workers generally agreed advocates made a “tremendous difference” by helping to clarify a family’s predicament, to uncover more information, and “to make sure that [their] rights are not being violated” (CPS-13; CPS-28). For instance, an advocate might list a parent’s good faith attempts to meet agency objectives: “I have reached out to all these community agencies, I am not neglectful, this is what I have been trying to do and this situation hasn’t gotten any better. Or they could get other information regarding what’s changed over the course of the case. Yeah, it can really help to demonstrate that they have been involved” (CPS-13). Other advocates were remembered for suggesting recommendations and “sticking up and fighting [for] the parent not just going along with everything ACS is saying. It makes me happy to know or see an advocate actually fighting for their client” (CPS-23).

Mediating Influence

Advocates occupied roles as buffers between the agency and families, given that “when a parent is in this situation, there is a tendency for the parent to feel as if they are being targeted just because of the way the conference is run” (CPS-39). The perception of a “neutral person who is just there and is not part of the ACS structure and system” was a recurring theme for workers reflecting on the value of advocates.

Given the defensiveness that often greeted ACS workers, advocates occupied a unique role as mediators or as a “comfort person” who were “here if you want to talk” (CPS-19). Their non-affiliation with the agency gave them the luxury of being able to “calm down the client and help discuss a plan for safety” or to defuse potentially calamitous situations as a “neutral” third party (CPS-16). A worker explained,



Of course parents don’t want to be here with us, so they are just angry at that point, want to get over it. Sometimes conferences go on for too long for them so they get a little antsy; but having the parent advocate there, you know, guiding them and letting them know “it can be ok, you can get through this,” is helpful (CPS-04).

Another worker offered a similar experience in which “the mother...was getting very upset, she was just ready to walk out of the conference and the parent advocate really step in and try to calm her down, ‘relax, I understand that this can be a little bit overwhelming, we are trying to help you out’ and it really helped calm her down and she actually sat down for the rest of the conference...that was very good on the parent advocate’s end, that she really helped calm the situation down” or to “bring...balance” (CPS-17). One worker stated, “I have seen advocates

ask, ‘can we just pause?’ And they will go get water for someone who needs water. They do very much at times, it’s like they take on the role of a caretaker” (CPS-18).

As mediators, advocates were able to reach parents in a way that proved otherwise inaccessible to CPS workers, given the unique relationship advocates enjoyed with parents. An advocate shared the following example:

There’s a lot of times that the CPS and supervisors would sit back and let the advocate have straight talk with that person because they can’t say it to them but the advocate can, and they’ll let me be that person who addresses that parent because that parent is responding to me, and that parent is mad at them. So, they’ll let me do the talking. There are a lot of times when they be like, ‘I need you to talk to this parent;’ they know I could get through to that parent (CHDFS-12).

One respondent recalled the substantive difference that the presence of an advocate had on conferences:

The difference between the conferences with an advocate and without are pretty big. Before we had the advocates, some of the parents could get very physical and confrontational... so it can put us in danger with a parent that is being overly aggressive and hostile. But with an advocate there telling the parent to calm down and listen, it can really prevent escalation of conflict (CPS-19).

Another respondent echoed the necessity of advocates, stating, “Just for safety reasons...if the advocate is there then it’s a reminder to the parent that they shouldn’t do something that’s not going to look good like attack the staff” (CPS-20).

A number of advocates saw their role as that of a mediator who ensured that no “shaming or blaming” took place in conferences and that “they [CPS] respect your rights as a parent” (CHDFS-01). For such respondents, it was important that CPS did not overstep their authority and that parents likewise not “overreact” to “things that may or not be true” (CHDFS-05). An advocate summarized their role: “I am here to help you, I am to be that person in the middle for when it does get out of control. Either with the parent or with ACS. Let them know that you can’t do this or you can’t say this. So to show the parent that yes it is about the child [but] it’s also about you too” (CHDFS-11).

Impacting Case Decision Making and ICSC Recommendations

Although surveyed parents, advocates, and CPS staff indicated that advocates could not overturn decisions made by CPS when the safety and well-being of a child was in jeopardy, some agreed that advocates could offer alternative recommendations or otherwise change the tenor of conferences by mollifying agitated parents. Of 16 surveyed parents, 5 respondents (31.25%) indicated that the advocate made a noticeable positive impact on their case in terms of recommendations. Among 35 parent advocates interviewed, roughly half (45.7%) offered experiences of indirectly impacting conference recommendations or outcomes with an even split of 8 PAs within CHDFS and 8 PAs within JCCA recalling such instances.

One of the most salient ways in which advocates altered the direction of conferences involved their outspokenness in venting the frustrations of parents or offering information previously unknown to ACS. One parent characterized their advocate as “butting in” during a conference to challenge ACS’ narrative of a parent’s “history of violence with [my] child” (PAR-04). In a similar vein, another parent recalled the gratitude felt when the advocate tried to “show somewhere within the concerns there was a positive aspect” rather than simply denouncing the entirety of a parent’s case (PAR-07). Advocates helped clarify concerns the workers had about parents. In one instance, the PA insisted on differentiating between “some arguing between parents” and “domestic violence” and not equating. The parent further explained,

There was some arguing between parents. Every couple in existence has argued. There was no hitting or things like that. The parent advocate told the ACS worker it was not really an issue. If you’re going to call it domestic violence, you are going to say everybody in the world has experienced domestic violence... So the worker removed the domestic violence part because he [PA] voiced his opinion on that (PAR-07).

Still, another way in which an advocate indirectly influenced conference outcomes involved their ability to make suggestions for programs. Advocates’ input regarding service recommendations “could offset the outcome” since,

If ACS wants to do a removal, and I know something that can address the safety concern that causes them to want to do a removal, then we might not have a removal, if I could get that resource in place. So, that’s one of my jobs to provide resources to act as a support (CHDFS-12).

A parent similarly recalled, “When she [PA] came up with different suggestions, that’s when I got to keep my child. If I was there alone, they [ACS] were going to take my child” (PAR-01).

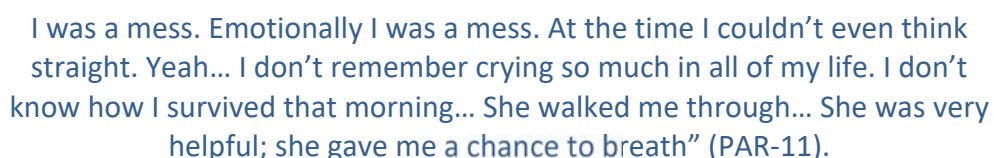
While other parents who maintained custody of their children did not directly credit such positive results to having retained an advocate, they did acknowledge a correlation: “We won because they didn’t take my child. She was discharged from the hospital right away and went home with her father, so if he [PA] wasn’t there, maybe they would have taken her, who knows?” (PAR-04).

Out of 41 surveyed CPS workers, only 10 respondents (24.4%) recalled a memorable instance of an advocate altering the tenor of a conference. CPS workers provided further support to the idea that advocates exerted soft power in conferences as negotiators, mouthpieces, and allies for parents. Other workers recounted instances in which advocates obviated a conference’s derailment as they soothed agitated parents, who threatened to “walk out.” For CPS workers, an advocate’s ability to change recommendations or outcomes was limited though that did not lessen the forcefulness and utility of an advocate’s presence. Rather, the soft power advocates exerted was viewed as equally important and impactful for bringing parents back to the table, facilitating understanding, and brokering agreement.

Emotional Support

Mediating and Calming Presence

Given the emotionally fraught environment of conferences, advocates played a large role in offering a “sense of calm, reassurance” for upset or nervous parents given that “it’s a very heated moment.” One parent described her emotional state and the advocate’s support as follows:



I was a mess. Emotionally I was a mess. At the time I couldn’t even think straight. Yeah... I don’t remember crying so much in all of my life. I don’t know how I survived that morning... She walked me through... She was very helpful; she gave me a chance to breath” (PAR-11).

While this parent’s hysteria was not a common experience, parents did reveal struggling with maintaining composure and described conferences as a “sincerely sharp and jagged experience.” In such environment, advocates made parents “feel better” and helped “comfort” the family.

Advocates further elaborated, “We try to get them as calm as possible before we go in the conference because I always explain to them, ‘if you’re irate or belligerent, in the conference, they’re gonna do the conference without you, and your voice, only you know your family’” (CHDFS-01). There was acknowledgment that “some parents come in and they’re ready to fight and they don’t want to listen to anybody. That’s not really a great idea. So, for those parents I kind of get them on the right track” (CHDFS-06). Another likened the advocate role to that of “a therapist” when “the parents that come in here angry, like oh I hate everybody, I’m going to punch them in the face, you got to talk them down” (JCCA-18).

Given the emotional nature of conferences, parents at times struggle to maintain their composure since conferences often result in decisions affecting their child and family. Parent advocates provide emotional support to these parents that has a calming and reassuring effect. A worker reinforced the sense of emotional support provided by advocates with the following:

Sometimes when parents are upset, they [PAs] help them calm down a little bit; for those who don't have support and don't know and never been through any of this before, they look at the parent advocate for a lot of emotional support. Just having them as an emotional support is the biggest plus. Because you come in a conference with a bunch of strangers and for the most part everyone is out to get you. I know that's a bad word to use but let's just use it now. And this one person is sitting next to you that you feel like someone is in your corner is a good emotional support for you (CPS-11).

Comforting

The presence of an advocate provided comfort to parents who benefited from feeling empowered, less alone, and more respected with a parent stating, "Well, it's good to feel like you're not alone. You know, you have somebody there for support" (PAR-07). Another respondent echoed, "She made me feel like I wasn't alone. And that was wonderful for me... the way she came out to me, like she was a mom. She didn't come out to me like this was just a job" (PAR-01).

Advocates admitted to giving "a sort of pep talk about how valuable they [parents] are" and "making them feel comfortable because they are so nervous going into those conferences. Because that conference can determine whether or not their children are going to be taken out of their homes" (CHDFS-06). Tactics like mindful listening went a long way in making parents feel "comfortable and more relaxed." For instance, one parent recalled:

I was crying. I was so sad. I was crying, and he [PA] was there to comfort me. He was very empathetic. He was like, "I feel your pain. I know it's hard." He made me feel like he was on my side. I could tell that he really cared (PAR-04).

In a similar vein, another parent stated, "The advocate was very helpful in getting me to come back because I was just bawling, crying. I could've filled a cup" (PAR-11).

Advocates recounted instructing parents to "look at me if you feel like you're getting upset. Just talk to me. Answer their questions but look at me" (CHDFS-11). Other advocates gauged parents' moods and soothed frazzled nerves "to make them feel respected and validated" since

“if the emotions run too high then we won’t get anywhere” (CHDFS-12; JCCA-14). The comfort advocates provided contrasted with the difficulties parents faced, with one respondent admitting,

I remember for me that was my darkest moment cause I’ve never been in that situation before. I never even thought about somebody trying to take my kids away, you know, ‘cause I work so hard to make sure they good... That was just foreign to me, you know? Yeah, that’s why you need good people like them [PAs] who are very professional and helpful (PAR-15).

Given the protracted nature of conferences and the considerable number of participants, advocates at times defaulted to nonverbal communication with parents. Such communication would occur when “she’d make eye contact with us. She’d look at us and make sure we understood what was going on. That’s the feeling that I got. The eye contact, it’s extremely important cause it’s another way to communicate” (PAR-10).

In addition to mitigating the intimidation factor posed by “a conference with a bunch of strangers,” parents also benefitted from the mere physical presence of an advocate given that some individuals “just don’t have anyone” (CPS-12). Because “conferences have so many people,” advocates were especially valued for helping parents navigate an overwhelming environment even by simply extending to parents the sentiment “I am here to help you” (CPS-41). For socially isolated parents, the presence of an advocate was a great boon in providing needed assistance and support otherwise unavailable. A parent recalled that the physical presence of the advocate, who was someone on parent’s side, was a remarkable support in itself: “Just by being there was letting me know that it was going to be okay” (PAR-11).

Empowering

Many advocates used their role to empower parents by encouraging them to speak up during conferences, offering them assurances, and informing them of their rights in the process. Rather than allowing parents to languish in defeatism, advocates wanted

...to make sure the parent understands what’s going on in the conference and to empower them a little bit, it get[s] them to advocate for their kids. Not to go thinking that is such a bad thing that their kids have to be taken away and they can’t do anything. Because sometimes they don’t realize that they could do something, and to encourage those that are struggling (CHDFS-06).

Supporting parents’ voices and their narratives was important because “they will always be the best person for their kids...their love for their kids will always be there” (JCCA-08). An

advocate aptly communicated the sentiment behind empowering parents as “they have a voice and...they have a right and that they will be heard. Regardless of whatever they think, they will be heard and that’s important. You want to make sure that when you go to a meeting that pertains to your child, your opinion does matter” (CHDFS-07). Advocates perceived parents as “important,” “the main part of this meeting,” and “still in control” as “experts” on their lives and that of their children. While advocates offered emotional support and addressed questions and concerns as part of the empowerment process, they also acknowledged parents’ efforts to be active participants. One respondent stated, “They put the safety up first and then they put the strengths. They put all these strengths up there but they forget the first one, the parent, the parent came here; we could have just did the conference without the parent. So, I recommend that sometimes” (CHDFS-04).

In describing conferences, a worker stated, “Most of the time it’s a touchy subject and some of the parents would end up crying and getting upset. They do a lot of the comforting...they can support them with emotional support, it could be a very touchy time. If the child has been removed, or is going to be removed which is the most traumatic thing that could happen. Even though they bring family members, the family members are in the same boat as them. They’re all emotional, all upset. This person is usually there to calm them down let them know that everything is going to be ok” (CPS-33). In such instances, the availability of an advocate made parents “feel supported and like they have someone in their corner during conferences” (CPS-39). Another respondent recalled, “I have seen where a parent has become emotional and stormed out of the conference and the parent advocate was successful in going out and taking the tissue and speaking to the family and explain the importance of the role in the conference and was able to bring them back in” (CPS-40).

Empathizing

Active listening and empathy were important aspects of the emotional support provided to parents. Advocates recalled, “emotionally because, you sit there with a parent and you’re a parent too so you feel what they are going through sometimes. And then sometimes you don’t understand what they are going through but the training helps you get through that” (CHDFS-08). The ability of advocates to “listen,” “empathize,” and “come up with some alternative solution” was necessary “because when you come to cases like that you already feeling down and depressed cause it’s your children” (CHDFS-06; PAR-01). One advocate admitted, “I understand that you are going through some stuff. I don’t even have to...sometimes I don’t have to ask them what their situation is, I could read it by how they are feeling. And I show them that I am there for them and the safety of their child” (CHDFS-04).

Instilling Hope

For “down and depressed” parents, hope could often be in short supply, which explained advocates’ commitment to “put a little hope in there” or “to make them feel comfortable and let them know you can get past this, this is not the end, you can get past this and move on with your

life” (PAR-01). An advocate recalled parents fretting “if they had a troubled teen and they think like the teen is gonna go off and never do anything positive” (JCCA-10). For worried and anxious parents, hopeful words could have an uplifting effect. Advocates recalled assuring parents, “Don’t think that just because you’re here your life is over; it’s not, it’s not, it’s not over” or “you can get past this, this is not the end, you know; you can get past this and move on with your life” (JCCA-11). While advocates acknowledged that child safety conferences were not necessarily the proudest of moments in parents’ lives, they did not quite signal “the end” either (JCCA-14).

Physical Proximity as an Emotional Comfort

Advocates and parents both described the seating layout of conferences, with the majority of both groups stating that advocates sat right next to parents. One advocate mentioned, “I say we are going to sit on one side, and they [ACS] are going to sit on the other side” (JCCA-03). An advocate recalled being seated “right next to the family... I always sit next to the family. Even if it’s a large family, I’ll let them all come in and then I’ll sit, right here. Always by the mom or the dad. Whoever, I’m here for. I’m always there for her” (CHDFS-01).

Parents agreed that advocates sat right next to them or next to other family members during conferences. Close physical proximity afforded a certain level of emotional comfort between parents and advocates and conveyed the availability of ongoing support: “It just felt good to have her by my side, next to me, even though I didn’t really need her to talk much for me” (PAR-09).

Remaining seated near parents afforded another advantage to advocates who became attuned to body language and facial expressions to gauge parents’ reactions. An advocate explained, “The way we sit side by side I still can pivot myself where I can see the parent. I can still see her or his actions, emotions, and stuff like that. Usually ACS is on one side of the table. So, if I sit with the ACS, they may infer that I’m with ACS; so I like to always sit next to the parent and be able to get a Kleenex or see them getting a little emotional” (JCCA-07). For this advocate, the visual representation of sitting next to the parent rather than across as typical of an ACS worker indicated solidarity with parents however subtle.

While most advocates sat near families, only a few respondents shared that advocates sat “across from me” or “closer to the facilitator.” A parent acknowledged the advocate sat “...two chairs down. I felt she would’ve been more supportive of me, if she sat next to me” (PAR-14).

Concrete Support

Referrals, Resources, Connections to Service Providers

Referrals and connections to other service providers represented the bulk of the concrete services advocates provided, with one parent advocate revealing, “I like to be called the bag lady, or a woman full of resources... I try to have as much a folder full of information. I make sure I have something that may fit” (JCCA-14). Another advocate described, “You know, I can’t physically take you to the appointments, but I’m here, to get you to the best. I will have you reach out to the right person if you need it, I will give you literature on how to do certain programs” (CHDFS-16). While ACS did supply resources, advocates were aware “that if ACS doesn’t help them out, they can call other people” or that they could “also bring resources that ACS may not know. A shortcoming of ACS was an advocate’s gain: “If I can do [it] faster than ACS can get it done, then I’ll give them that information. If not, I just give them the pamphlets and ACS will help them get started” (JCCA-18). Advocates’ input regarding service recommendations “could offset the outcome” in some cases, if they are able to find programs addressing the family needs.

In providing service recommendations, advocates did not waver from their primary duty to “help these parents...to improve their lives” since “if they get to keep their child, we want to make sure they have enough services in their home, their lives would be better, they’ll be helped” (CHDFS-16). In situations where “their child is remanded we try to help them and tell them what to do [to] get their child back. We try to offer them services, referrals, anything that could make the process quicker for them. But our ultimate goal is to try to keep the children with the parents along with services” (CHDFS-16).

Parents, too, recalled advocates’ efforts to offer appropriate service recommendations and referrals. For instance, “She tried to get me to ABC programs. ABC is like public services with certain therapies stuff that’s in place. So it will be more helpful to travel and help me with what I am going through with my case” (PAR-01). Another parent recalled, “she explained to me there was different services out there for a person, like situations that I have and that it can benefit not only me, my daughter can benefit from it. I felt, happier about that part” (PAR-03). Other parents were offered pamphlets pertaining to Legal Aid or other germane resources, with one parent recalling, “She gave me resources, because I have to be out the shelter by the 30th, so she is helping me with that process” (PAR-13). Another parent recalled, “They [PA] asked if I needed to speak to a psychiatrist and they were interested in what I did to relax and stuff like that” (PAR-16). A range of programs including mommy-and-me classes, drug programs, parenting classes, and anger management services were also facilitated as additional resources.

Other advocates spoke about the connections made to service providers. One described, “if there’s a housing situation, shelter, if it’s like an immediate need I’ll try to get them in to housing or shelter, give them addresses, make phone calls. Sometimes, if it’s a DV situation, I’ll call Safe Horizon and get them in immediately before the conference ends or if it’s like a substance abuse

problem, I've actually referred people" (JCCA-16). Another advocate described the array of resources he or she provided:

I will say to the workers, "if there's anything that I could do..." Whatever it is they need... Okay, I have pamphlets with this; I have an organization that they could start right away with... Parenting class or anything. If they need housing, I look into housing for them also. Anything and every kind of help that they need—I look into a drug treatment and all of that and see if I can help out (JCCA-18).

Advocates provided parents with referrals to community-based resources, helped connect them to services, and provided concrete services to parents, a task, which workers highly valued for ensuring continuity of services. As individuals commonly embedded in the self-same communities as their clients, advocates were often privy to resources and services otherwise unfamiliar to workers. A number of ACS workers recalled the helpfulness of advocates in offering appropriate recommendations for resources "available to [parents] in the community." Workers welcomed such recommendations and lauded those advocates who were "always ready" and prepared with resources "that can be accessed by our clients." Another worker chimed, "It's always helpful when they can bring in resources for mental health, drug treatment for teens, drug treatment for adults, DV, parenting classes for parents with special needs children. Those are some areas that are really needed" (CPS-20). One respondent described the utility of prepared advocates: "They'll come with a big folder and they're able to pull out certain things based on what we talked about in the conference, they are able to pull out community resources and things for the families... it gives them choices; you are not locked into whatever services CPS gives" (CPS-40). The choices advocates provided to families were especially valued since parents could admittedly be "turned off by CPS because you're looked upon as the bad guy but, if you have someone else giving you the material, they can read it and choose which option best suits them" (CPS-34). Whether offering alternatives to proposed recommendations or providing unique suggestions, advocates' resource savvy helped both families and CPS workers in meeting established objectives.

Miscellaneous Goods

In addition to occasionally assisting parents in obtaining benefits, such as SSI, advocates supplied miscellaneous goods and provisions to parents in need, which represented the most tangible of the concrete services supplied. For example, "I ask prior to them going in. I'll ask the mom, do you have milk? Do you have pampers? I'll always ask, even if I introduce myself after I finish, what do you need anything for the children? Do the children have clothes? You know, I always ask because sometimes the worker may forget to ask, so I bring it to the worker's attention. She needs some diapers for the baby or she needs some formula" (CHDFS-01). Another respondent described, "I would ask them what is their zip code and they would tell me and I would go in my office and look at the pamphlet with zip codes and I give them the

number...it could be that she lived in Harlem and she moved to Brooklyn and she didn't know where the WIC office was. Sometimes they don't have carfare so they would need a Metrocard" (JCCA-01). In one memorable instance, a respondent described the following:

In a conference... the parent was struggling in terms of obtaining eyeglasses. The advocate was able to send someone directly to an eyeglass shop in the area that had someone on site that dealt with whatever the insurance barrier the parent had expressed in obtaining the eyeglasses the child required...that was something extremely helpful where right then and there she had an answer (CPS-07).

Employment

While not frequently mentioned, an advocate recalled connecting a parent to employment opportunities. This respondent shared, "I had a parent recently, it was a mother and father; they just moved here from Florida. So, I helped him find a job, like I actually got him employed thankfully, because I realized that once he's employed, he would at least feel better, he is now able to take care of his wife and his child" (CHDFS-02). This particular advocate took a long-term approach to problem solving and decided to help this parent secure employment because "you have to focus in on what is that main catalyst that started the ball of problems rolling. For them, they didn't know how they were going to take care of the new baby, they didn't know how they were going to pay their rent. Once he got employed, that issue was gone" (CHDFS-02). While securing employment for a parent was unusual and outside an advocate's bailiwick, it was indicative of this advocate's commitment to his or her work and the types of concrete services desired by this particular parent.

Helpfulness of Parent Advocates

When queried as to whether advocates occupied an important role, parents largely agreed that advocates were *important* (81.3%, 13 out of 16) and *helpful* (68.8%, 11 out of 16) (Tables 10 & 12). Some parents described advocates as “a godsend” and having “provided a soothing preface to an otherwise sincerely sharp and jagged experience” (PAR-01). Another parent felt “he [PA] is the only one that helped me in that point in my life. That’s why my baby father wanted to give him money because he was like: ‘Wow, you are really helpful.’ He made me feel better. He did an excellent job. Even if he didn’t make a difference to what the decision was, it made us feel better” (PAR-04).

Others were simply glad to accept the information and counsel the PAs provided to parents unfamiliar with the child welfare system. This was noteworthy when a particular parent “went in there all hot headed... [and] wanted to explode. She [PA] sat down and actually was open. She pushed her job aside and became another woman, another mother, and I actually really respected that” (PAR-06).

The majority of CPS workers (86.8%, 33 out of 38) also affirmed the *important* role of advocates (Table 9). However, when asked about the helpfulness of the PAs, CPS workers and facilitators were divided: 39% (16 out of 41) found the PAs to be *helpful*, while 22% (9 out of 41) found them *not helpful* and 39% (16 out of 41) had *mixed* perceptions of their helpfulness (Table 11). The designation of “mixed” captured ambivalent or qualified responses such as “it depends,” “sometimes,” and “not always.” Such responses did not explicitly articulate a “yes” or “no.”

Those who found PAs to be helpful described these advocates as highly vocal, engaged, and interested in conference proceedings. The caseworkers embraced such a high degree of involvement and found such enthusiastic participation beneficial in generating recommendations advantageous to families. One worker described, “Most of the advocates that have a say in my conference have been vocal. They have been saying, reminding the parents, ‘this is your conference, this is your family, you need to say something’...encouraging them to answer and to be as truthful and honest because that is the only way we can move forward” (CPS-25). CPS workers appreciated the insight and counsel advocates provided to families especially as they presented concerns and recommendations.

Nonetheless, 23.7% (9 out of 38) CPS workers found PAs to be *unhelpful* (Table 10): “I do think it’s an important job but is it something that’s being helpful? Not at this time” (CPS-11), said one. One worker diplomatically offered: “I really want to say the parent advocates are important in an ideal world and I don’t want to say anything that might make them look bad but in my experience, they have not been helpful. I think their role is theoretically important though” (CPS-24). Another respondent echoed, “Theoretically, they are supposed to be there to support the parents but that is not always happening in reality especially” (CPS-37).

One worker stated that advocates were important “at times” and that “there are certain cases, for example, domestic violence, where we already have all the resources the advocates give to the parents so we really don’t need them there. But there’s other places where sex abuse cases, they might know some services we’re not aware of. So it’s case by case basically” (CPS-41). Another respondent who did not perceive advocates as helpful revealed, “They can be [helpful], I don’t think they are...I know that they say they have services and resources available, nine times out of ten that’s useless because we’re going to be offering the services, it’s going to be coming from us anyway” (CPS-38).

Some respondents qualified the demonstrated utility of advocates and admitted to being “not too sure” about the value of advocates: “When the parent advocate is knowledgeable and is really participating in the child safety conference, they can be helpful. I have seen some parent advocates who have been very supportive to the parent and then there are some that just sit there, are just a presence” (CPS-37). Furthermore, the desired active role of PAs was emphasized by a number of CPS caseworkers who acknowledged the limits of “some advocates [who] will be there and they won’t say anything when they’re supposed to be there for the parents.” This worker further explained, “They just sit there silent,” and found that the extent of a family’s willingness to engage did depend on the skill of the advocate in eliciting input (CPS-09). Another respondent added, “...in a lot of the conferences that I’ve been in, the advocate has not really spoken up or made her presence known. The advocate will just sit there observing and not provide concrete resources” (CPS-24). One CPS worker described advocates thusly:

I’ve seen advocates that just sit there watching and observing like it’s the People’s Court and not saying anything, and that is not helpful at all. We need advocates that are vocal and proactive and if they have a resource, they need to call and set it up and let us know who the point person is and when the parent has an appointment... It’s not enough to just speak but actions are louder than words. It’s also helpful when advocates can speak to parents’ strengths and highlight what a parent has done so far (CPS-21).

Similar to CPS worker respondents, a few parent respondents stated that advocates were not, in fact, helpful (Table 12). Although these parents comprised 25% (4 out of 16) of the respondents, it was important to hear the reasons why they found the PAs *unhelpful*. To these parents, advocates failed to fulfill their roles, with one parent recalling, “She was no help at all. No, not to me. Nah... She introduced herself but not really. She didn’t explain anything to us, so we didn’t know what was going on. So, to me she was not helpful at all. She didn’t even talk to me” (PAR-12). Similarly, another parent stated, “She didn’t try to help. She did not try to help. Not to my knowledge. She didn’t care. She didn’t sit me down to discuss my case. She didn’t give me any advice to make sure that I understand what’s going on, or what I have to do with my son...nothing, nothing to that” (PAR-11). One parent even recommended, “I think she should look into a new profession” since “I just don’t think she did anything” (PAR-14). A more generous respondent simply felt that the presence of an advocate would not “have made a difference” (PAR-16).

Table 9. Is Parent Advocate Role Important?—ACS Staff Perceptions

ACS STAFF						
PA Role Importance	CPS	%	CFS	%	CPS + CFS	%
Yes	33	86.84	2	66.67	35	85.37
No	3	7.89	0	0	3	7.32
Mixed*	2	5.26	1	33.33	3	7.32
Total	38	100	3	100	41	100

Table 10. Is Parent Advocate Role Important?—Parent Perceptions

PARENTS		
PA Role Importance	N	%
Yes	13	81.25
No	3	18.75
Mixed*	0	0
Total	16	100

Table 11. Are Parent Advocates Helpful? —ACS Staff Perceptions

ACS STAFF						
PA Helpfulness	CPS	%	CFS	%	CPS + CFS	%
Yes	14	36.84	2	66.67	16	39.02
No	9	23.68	0	0	9	21.95
Mixed*	15	39.47	1	33.33	16	39.02
Total	38	100	3	100	41	100

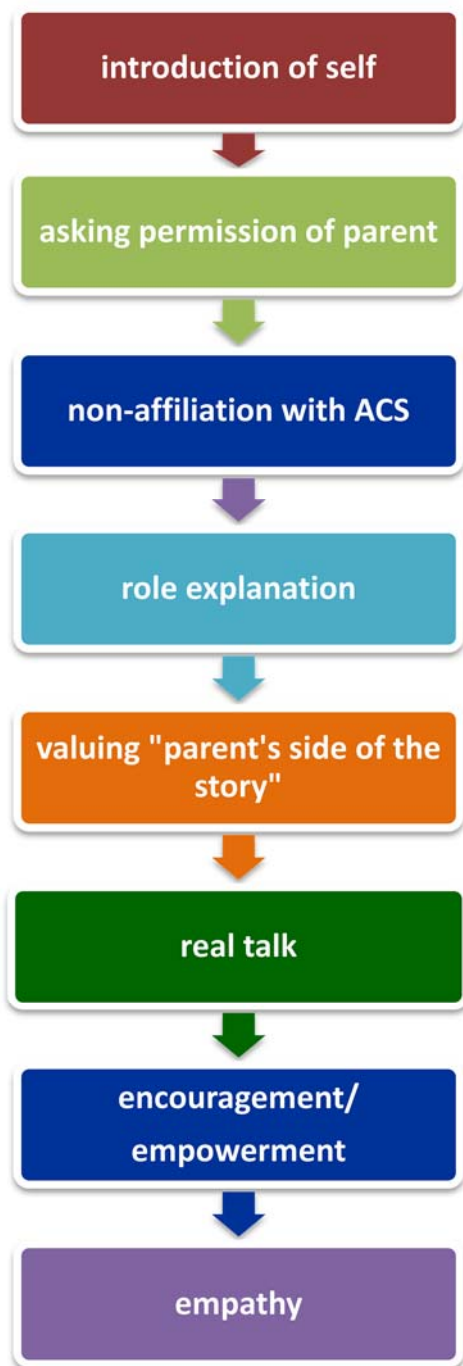
Table 12. Are Parent Advocates Helpful? —Parent Perceptions

PARENTS		
PA Helpfulness	N	%
Yes	11	68.75
No	4	25
Mixed*	1	6.25
Total	16	100

*The designation of “mixed” captured ambivalent or qualified responses such as “it depends,” “sometimes,” and “not always.” Such responses did not explicitly articulate a “yes” or “no.”

PARENT ENGAGEMENT

ENGAGEMENT STRATEGIES



Factors Promoting Parent Engagement

Both parents and advocates offered their perspectives on the parent engagement process. Given that advocates were unaware of individual case histories and parents were typically unacquainted with advocates, engagement was vital in introducing the role of the advocate, developing rapport, and offering solace to distraught parents.

Introduction of Self

Advocates described introducing themselves to parents prior to conferences by directly approaching them and disclosing their name, role, and stated purpose in conferences. An advocate described, “The spiel is basically that you introduce yourself, I’m Ms.---, I’m the parent advocate assigned on the case and my job is to make sure that you understand the conference and have all your questions answered” (CHDFS-03). Another advocate stated, “The bottom line things that I say to them is to let them know what agency I’m from, what my purpose is, that it is their choice” (CHDFS-05). Besides basic introductions, advocates might also “ask them if they have any past experience with ACS to get a feel of if they really know what to expect when they go into the

conference, and if they don't know what to expect, then I'll explain the whole process to them" (CHDFS-15).

Asking Permission of Parent

Most respondents stressed the importance of asking parents whether they would like to retain an advocate. An advocate described receiving "10-15 minutes with her [a parent] so that I can introduce who I am. I always ask the parent, 'Is it okay? Do you agree for me to sit in?'" (CHDFS-01). Asking parents for their permission was more than a mere formality for one respondent: "I feel very strongly about that cuz I feel like they're in a situation where people are always all over them telling them what they can and can't do and I want them to understand that" (CHDFS-05). For parents feeling divested of choice, an advocate asking for consent was a step forward within a process that could feel anything but empowering.

Many advocates emphasized a parent's "choice" and "permission" to retain services as a prerequisite to receiving services. An advocate continued, "I still ask them do you still want me to go with you or? It's not mandated and I don't work with ACS. And then they sometimes say yes and sometimes they say no. And I have to respect whatever they say" (CHDFS-10). Advocates ensured parents understood the voluntary nature of services and that any decision parents made would be respected though one respondent cited, "9 times out of 10 they would let me" (CHDFS-11).

Non-Affiliation with ACS

Respondents overwhelmingly stated that emphasizing their non-affiliation with ACS was important to allay parents' suspicions and to distance themselves from an agency with a less-than-favorable reputation, "because automatically they think just because we in the building and we have the cubicle in the side they just swear that we work for ACS" or "they get really defensive like 'oh my goodness, who's this person?'" By stating that they were a distinct entity removed from ACS, advocates could better endear themselves to parents and earn their trust.

Parents visibly relaxed or felt more comfortable once they learned of advocates' non-affiliation, especially "because they're already upset, crying or mad. So, to gain trust I tell them that" (CHDFS-08). One advocate stated, "I have absolutely no affiliation with ACS. That's the first thing they want to hear and the best. And then you see that their shoulders drop and that they are relaxed" (CHDFS-07). This palpable sense of relief was encapsulated by one parent's response of "Thank God, I'm happy to have you!" upon learning of an advocate's non-affiliation because "they're happy to know that there's this outside person sitting next to them that is not ACS associated" (JCCA-08).

Unfortunately, for a few parents, the specter of ACS always loomed and undermined any sense of an advocate's trustworthiness. One respondent's feeling of trust was tempered by the possible influence of ACS: "I didn't really trust her cause it's... it's ACS. I didn't really trust anybody in

the room except my mom, to be quite honest” (PAR-09). Despite advocates emphasizing their non-affiliation with ACS, such assertions sometimes fell on deaf ears with parents continuing to entertain suspicions of collusion between advocates and the agency.

Role Explanation

Advocates defined their role as “I am there for the children, there for you [the parent]” and also “explain[ed] the conference and what it’s about” as part of the engagement process (CHDFS-02). This was important since “I ask them have they heard of a parent advocate before and most of them say no, and so that’s when I start telling them you know, why I’m here” (JCCA-18). Others utilized pre-meeting time to dispel any myths or to provide greater clarity like informing parents “my decision doesn’t go over ACS. Even if I don’t agree with them I could put it out there but it doesn’t go over my final decision doesn’t go over the judge” and that “I’m not an ACS worker” (CHDFS-08; JCCA-14). Advocates “let them [parents] know we are here to help with their strengths, weaknesses, ideas, basically help them understand things they have no idea about” (CHDFS-16).

Perceived Sameness and Relatability

One of the greatest advantages of an advocate was the sense of perceived sameness parents felt when relating to someone who had grappled with similar experiences “whether that be that they have been through the system somewhat themselves or their knowledge of the system and the resources that are out there for the families” (CPS-13). This was further substantiated by the fact that many advocates hailed from the same communities as the parents they represented which “ups the relatability factor to the parents” (CPS-21).

A worker communicated how decisions presented by an advocate could be better received by parents: “The CPS does tell them that too but when it’s coming from someone who appears to be on their side, then it makes it better for them. It’s more believable. They feel more comfortable” (CPS-27). Information from an advocate seemed more palatable primarily “because they are usually members of the parent’s community and may know the hardships that parents face. A parent advocate is someone who may have experience with ACS and may know the frustrations of someone probing in their life and questioning their parenting skills” (CPS-03).

The perceived sameness of advocates remained a point of commonality to more effectively endear advocates to parents. Unlike ACS workers, who could be regarded in a slightly antagonistic light, advocates were viewed with familiarity and friendliness. Parents related to advocates because of shared experiences and understood that, “They became an advocate because they experienced something themselves. And they been through the family court system and they know about the family court system so that made me comfortable knowing that. It will make you feel kinda relieved that well, this woman knows what she talkin’ about cause it happened to her. That they had cases themselves” (PAR-13). An advocate’s own personal experience furthered the camaraderie established between advocates and parents since “an

advocate who has personal experience, who have personal hurt, who been hurt from ACS” could relate to parents on a deeper level and make parents feel like “she’s still one of us” (PAR-13). The perceived sameness of an advocate also communicated passion and sincerity since “you have to be a parent...if you haven’t been through that pain of, you know, being a mother, being a father, you know what I’m saying? Where are you to feel somebody’s pain?” (PAR-15).

Personal Disclosure

Advocates were decidedly more ambivalent about whether to disclose their own personal experiences in the child welfare system to parents. While some found personal disclosure an effective tool to quickly win a parent’s trust and to legitimize themselves as genuinely concerned and knowledgeable professionals, others shied away from divulging too much personal detail “because it’s personal...I’m here as a support for you, but it does not really pertain to me” (CHDFS-04). Among advocates with such firm boundaries, the most commonly proposed rationale included “I feel that’s my private life and I do not involve it in my work at all” (CHDFS-10).

Most advocates appeared to take the ad-hoc approach to personal disclosure and revealed their personal history on a case-by-case basis “if I think it’s helpful to the case” or “if it comes up”. One respondent revealed, “only sometimes when they’re really, really nervous, do I let them know that...it always helps when you feel like someone can relate to you, that they’ve been through some of the things you’ve been through” (CHDFS-03). Another advocate stated, “If they ask me, if I had an experience, and I’ll be like, yes. Yeah I do tell them...I’ve maybe told 2 or 3 people that I’ve had a similar experience” (JCCA-04).

While advocates felt divided as to whether personal disclosure was useful to parents beyond mollifying the distressed and tearful among them, parents largely appreciated the gesture. One parent stated, “I’d take everything she said a little more personal than somebody who’s never gone through it. I would probably respect her opinion way more. She would be familiar with the situation. Somebody who’s not familiar with the situation, I couldn’t really understand them trying to help me. Just wouldn’t really make sense to me” (PAR-09). Another parent who felt similarly stated, “She [PA] would understand my case even more” and “that [personal disclosure] would probably be reassuring to me” (PAR-02). The advocate’s personal experience within the child welfare system added a deeper level of understanding, with one parent articulating, “jobs like this, social services, I think it would be helpful for you to have experience so that you can understand where your clients are coming from. Because I feel like they could be helpful as far as somebody to talk to, because they lived through some of the things you have done. To me, it makes a difference” (PAR-12). Another parent added,

I think that if any parent advocate has ever gone through that and gotten through it...then they should not be ashamed. They should tell the person...it would make the person, the parent, more comfortable knowing that you’ve been through it. Walked in my shoes exactly” (PAR-09).

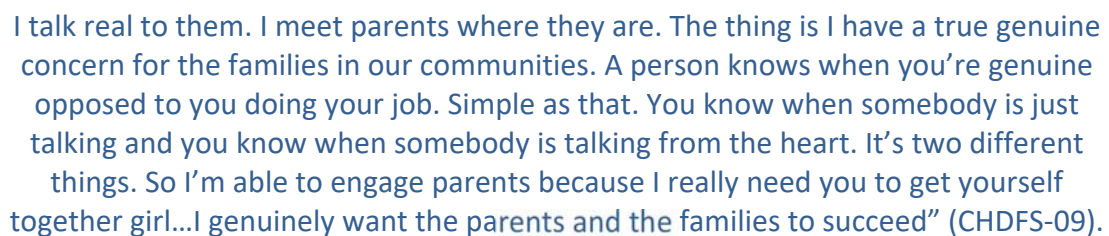
Some parents felt unsure about whether personal experience and disclosure of it were necessary but acknowledged, “If you’re gonna put somebody in there and neither one has experience in a professional matter, I’d rather have someone that’s been through it themselves” (PAR-10). Parents especially found their experiences resonant with those of an advocate because “it would be kind of hard for someone to be empathetic if they didn’t have kids...dealing with a system that deals with kids and families” (PAR-16).

Valuing “Parents’ Side of the Story”

Advocates described tactics they used to engage parents such as “giv[ing] the parent the option of telling why they think they’re here” (CHDFS-01). Many advocates made it a point to allow parents to articulate their personal histories or to “tell your truth” as “whatever your truth is, you tell it, you were there.” For instance, a respondent recalled, “I ask them, do you know why you’re here? Do you know why they called you in? And if they say no then I say well I’m going to try to be there for you to find you answers to your questions as well as the answers to theirs. You also have the right to have questions too. And that’s how they usually end up engaging in a little conversation” (CHDFS-08). Other advocates might inquire of parents, “What would you like to see happen today? How can I help you? That’s my main question I like to ask” (JCCA-04).

Real Talk

In an effort to better engage and relate to parents, advocates employed real talk or straightforward, blunt speech. Real talk conveyed to parents the authenticity of an advocate’s concern:



I talk real to them. I meet parents where they are. The thing is I have a true genuine concern for the families in our communities. A person knows when you’re genuine opposed to you doing your job. Simple as that. You know when somebody is just talking and you know when somebody is talking from the heart. It’s two different things. So I’m able to engage parents because I really need you to get yourself together girl...I genuinely want the parents and the families to succeed” (CHDFS-09).

The “real talk” tactic both forewarned and instructed parents: “I am straight up with my parents: I don’t need you jumping up...I need you to behave. I need you to listen and I need you to respond. I need you to speak up because a lot of the parents feel voiceless...And another bottom line thing that I tell them is look, they [ACS] do want better for you...so don’t take it the wrong way” (CHDFS-12). Some advocates used real talk as an opportunity to explain ACS’ intentions and, in some instances, even to defend the agency by stating, “They’re bringing you in to help you and your family stay as a whole and if you follow the rules and regulations that will happen,

but they're trying to work with you and your family to try and make everything possible" (JCCA-11).

The adage that "honesty is the best policy" rang true for several parents who felt that the "best quality for an advocate is that they are on your side and they gonna tell you the truth. They not gonna sugarcoat it" (PAR-13).

Real talk was often informative as recalled by one parent: "She was basically telling me don't go in there teary eyed and upset, be confident and relax. I was still upset going in there, but I took her word for it" (PAR-06). Other parents remembered being advised "to come and be humble, be compliant" and "keep calm and stay focused."

Encouragement and Empowerment

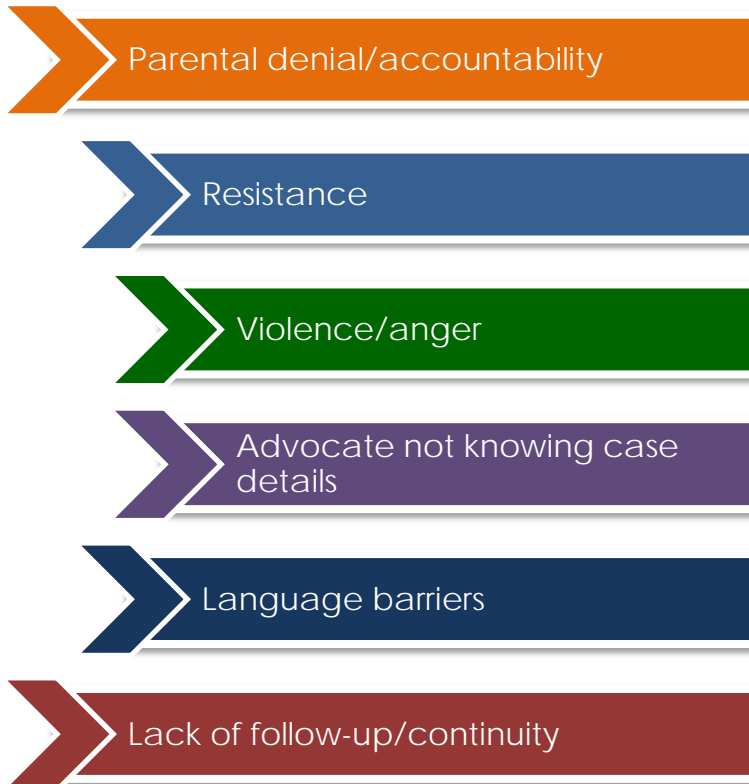
Encouragement and empowerment of parents was another important aspect of the engagement process. Advocates recalled instructing parents, "You could have victory over this stuff. You just gotta think right. You have to keep positive. You have to be all light and fluffy with it. You can't be all dark and down with it" or "I try to express to parents that it's nothing shameful about it, that you can look at it in a positive view" (CHDFS-09; JCCA-07). Such words had positive effects on parents who felt they were "provided a sense of confidence...which lent credibility to her [the advocate]" or "It makes me feel more relaxed, more calm. It makes me have more confidence that what I want to achieve would come out of this. My self-esteem was lifted, my whole demeanor has changed. Because maybe if I didn't have an advocate, I don't know..." (PAR-02; PAR-11). Another parent admitted, "Believe it or not, if you have an advocate, me having an advocate made me feel a little better and secure" (PAR-13).

Empathy

A crucial component of successful engagement for many advocates was demonstrating empathy for the plight of parents by "talking and listening" or stating, "I understand how you feel." A parent emphasized that empathy was necessary "because when you come to cases like that, you already feeling down and depressed cause it's your children. And you know, not every ACS worker has children in hand, so I don't like coming in places alone" (PAR-01). An advocate related: "I look like the guy who understands, the guy who gets it, the big brother, or whatever you want to describe me as...if you use drugs, I know because I used to sell drugs before. If you've been locked up, I've been locked up I know I've been through the system, I've been in foster care, I've been in group homes, you can't run it on me" (CHDFS-12). Depending on the revelations uncovered in conferences, advocates would "get an idea of what kind of parent this is. And you go from there" (JCCA-02).

CHALLENGES WORKING WITH FAMILIES

Challenges of Working with Families



In working with families, advocates primarily contended with resistance and a lack of understanding from families. Endemic to their own work was frustration with an inability to follow up with families or to know whether proposed recommendations were appropriate or helpful. It should be noted that several advocates stated they experienced no challenges in working with families, but these respondents did not elaborate on what made their work so challenge-free.

Parental Denial and Accountability

Advocates described a general lack of understanding on the part of families when it came to factors that precipitated ACS involvement, with one advocate concluding, “Most of the time, if they have mental health, the challenge is that they don’t comprehend as well” (JCCA-18). Other parents, for instance, refused to acknowledge “mental problems” in their children and instead characterized such difficulties as “behavior problems” (CHDFS-07). Meanwhile, some parents either demonstrated a superficial understanding of conference activities or found it easier to “keep saying yeah, yeah” in reply to advocate’s probing questions even if the parents “don’t understand why they’re really there” (CHDFS-05). One advocate found such disengagement

exasperating and vented, “I think they black out and just sit there. I don’t understand, I don’t get it” (JCCA-06). A parent’s disavowal of responsibility also posed challenges “when they are in denial especially in sexual cases. That’s like the biggest challenge, the denial” (CHDFS-07).

On the other hand, parents who demonstrated a desire to reunify with children and to comply with recommendations sometimes fell short of their intended goals, which was a source of frustration for advocates. Advocates sometimes found it difficult to sympathize with parents who failed to “take advantage of the services” provided to them; and the prevailing sentiment “We gave you the chance, you blew it” was a recurring theme among those who felt that parental accountability was lacking (CHDFS-13).

Resistance

Parents demonstrated resistance to receiving help from advocates as they expressed suspicion about advocates’ true motives or otherwise felt too demoralized by their circumstances to engage. Advocates perceived that “they [parents] seem scared. They seem terrified when they meet me and when I tell them I am not ACS, then they are like ‘who are you?’” or that “the parents feel intimidated” (CHDFS-07). For parents contending with language barriers or grappling with domestic violence, the invitation of yet another worker into their lives might seem more harmful than helpful.

Despite some advocates’ honest efforts to engage parents, some families remained stubborn in their refusal to accept services: “You try to break their barricade and sometimes you just can’t break it because it’s just hearing the word ACS” (JCCA-09). Reluctance could be borne from “their perception of what ACS is, that ACS is there to take their children” (CHDFS-15). The unflattering stereotypes of ACS coupled with parents’ own personal experience with the agency could be enough to make parents wary of advocates. Parents particularly scrutinized advocates who shared office space with ACS staff as possible “double agents” or, more generously, as just disingenuous. Other parents felt simply too overwhelmed by their circumstances to adequately engage, given how “outraged” and “distraught” they felt. Emotions could often be crippling given that “angry” parents “don’t want to be bothered with nobody, not ACS, not an advocate, not nobody. That’s the main challenge. They don’t get to know, they don’t even get to hear me out half the time—‘no, we don’t want your services’—they don’t get to hear you out, if they’re really angry” (JCCA-06).

Yet parents’ perceptions softened “once they have contact and they see how helpful we are, they tend to actually want our services more. I’ve had parents request me to come to court with them, I’ve had parents request me to help them find programs” (CHDFS-02). An advocate described how parents’ attitudes changed “when they see I’m really caring and here to help. I really help them, so their attitudes seem at first angry, they don’t want to talk to nobody. But then when you calm them down and explain everything to them thoroughly, tell them your role and they start, ‘okay’” (JCCA-06). Parents’ misgivings generally receded in the face of compelling proof like the presentation of ID badges that verified an advocate’s non-affiliation with ACS.

Reaching resistant parents required a certain level of social intelligence as voiced by one advocate: “I just have that personality that gets them to open up you got to have compassion, they don’t want to see nobody who’s scrutinizing them or talking to them in ways, you draw out a honey for a bee” (JCCA-14).

Violence and Anger

The possibility of a child’s remand created a high-strung environment in which parents’ overt displays of hostile emotions threatened to derail conference progression. Parents expressed hostility or “gave attitude” towards advocates; “people with really bad attitudes would curse and say, you know, ‘I don’t want any effin body to help me’” (CHDFS-15). Advocates spoke about attempting to calm down angry, violent, and agitated parents who “refuse services and...would walk out or curse everybody out” (CHDFS-14). In such instances, advocates were often the default persons tasked with mediating physical or verbal conflict, with one respondent stating, “overly upset parents are challenging because no one can calm them down. ACS wants me to calm her down because they say if you can’t calm her down, we can’t calm her down.”

Not Knowing Case Details

Many advocates expressed difficulties in separating fact from fiction when listening to parent statements. Given that advocates were only privy to a parent’s version of events prior to a conference, some felt blindsided during conferences when revelations and additional information indicated that parents had obfuscated or omitted facts. The experience of one advocate seemed to resonate with several other respondents; this advocate revealed, “I got a different perspective of what was happening, and you go into the conference and it is a totally different perspective, you know” (CHDFS-08). Another advocate shared, “The parent gives you one side of the story and once you get in there, you see that the parent had previous cases...sometimes they have addiction issues, sometimes there’s the mental health component, they’re not being compliant with their medication or they were given services and they’re not taking advantage of these services. Suddenly, there’s a different picture at the table than the one that was painted outside” (CHDFS-13). Whether parents deliberately “lied” or innocently failed to disclose the full details of a case was unclear, though advocates made it clear that incomplete truths hindered their ability to “fully represent” a parent.

Many advocates found it most challenging “not knowing what you’re going in there for. If it’s small or big...you really don’t know what you’re going into. That’s the hardest part” (CHDFS-08). Entering conferences blind meant some advocates scrambled to piece together case details or received inaccurate, one-sided information from parents.

Language Barriers

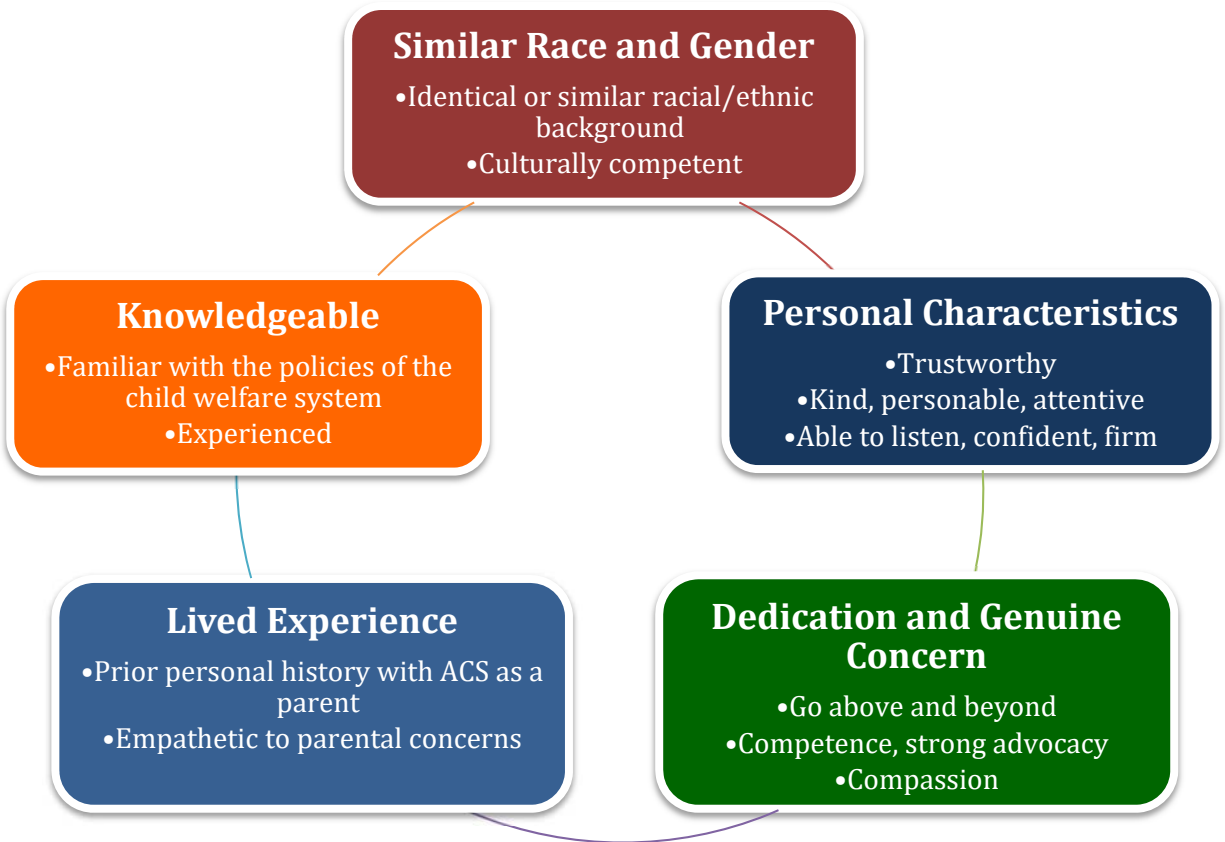
Language barriers presented an additional hurdle for advocates who contended with triangulated interactions when interpreters acted as liaisons for bilingual families (CHDFS-06). Rather than making conversations more coherent, interpreters tended to omit information, re-interpret, or confuse facts. One advocate felt that the competence of an interpreter should be held under greater scrutiny: “If you are an interpreter and if you aren’t saying word for word, then that’s a problem because then you are going to jeopardize ACS for the parent and I am not allowing that. They distort what the parents say, and I say ‘that’s not what she said.’” (CHDFS-07). Yet advocates who sat in conferences without the services of a translator also described a “challenging” atmosphere. One respondent found “they [parents] could say they don’t understand and I don’t know if they understand, I don’t know if it really explained because I’m not speaking the language” (JCCA-19).

Lack of Follow-Up and Continuity

Although advocates’ interactions with families were time-limited, many expressed a desire to continue providing services to families past ICSC. The inability to follow up with services remained a frequent grievance voiced by advocates who found it nonsensical and unhelpful to remain unaware as to whether families adopted certain recommendations, with one respondent revealing, “I have absolutely no idea. I recommend they go to this or that place for whatever counseling or therapy. I don’t know what I’m recommending is actually working or if it turned out a good program for them” (CHDFS-13). Advocates articulated that following up with families would accomplish the twin-fold goal of providing feedback about the efficacy of service recommendations and holding parents accountable to stated objectives.

Short interactions with families meant that many advocates felt left in the dark about the progress of families. Privy to intimate details of families’ lives, advocates articulated a sense of continued responsibility that did not abate even after a conference’s conclusion. Many continued to wonder about the parents they met and stated that “not knowing the after, what happens after” was a particular challenge especially in instances when a child has been remanded (CHDFS-11).

QUALITIES OF EFFECTIVE PARENT ADVOCATES



Parents cited a number of qualities that were crucial for a parent advocate to cement relationships with parents and to be effective. Whether via lived experience, personality, or similar ethnic/racial background, an advocate needed to demonstrate a point of commonality and perceived sameness with parents to engender trust and ultimately engage families.

Similar Race and Gender

For some parents, similar racial/ethnic background and gender appeared to elicit trust between the parent advocate and parent. One parent revealed that advocates of similar ethnic or racial backgrounds would be preferable: “Someone from a similar background would be nice” (PAR-05). Another parent described, “To be honest with you, he was African, so I could relate. I knew he was there to help” (PAR-07).

Similarly, parents felt more comfortable with an advocate of same gender. It was particularly important to have men to work with men, i.e., fathers or partners, for parents to be able to “relate better” and “for the advocate to get through to the father” (CPS-19).

Personal Characteristics

Parents agreed that an effective PA would present as a *trustworthy* individual. This was especially noteworthy given the distrust and wariness that characterized parents’ relationship with ACS workers. Often, a PA’s personality or engagement tactics informed the level of trust and camaraderie built. Trust was viewed as a prerequisite for further relationship-building as “you have to trust her before you can do anything” (PAR-06).

When explaining the importance of compatibility, a parent articulated, “If ya’ll don’t have that bond, ya’ll ain’t going to tell nobody your life experience” (PAR-01). Advocates who were sensitive to subtle shifts in mood or tone were remembered for their *attunement and hyper-awareness*: “I think me and Ms.--- had a really good vibe. I just turned and gave her a look, and she looked at me, and I guess we were both, we were really vibing in that room cause I didn’t say anything but we kind of spoke a lot without even speaking” (PAR-09).

Parents felt personal qualities such as *kind, personable, attentive*, “being down to earth, being empathetic and being *able to listen, confident, firm*, being able to talk clearly so that they could hear him in the meeting” were necessary (PAR-04). A number of parents cited *empathy* as an important quality for effective parent advocates along with “good listening skills...being *friendly*” or “an understanding person.” When faced with a situation “where your child is removed from your home,” advocates needed to show empathy for a parent grappling with a difficult situation (PAR-16).

Some advocates cited their personalities and demeanor as decisive in clinching the trust of parents as “personality [has] a direct impact on the outcome of the work” and “your personality as an advocate sets the tone. You have to meet people where they are at. So advocates have to be friendly” (JCCA-12). One respondent said, “I like to make people feel like they’re empowered to do other things...so *not too pushy*. Even if you’re confused and you don’t know whether you want a parent advocate, I’ll step back and let you decide that. We’re not pushy” (CHDFS-03). Furthermore, advocates listened and responded to parents in a *non-judgmental manner*. They informed parents, “I’m not forcing anything upon you” while “try[ing] to take on a tone that’s different from the workers and try to make it clear that I am not there to judge them and that I am not there to hurt them, only to help” (CHDFS-14; JCCA-05).

Another advocate relied on her “very *nurturing*” personality and admitted “I act like ya momma. And they perceive that... I’m skilled with dealing with people with attitudes. I know how to defuse that easy” (CHDFS-09). One parent explained that although he or she did not “really know [the advocate] that well,” the advocate “felt very *comforting* to be around. She was a very

pleasant person. She was very nice in the way she was explaining things. Very *patient* with me, when I asked her things over and over. She was overall just very, very helpful in everything” (PAR-09).

Dedication and Genuine Concern

Parents stated that advocates needed to demonstrate their commitment to their work and, by extension, to families. Often, such dedication could be made manifest via indications of *professional competence, strong advocacy*, and making efforts to “*go above and beyond*,” such as providing linkages to resources and offering supports in any possible way. One parent shared, “When they ask you not only what type of services you need but also ‘how are you feeling? Do you need emotional support? Is your living situation healthy? How do you feel about your baby? What kind of things do you like to do with your baby? Are there any services that you and your baby would like to go to?’ That’s different!” (PAR-14). Such probing questions indicated to parents that advocates were, in fact, invested and interested in actually helping families. An advocate’s “*caring*” quality could “make the person feel comfortable,” which influenced levels of “trust” (PAR-03).

The sense that advocates needed to “have a connection with people” who are “going through something traumatic in their life” was a sentiment felt by many parents who were hesitant to share personal details with “somebody if they’re just there for a paycheck.” This parent further explained the dedication and genuine help that she sensed from the PA: “She didn’t look like she was just there to get a paycheck and get out. It looked like she was concerned and wanted to help” (PAR-10).

Parents remembered advocates with larger-than-life personalities because of their compassion and dedication to the work. One respondent described her fondness for a particular advocate: “She is great. She is great... It begins with the mind. You have to have that cure, that *compassion*. You have to have that *heart*. You have to have a personality. You have to know how to go at people. You have to be compassionate to comfort...” (PAR-11).

Lived Experience

Having lived experience with the CWS, set the parent advocates aside from other professionals and/or persons and allowed them to “empathize with almost any parent that comes in there because I have an understanding of what the parents if going through... and having that experience dealing with ACS allows me to better help the parent and help them through it” (CHDFS-02). Advocates provided reassurances to parents by emphasizing “I’ve been through your position before so I know exactly what you are going through, I am here to support you” (CHDFS-04).

Parents and advocates agreed that lived experience led to a degree of empathy that strengthened the bond between the two groups. An advocate said, “I think it is extremely helpful on the parent

advocate side to have had some contact with ACS because it's really hard to empathize with someone. If you've never been homeless, you don't know what homeless is. You can have a general idea what it is, but if you've never truly been that, then you really do not know" (CHDFS-08). Possessing a theoretical understanding of deprivation was likewise not enough for another respondent, as it resulted in sympathy rather than genuine empathy. For instance, "I know what she went through, so it kind of puts me in touch with some of the things that parents are going through, she was also in [the] shelter system, so all these things where parents come to us, they have a lot of similarities to things that she's been going through...so it helps a little more because I can understand a little better" (CHDFS-03).

While lived experience was viewed as a must, a couple of parents stated, "I still would have been comfortable" whether an advocate did or did not have personal experience or "it wouldn't have changed my perception about who she is" (PAR-09; PAR-11).

Knowledgeable

To be an effective parent advocate, knowledge of the child welfare system was instrumental. Moreover, being able to provide guidance and advice navigating the system was a must. The professional know-how of advocates was seen as an asset especially for those parents without familiarity or understanding of the child welfare system. Such knowledge had the two-fold practical benefit of providing guidance and assuaging anxieties related to the uncertainty of conference outcomes. For instance, one parent described, "She had a lot of experience. I don't think it was just for whatever experience she went through with ACS. I believe she been doing this for years. She knew the ins-and-outs" (PAR-13). Another parent summarized: "She [PA] is like a walking talking pamphlet. She's got all the information you need" (PAR-11).

SECONDARY TRAUMA AMONG PARENT ADVOCATES

Experience of Secondary Trauma among Parent Advocates

Given the dearth of available research into the extent and impact of secondary trauma on parent advocates, the obtained responses provided a unique and much-needed glimpse into the role that secondary trauma plays in the lives of advocates. Of particular note is the prevalence of secondary trauma and the coping mechanisms advocates employed to combat such trauma. Advocates admitted that they did experience some secondary trauma as a result of their work though a number stated that they did not encounter any trauma.

Of 35 total parent advocates, 23 (65.71%) affirmed that they had experienced secondary trauma and 12 (34.29%) stated that they had not experienced any secondary trauma. Within CHDFS's 16 interviewed advocates, 10 advocates (62.5%) stated that they had experienced secondary trauma. Among JCCA's 19 interviewed advocates, 13 (68.42%) admitted to having experienced secondary trauma (Table 13).

Table 13. Experience of Secondary Trauma among Parent Advocates (N=35).

EXPERIENCE OF SECONDARY TRAUMA						
	CHDFS		JCCA		CHDFS + JCCA	
	<i>N</i>	<i>Percent</i>	<i>N</i>	<i>Percent</i>	<i>N</i>	<i>Percent</i>
Yes	10	62.5	13	68.4	23	65.7
No	6	37.5	6	31.6	12	34.3
Total	16	100	19	100	35	100

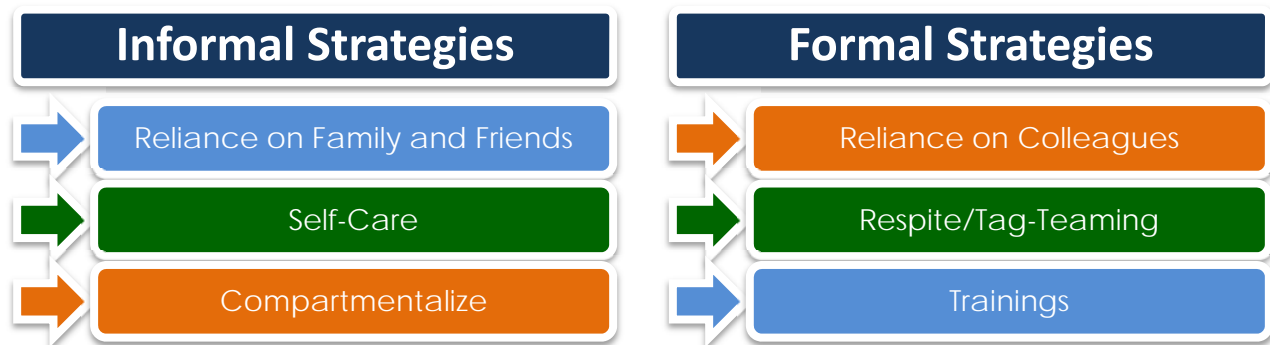
Impact of Secondary Trauma on Personal Life

Advocates were mixed in their acknowledgement of the role that secondary trauma played in their personal lives. Some advocates affirmed that the trauma they experienced in conferences was intense enough to inspire musings about resigning while others stated that their sensitivity to specific cases waned with more exposure and experience. For those who did experience secondary trauma, case severity and the extent of identification with clients were factors that influenced the degree of secondary trauma experienced. Given that advocates were often parents themselves, details of severe cases could be especially troubling with child sexual abuse, suicide, and homicide named as particularly harrowing topics. One advocate said, “Some of the cases would be well farfetched. Like, abuse. That is a sensitive thing so when I have a case like that it hits home. Molesting, sexual abuse... whoa, that’s the worst thing” (CHDFS-04). Advocates admitted to crying, becoming personally invested in client’s cases, and growing emotional.

While many advocates were deeply moved by their participation in severe cases, others did not feel as affected and admitted to “not thinking” about cases upon leaving conferences. These advocates credited their own personal characteristics like resilience or the establishment of strong boundaries in helping them cope.

Coping Strategies

For those affected by secondary trauma, the most common type of coping mechanism was informal in nature with advocates relying on social support networks outside the workplace. Other informal tactics included mechanisms of self-care like reflection or even the compartmentalizing of one’s emotions. Formal varieties of coping included speaking to colleagues or supervisors or requesting respite from particularly difficult cases.



Informal Coping Strategies

Reliance on family and friends. Advocates spoke of regularly relying on family and friends to deal with the effects of secondary trauma. As one of the more popular informal coping strategies, talking to friends and family provided advocates with an outlet to vent their frustrations and mitigate job-related stress. A respondent replied, “When I have a bad day, I pick up my phone and call my son. Or he would call me like ‘hi mom how was your day?’ and he would say something and whatever I was going through, it went right out the window” (CHDFS-04). Other advocates described speaking to spouses, friends, or pastors for comfort and guidance.

Self-care. Self-care encompassed a range of practices, which included reflection, prayer, and other miscellaneous activities intended to help advocates de-stress. An advocate spoke of using reflection to cope with sensitive cases and to become a more effective professional: “Every now and then I take it home but I take it home in a positive way. I take it home as what else could I have done to help this person, or what else can I do, you know, to help this person and I might go home and do some more research, something that I feel can better their life in some kind of way” (CHDFS-15). In a similar vein, some advocates availed themselves of prayer and meditation. Other advocates played video games, took mental health days, or read books and watched shows.

Compartmentalize. Advocates spoke about “compartmentalizing,” “taking breathers,” and “detaching” from cases they found overwhelming. One frequently articulated concept was the idea of “leaving work at work” and not bringing emotional baggage home. Such tactics were purposeful in the case of one advocate who stated, “I leave my job at the job because I have kids also” (CHDFS-04) or another respondent who said, “It’s my job and I know to separate my job from my personal life” (CHDFS-10). Advocates emphasized the importance of compartmentalizing to preclude the work from becoming “awful, overwhelming” and equated the role of the advocate to that of a doctor who must establish firm boundaries with clients (JCCA-08).

For some advocates, personal traits like resilience helped immeasurably in coping with secondary trauma. One advocate spoke of “set[ting] in mind that these are not my problems. Because I would be too engaged” (CHDFS-12). Advocates were certainly mindful of the feelings inspired by difficult cases but they did not dwell and instead chose to “focus on what the parent needs during the conference” (JCCA-13). The experience of participating in conferences helped other advocates build a better tolerance for hard cases. Others stated that cases “rolled off [their] back” or that they learned to “separate their emotions” as a result of accumulated experience.

Formal Coping Strategies

Reliance on colleagues. In the workplace, many advocates were fortunate enough to avail themselves of understanding supervisors and colleagues. Formally relying on colleagues had benefits typically absent from more informal support systems—advocates spoke of being able to freely vent their frustrations, concerns, and fears to peers who understood the nuances of

advocacy work. In the words of one participant, “I sometimes talk to fellow coworkers cuz since we can't talk specifics they won't ask me for details. They know better” (JCCA-12).

The availability of supervisors encouraged advocates to rely on them for support with some supervisors actively urging advocates to follow up with requests to be called after conferences or instituting open-door policies to signal accessibility. Supervisors could be reached via phone call, text, and in face-to-face conversations, which was particularly helpful for one advocate who recounted, “My first conference actually made me cry. It made me cry and I had to call my supervisor to talk to her about it.” Another advocate spoke about the camaraderie and “family-like” support structure present within his or her agency as providing “great support in the work field” and “great support on a personal level” (CHDFS-08). The openness, availability, and encouragement provided by peers and supervisors were crucial factors in influencing advocates to ask for help within the workplace.

Respite/tag-teaming. Reliance on coworkers extended beyond the emotional support offered in conversation and comforting words—advocates spoke about instituting a “tag teaming” system whereby cases with potential conflicts of interest or those deemed particularly “rough” could be staffed by an alternate staff member (CHDFS-02). Successful tag teaming required advocates to remain sensitive, receptive, and responsive to colleagues’ personal triggers.

One advocate spoke about the use of tag teaming in domestic violence cases in which, “you get the first half of this case and it is atrocious... Now you’ve got all of this bias against this dude, I'll tend to pass that case on to a parent advocate because...I already have bias toward the guy...this way you don't go in there with a bias because every person does deserve to be advocated for fairly whether they were the worst person on the planet or not, they still deserve that” (CHDFS-02). Upholding a sense of non-judgment and removing emotionality from conferences informed much of the rationale behind tag teaming. Severe cases with “atrocious” details were often prime candidates for this approach as was the case for one advocate who spoke of receiving a fatality case on the heels of a sexual abuse case—“I couldn't do the second one. And it happened to be that there was another advocate there and I said to her, ‘what do you think, could you do this one?’ She’s like ‘yeah’” (CHDFS-05).

Conflicts of interest presented an additional reason for an advocate’s recusal. As professionals embedded in the communities of their client populations, advocates sometimes knew the parents and families assigned to their caseloads. In such instances, “they tell you the parent advocate if you know a person you [don't] have to take their case. Because that could be a whole different ball game. Some people would really feel some kind of way so you don't really have to take them cases” (CHDFS-04). This respondent continued, “I think that this is my most challenging cases, when you know the person and you don't really know about them even though you've been friends all this time and they had a case” (CHDFS-04). The option to implement tag teaming in response to secondary trauma seemed especially welcome by advocates given the potential for compromised decision-making and the souring of established personal relationships otherwise.

Trainings. Agencies also gave trainings on the importance of self-care to provide insight and recommendations into effectively combatting the stresses generated by secondary trauma. An advocate reported, “They even tell you inside of parent advocate training, if you feel that this case is overwhelming then you could go and take a breather. Yes, they teach you how to detach yourself” (CHDFS-04). One participant was cognizant of the value of self-care as he or she cited the high rates of “burn out” among CWS professionals who become fatigued with “tremendous case[s]” and “transference” (CHDFS-12). While it appeared that many advocates engaged in myriad types of self-care as demonstrated by their aforementioned responses, it is not clear whether agency-endorsed trainings helped to further emphasize the importance of or directly encourage such practices in advocates’ lives.

TRAININGS

Trainings

Although a number of advocates professed some familiarity with advocacy-related work as community representatives or as waiver service providers, many still underwent trainings to ready themselves for interactions with families. Advocates spoke about the trainings they received, the nature of those trainings, the sufficiency and helpfulness of trainings, and provided recommendations for areas that warranted further preparedness.

Advocates in both CHDFS and JCCA revealed that they had been trained under the purview of their respective organizations. However, given the lack of a uniform operational definition of “training,” some respondents instead described participation in “workshops,” “conferences,” quasi-trainings, shadowing, or “modules.” Typically, trainings were daylong or multi-day affairs with the advocate’s respective employer.

Training Content

Training content was often topically relevant and could be categorized into administrative concerns such as “how ACS operates” and conference logistics, or into larger, issues-related subject matters like stress management or handling domestic violence cases. Trainings that were focused on administrative upkeep generally introduced the content and format of conferences like “how to conduct yourself in a conference, how to provide the right information” or “morals, confidentiality, boundaries, what we could or couldn’t do with parents.” Trainings with issues-related themes contained information pertaining to client resources like “housing, substance abuse, different programs” or “transgender sensitivity,” “human sex trafficking,” and “empathy.”

Cross-Trainings

For the most part, parent advocates shared that they did not receive any cross-trainings with ACS though occasionally some joint participation in workshops or focus groups did occur. One advocate’s response indicated that while a cross-training did not happen, parent advocate staff were “allowed to sit in on” ACS trainings geared exclusively towards ACS personnel. Another advocate stated that the ability for parent advocates to participate in trainings with ACS was invitation-only.

Understanding of ACS Structure

Responses were mixed as to whether an advocate possessed a complete understanding of ACS procedures and policies, with most advocates answering with a qualified “yes” in that they understood some, but not all, aspects of ACS procedures and policies. Such understanding was usually obtained through some combination of hands-on experience or information gleaned from trainings, workshops, or interactions with colleagues. One advocate replied, “I know some of it, but I think we should know more as parent advocates” (CHDFS-10). Most advocates felt similarly, professing some or near-complete understanding of ACS structure, but many modified affirmative responses with follow-up statements like “but everything changes...ACS changes everyday, there is something different every day” (JCCA-14).

Suggestions for Training Topics

When asked about suggestions for training topics that were otherwise absent from their existing training repertoire, parent advocates replied that they would like to learn more about *ACS policy* and specific subject matters with the most frequently cited including *legal protocol*, *mental health*, and *sexual abuse*. When it came to ACS policy, some advocates acknowledged a gap in understanding around specific policies like the *safety alert system*, *model drift*, and *post-conference care of children*, whereas others merely expressed a desire to learn more about “ACS policy” without further elaboration. Closely related to ACS policy were legal procedures of the child safety conference and any changes related to legal processes.

Several advocates shared a desire to gain a deeper understanding of sensitive topics. They wished to learn more about *managing violence within conferences*, *handling the loss of a child*, and *domestic violence*. Many advocates also mentioned wanting more information about *mental health-related topics* and mental illness. Other advocates stated that they would like to be alerted to available resources like *housing* and *public assistance programs*.

TRAININGS KEY POINTS

- ⇒ PAs received introductory trainings within respective agencies of employ.
- ⇒ Training content spanned range of topics related to ACS’ operations, interfacing with clients, and resources for clients.
- ⇒ Cross-training between ACS staff and PAs was limited to non-existent.
- ⇒ Suggestions for future training included more information related to ACS’ policies and procedures, the legal system, mental health, and sensitive topics such as domestic violence, child sex abuse.

Relationship Between Parent Advocates and CPS

Nature of Relationship Between Parent Advocates and CPS

Most workers characterized their relationship with advocates as positive, respectful, and professional and indicated few if any problems. The level of interaction between advocates and workers varied, with some relationships enjoying greater intimacy. One worker described, “They [PAs] generally have a positive attitude towards me. They have approached me after conferences to thank me or tell me that I did a really good job” (CPS-07). A few workers attributed the camaraderie to the fact that advocates “understand the work that CPS does” (CPS-18). Another found that repeated interactions cultivated a sense of collaboration: “We have someone that you see constantly, so you recognize their face, so when they meet you, it’s like ‘oh hey, hi,’ that kind of thing” (CPS-17).

Most advocates explained that they enjoyed a “cordial,” “professional,” and respectful working relationship with CPS. For some, this relationship was “very good from day one” and for others it “developed over time as the workers got to know us.” One advocate further mentioned, “I interact well with every one of them. Yes, all of them know me. Even the security guards, that’s a big building. Everyone knows me” (CHDFS-16).

One advocate revealed, “I haven’t really had many problems with CPS workers, they’re pretty good. Maybe, except, you know, one or two when they feel like you’re stepping on their toes, they might give you a hard time” while another felt “the workers love us...they know what our role is and sometimes they ask us, can you speak to the parent because we can’t get to them, but maybe you can” (CHDFS-03).

For some advocates, relations with CPS were kept to a minimum: “I just know them by face because we only have a few meetings; just ‘hi, how are you doing?’” (JCCA-03). In fact, “We don’t interact that much because we don’t have a meeting about the case before the conference, so all our interaction is that ‘okay you are the worker on this case, I am the parent advocate.’” (JCCA-13).

Similarly, while most workers enjoyed some degree of incidental interaction with advocates, others admitted to having little to no relationship outside of conferences. For instance, one respondent revealed, “I think that we don’t really have a relationship with them. What I mean is that we do see them around and we say hi. So we are professional with them but we don’t have a real established relationship” (CPS-22). Other CPS workers stated that any interaction was strictly “professional” wherein “they come here and do their work and that’s about it” especially

since “they are here solely for the parent.” One worker attributed the limited relationship to a lack of time: “We really don’t have time for like a real in-depth interaction. It would be nice to but we don’t have that kind of time” (CPS-17). An advocate attributed it to the frequent rotation among the CPS staff. Nonetheless, once the workers “know our faces, they look for us when they’re about to start a conference, if there’s a parent advocate available, which is nice, you know” (CHDFS-05).

Relationship Dynamics within Conferences

Advocates described different types of relationships with CPS within conferences. Alongside characterizations like “great, very professional” were descriptions of less-than-congenial dynamics, with one advocate responding, “The ACS workers, they sometimes can be really catty.” A wide variety of responses demonstrated that some advocates enjoyed close relationships with workers while others remained more distant. For instance, “One of them I know [CPS worker] we would have coffee together, when we are in the meeting and she’s totally wrong I had to stop her and say no. I said, ‘Outside I am a friend, in here, I am a parent advocate’” (CHDFS-07). For other advocates, interactions were restrained, with the exchange of a few “pleasantries” or advocates understanding that they are “not there to take over the conference” as “they [CPS] make sure we know our place while we’re there” (CHDFS-03; JCCA-14). Another respondent supported the latter claim: “I would say 99.9 of the time CPS worker and CPS supervisors see us as not someone to interrupt their job but just someone there to explain to the parent their rights and assist the parent” (JCCA-08).

Advocates acknowledged that some CPS workers voiced their appreciation: “They [CPS] usually tell me at the end if I did a good job, I always tell them ‘let me know, I want to know what you think I do, how I did my job at the end of the conference.’ Yeah they give me feedback, I have yet to receive a bad feedback from any of them” (JCCA-12; JCCA-09).

Nonetheless, a number of advocates recognized that their interactions with CPS were highly individualized and nuanced, and that their relationship sometimes varied, depending on the worker: “They [CPS workers] vary, generally they’re good... Some can be insane. And then others are reasonable. Sometimes they resent us being there because they gotta shape up. Sometimes they’re used to doing things they can’t do with a parent advocate. Sometimes they feel like we’re there for a check balance” (CHDFS-10). In a similar vein, “some of them are okay, some of them are not okay. Some of them think they know more than you and, when you don’t agree with what they, say it’s a problem” (CHDFS-14).

Relationship Dynamics Outside Conference

Outside of conferences, not all advocates sustained relationships with CPS workers. An advocate’s access to dedicated office space influenced whether incidental connections could be made with neighboring ACS workers outside conferences. A typical response included

sentiments such as, “They are very helpful, they are warm, they sit up front, we greet them every morning. They are very friendly. They are here almost all day” (CPS-04).

A few advocates described regularly interacting with workers or maintaining relationships beyond the professionally necessary. For instance, one advocate described, “There’s a few CPS workers who live around and in—actually my neighborhood that I’ve seen...they live maybe a block from me. So we speak, we’re very cordial” (CHDFS-08). Another respondent spoke of a more involved relationship: “I have a pretty good relationship with CPS, I do. I’ve gone to CPS functions, like they had a Christmas party—I didn’t go to the Christmas party, but a bunch of my other parent advocates were invited. There was a huge Halloween party, I went to that one cuz I’m a huge Halloween fan.” Another recalled, “They’re fine. There’s no problem. I just got married last year and they did a little party for me...birthdays come, we do birthdays. They act like I’m a part of them. Even though I am a PA, they act like I’m a part of them...we celebrate everybody’s birthday, Thanksgiving came and they had a dinner. They had me come up, we give each other gifts, so they treat me like I work here too.”

One advocate described, “The manager of this floor kept it a family. We were always good on this floor as far as relationship and interaction, we were more like a family, we always had things together (CHDFS-12). The close relationship between advocates and CPS was recalled by a respondent who stated, “They’ll come looking for me...that’s what I’m talking about, both the supervisors and workers” (JCCA-08).

Resource Exchange

A benefit of the collaborative relationship with advocates was the exchange of resources as CPS workers learned of services embedded in the communities that they served. For instance, parent advocates “are able to let us [CPS workers] know about certain things, like one program in particular—they have diapers...you know, something I didn’t know” (CPS-07). Workers described how resourceful advocates were in conferences, which they viewed as an added benefit: “They [PAs] will be on their phones calling programs, have pamphlets...” (CPS-11). Advocates could also be tapped into as resources for cases they weren’t even involved in, as recalled by a worker who commented, “I didn’t even offer her the details of the case it was like ‘do you know any agencies that offer this service?’ She has a whole box full of stuff. It is very helpful” (CPS-31). Other workers, who had similar extensive relationships with advocates, indicated making use of the resources PAs possessed: “I had one advocate who was my favorite. We were able to always talk, and I even called her regularly to let her know about parents I wanted to refer to her and to ask her about resources” (CPS-21).

Challenges in Relationships Between CPS and Parent Advocates

A few advocates described their relationship with CPS workers as distant with a lack of collaboration between workers. While the majority of advocates described their relationship with

CPS as “professional,” a few related that they “met CPS workers, who didn’t really seem to want the parent advocate...” or characterized workers’ attitudes as “defensive a little bit.”

A few advocates admitted to experiencing strained relations. Some workers described CPS as “very rude and obnoxious, and they think the job of a PA is unnecessary.” One advocate felt, “I don’t think they want us or appreciate us in the conference” (JCCA-08). Moreover, certain CPS workers were seen as exclusive, “since they got a degree or whatever, since they made it, they make their judgment and not consider our opinion... but you have to learn how to work with that” (CHDFS-14). Another advocate further explained, “Early on there was some friction because depending on the conference you and the CPS won’t agree, that could bring up friction, because sometimes the CPS workers aren’t diplomatic; they’re so determined to get the decision they want. Sometimes they don’t listen to you but that’s rare” (CHDFS-16).

Respondents perceived that ACS workers did not always appreciate advocates and regarded them “as pains in the neck. They do. I mean, you hear them talking sometimes, they’ll be like ‘ya’ll just annoying, you know they really say it’”. “They are annoyed that we ask questions and try to change things in the meetings” (JCCA-06; JCCA-15). A similar perspective added: “ACS is at a different level and sometimes I don’t think they want us, or appreciate us in the conference, I really don’t think so. And I think we have a right to be a part of that conference, not everyone is like that, some of them do want us there, but there’s a minute percentage who prefer us not to be there” (JCCA-08).

The table 14 below summarizes the relationship types identified by parent advocates and CPS staff, while providing counts for each respondent group (the relationship types are not mutually exclusive).

Disagreements Between Parent Advocates and CPS

Both parent advocates and CPS staff were questioned about any disagreements or tensions that arose in their working relationship. There was general consensus among advocates that disagreements between CPS and advocates either “never” occurred or were “a rare thing,” “one time, maybe two or three” times. A number of advocates further shared that there had been “a difference of opinion,” but “when the conference is ended, we end on good terms.” While disagreements were rare, the underlying reasons for those rare cases included the overreaching of authority, personality clashes, and differences of opinion as related to individual cases.

Table 14. Nature of Relationship Between Parent Advocates and CPS

NATURE OF RELATIONSHIP BETWEEN PARENT ADVOCATES AND CPS STAFF			
Type of Relationship	Subtypes	# PAs	# CPS
Professional	Generally positive: cordial, respectful, “good,” “pretty good”; “on first name basis” with workers; regularly greet each other and are familiar with strengths of individual worker; have established working history with each other and workers are “known” to each other; PAs generally seen as an asset and looked upon favorably by CPS but relationships are limited to work only.	19	30
	Balanced: “diplomatic”; interactions are generally positive; PAs are seen as helpful “at times,” depending on case	14	13
	Formal: strictly professional, confined to conferences only, “hi and bye” basis	2	2
Friendly	More intimate relationship than strictly “professional.” Regularly interact outside conferences; socialize outside conferences and have established friendships with office parties, get-togethers outside of workplace	14	3
Limited relationship	Limited to interactions only within conferences with very little input or exchange between PAs and CPS; exchange a “few pleasantries”; PAs not seen as particularly necessary	5	2
Challenging relationship	Occasional clashes in conferences; “strained” relationships	7	6
	CPS workers described as having “attitude;” not “appreciating” PA’s contributions; PAs described as “over-identifying” with clients, failing to establish strong boundaries	13	6

Authority. Several respondents indicated that when disagreements did arise, they transpired due to power struggles over authority. A common concern involved advocates who challenged decisions made by CPS or defended unpopular opinions. For instance, one advocate revealed, “The only people that I have an issue with are the managers and supervisors...because I push back on their decisions and I’m relentless, I’m fearless, and I’m vocal, and that bothers them because the hierarchy in here is, if you are my boss, I loom over you with this kind of power or this kind of threatening thing. And they do it to each other; the deputy might do it to the manager, the manager might do it to the supervisors, the supervisors might do it to the workers but you won’t do it to me. And for people who believe in that philosophy, I bother them.” (CHDFS-12).

An advocate revealed that disputes also resulted when “workers have personal things with some parents because this parent is disrespectful towards them...That’s not reason for you to just say, ‘I’m going to commit COS’” (JCCA-05). In such instances, this advocate stated that they would challenge the decision and ask “on what grounds would you even be recommending that?”

Advocates felt that their hands were tied in the face of CPS’ hierarchy where orders needed to be followed down the pipeline. One parent spoke about the potential for power struggles within conferences that prevented them from fully advocating: “I try to advocate on parents’ behalf as best as ACS allows me because sometimes, you know, they don’t want you to do too much or think you’re controlling their meeting” (JCCA-06).

Personality clashes. Although infrequently, personality clashes were reported between advocates and CPS workers. Larger-than-life personalities created problems when “staff and supervisors would pull attitudes.” Some advocates recalled that a worker’s “tone of voice” could be “very shameful” or that petty grievances could escalate as in the case of one respondent who recalled being reprimanded by a CPS worker for wearing perfume that was “too strong” and being told, “I can’t work with you because [your] perfume is too strong.” Working alongside what one advocate termed “anti-social workers” created “hostile environments” not conducive to collaboration between workers and advocates.

Case-specific disagreements. Case-specific disagreements presented another area of concern in which advocates and workers quibbled about details specific to cases or systemic policies they conscientiously objected to as described by one respondent: “Mostly it has to do with things that are mental health or drug related... For example, people have given birth to children and maybe there’s some drug related stuff, and they [CPS] want to take the baby right away but the baby is not really in danger cuz the baby isn’t being released from the hospital for another week, so why you run to court to hurry up and take the baby?” Another advocate spoke about the lack of organization prior to cases especially when “they [CPS] don’t have their information, they don’t have the IRs [initial reports], they don’t have order of protections that they’re supposed to get before they come to the meeting. CPS should already know this, if you’re having a DV conference and there’s an order of protection, you don’t hold it at the same time. Why would you have these two people meeting at the same time, in the same office?” (JCCA-16). Another

example related to case-specific information not being shared with PAs: “One worker she did not want to give out case details that I needed to fill out my forms... I stood up and explained that when I ask for certain information, it’s because the agency wants that information, it’s not for my personal use” (CHDFS-09).

Disputes over cultural competency. One respondent cited concerns over a lack of cultural competency among ACS staff. This individual revealed, “I had a huge disagreement with a supervisor about whether or not fans could cause children to get pneumonia. And that was really a cultural thing because they grew up believing that if you left a child under a ceiling fan, it would give them pneumonia.”. Another instance of limited cultural understanding by caseworkers occurred when “we had one where the girl, she had drunk a beer, had one beer at a BBQ with her 14-year-old daughter... ACS went for it, like completely off the rails. And, so I said, ‘you know, I grew up in a neighborhood where there was private homes, everybody had BBQs...so it’s not something that’s abnormal, if you grow up in a certain environment... I’m used to behaviors where my parents had sat around with glasses of wine. So a glass of wine doesn’t seem like a safety concern to me.” A few advocates suggested “someone to come in and talk about different cultures, what people expect because they’re from a different culture” or for a greater understanding of “other religions and other cultures” (JCCA-07; CHDFS-04).

Dispute Resolution Process

The dispute resolution process often took a two-pronged approach of diplomatic discussion or, failing that, the inclusion of a mediating and dispassionate influence like a facilitator. Both respondent groups acknowledged that, “If we don’t agree, we just have to agree to disagree.” As a first line of defense, tactful and respectful discussion was often effective in brokering compromise, yet discussions could still grow heated. In such cases, a supervisor or a facilitator would step in to advance negotiation. Should an impasse arise where “not even the supervisor and the CPS are agreeing on what needs to be done and everybody at the table is stuck on what needs to be done, then that’s when they call the manager...with the help of the manager [disagreements are resolved]” (JCCA-12).

One worker explained, “I don’t take it personally. She is just doing her job, I mean in a way I kind of respect her for doing it because you are doing it on behalf of the parent because that is what you are supposed to be there” (CPS-11). According to other staff, “some advocates can be combative.” Generally, workers were hesitant to label any disagreements arising between them and advocates as antagonistic with many claiming that advocates were free to articulate their displeasure. Rarely did disagreements escalate into outright tussles before consensus or understanding could be reached.

In reconciling differences, workers emphasized the “back and forth” that took place as ACS attempted to “explain to the advocate” why certain decisions, recommendations, or resources were unsuitable. Others felt that “ACS makes a decision on the child safety conference, you know, regardless of what the parent advocate...if ACS feels that this case needs to be filed, that’s

the decision” (CPS-08). Another worker explained the resolution process thusly: “Usually when things like that happen, the CFS will call a caucus outside of the room. Now, I don’t know what is said but my understanding is that the CFS will try to defuse the situation and try to bring the advocate back but it can be unhelpful when advocates get too invested in the client and are crossing boundaries and really don’t understand their own role” (CPS-35).

Other workers described letting disputes organically settle themselves since “we go to court at the end of the day or the following morning, it’s going to be a battle and you say ‘ok let the judge make the decision’ or diplomatically “we have a discussion and agree to disagree” (CPS-11; CPS-26; CPS-33).

Advocates’ Relationship with CFS

Role of the CFS in a Child Safety Conference

The Child and Family Specialist (aka facilitator) is a licensed social worker skilled and trained in eight core competencies, namely group facilitation, as well as in the Annie E. Casey Foundation family engagement model, “Team Decision Making” meeting modality. The role of the ACS facilitator is to guarantee that all plans developed and discussed during a conference uphold standards of safety and are consistent with ACS and legislative regulation. The Child and Family Specialist is not a decision-maker, but an objective clinician ensuring all participants, particularly the family for whom the conference is held, are respected, valued, and encouraged to provide family and community context to the public child welfare organization. The ACS facilitator makes every effort to guide the Family Team Conferencing participants to consensus around decisions during a conference.

Nature of Relationship

Advocates voiced that facilitators reinforced the necessity of the advocates since “most of the facilitators I’ve worked with actually prefer to have a parent advocate in the room.” Like the CPS workers who requested the presence of an advocate, facilitators also “come out and look for parent advocates, if there are no parent advocates they will call our coordinator and request a parent advocate” (CHDFS-02).

On the whole, advocates overwhelmingly described their interactions with CFS as positive, cordial, and professional. Unlike the mixed experiences they held of CPS workers, who inspired a variety of characterizations from “catty” to “pleasant,” facilitators were regarded in a significantly favorable light. One advocate stated, “Facilitators, I have no problem with any of them, we have pretty good facilitators.” The positive relationship was further explained by one advocate as follows: “We know the facilitators a little better because they’re the ones who sort of do everything and those are who we look for cuz that’s a familiar face, as opposed to CPS who

rotate. We know their names, we know who they are, so we have a nice interaction with them” (CHDFS-05).

A few respondents found the facilitators “a little distant with everybody because they have to go into the meetings neutral and they tend not to want the friendships to be there, so they do tend to be pretty distant with everybody” (JCCA-02). Still, a very few respondents hesitated to affix blanket characterizations and stated, “You know they’re different, each facilitator... they seem different. You have some that welcome the help, and there’s some that don’t really want you to be there...well you can tell, like we have a few that just feel like this is their thing, and they kind of feel like you’re stepping on their toes when you ask certain questions” (CHDFS-03). There was a recognition that “some facilitators are better than others” and “some are more open to hearing from advocates than others.” Nonetheless, all advocates reported never having any arguments with facilitators. One respondent explained, “There’s times I have had a disagreement with facilitators but because we have that family relationship it passes really quickly” (CHDFS-12).

Debriefings

Frequency of Debriefings

Advocates stated that generally debriefings took place on a regular basis. The frequency of debriefings varied, with some advocates participating in “a monthly debriefing...a regular debriefing, 2-3 times a month” or “I would say 85% [we have debriefings]” immediately following conferences. Another advocate further explained, “There’s sort of this daily thing after the conference, there’s this twice a month thing, and then monthly we have debriefings for everybody to come and sort of share and dissect cases” (CHDFS-05).

The timing of conferences and post-conference obligations, such as attending court, could prevent debriefings from taking place. Rarer still were advocates who stated, “No, I don’t regularly have them. If I need to, yes... but it’s not needed after every conference. Some conferences more so than others. But not every single conference... not all the time” (CHDFS-11). Another respondent stated, “We do it once in a while, if it’s a heavy, heavy case” (JCCA-09). An advocate echoed why regular debriefings were not necessary: “It depends on the case because some cases are just like cut and dry, there’s really no debriefings to do” (JCCA-05). One advocate even expressed, “I’ve only had one debriefing since I’ve been here and I was shocked when they did it...but they said, you know, this is the debriefing” (JCCA-12). A fellow colleague agreed, “Since I have been here with JCCA I only had two or three debriefings” (JCCA-01).

People in Attendance

Although the frequency of debriefings varied among respondents, there was greater agreement when it came to recalling participants in debriefings. Debriefings involved “the facilitator, the CPS worker, the supervisor and me, they’ll debrief...that’s the regular, every time we finish a conference we debrief” (JCCA-13). Another respondent recalled, “It will be the same people that stay around the table excluding the parents and the parent’s support if they have any, so it will basically be the CPS worker, the supervisor and the facilitator. I have had conferences that was so intense, as soon as we finish they say, ‘let us debrief, okay,’ and it was necessary” (JCCA-08). A very inclusive group of participants might also involve “me [the PA], the CFS, the caseworker, and the supervisor, just us four and for instance if the family was working with a different agency like if the social workers there they might stay and sit in the debriefing, or a counselor or a therapist or something like that” (JCCA-05; JCCA-12).

Purpose and Value of Debriefings

The structure of debriefings varied slightly, but largely focused on case discussions, which served multiple purposes. Debriefings were valuable in (a) deliberating complex cases thoroughly, (b) discussing feelings associated with taxing cases and providing an opportunity to vent, (c) clearing disagreements over case-related decisions, and (d) understanding reasons why certain decisions were made.

In one advocate’s words, debriefings had the following purposes: “Usually we have debriefings, when it’s hard to come up with a solution or we usually have debriefings when we’re not all sure. Like we all heard the story and piecing it together, because we’re all working the parent inside of the conference to get the information to help us work things out, so if the parent is lying and saying things that don’t add up, sometimes we’ll sit and assess all the information afterwards and say ‘I think this, I think that’” (CHDFS-12).

Debriefings were highly valued for the insight they provided and as open forums for discussion, especially when pertaining to sensitive cases. For instance, “You have cases that are like, ‘oh my god, that happened?’ you know. Whether it was sex trafficking, sexual abuse...things like that, so we talk about it” (CHDFS-10). The process of debriefings seemed highly individualized in some cases, with one advocate recalling, “One facilitator, there’s only one who likes to debrief with all of the advocates after because she wants to know how you feel about the case, how you feel about the decision, how you feel, she wants to know, especially if it was a strenuous case” (JCCA-06).

Moreover, debriefings served as an opportunity to clear misunderstandings and disagreements among the PAs and CPS: “The debriefing is the chance to really talk about what we do and don’t agree with each other during the meeting without the parent there, so that we don’t look unprofessional. There’s been a few where it’s actually changed the outcome of the meeting” (CHDFS-02). An advocate explained, “When the facilitator debriefs, she wants to know if

there's anything different we could have done for this family...and so we get to figure out what was helpful and what might have not been, or did we make the right decisions because I do know that when the CPS worker and the supervisor goes into a conference, whatever the outcome is, they're responsible for it, so they have to make sure they've done the best and made the best decision" (CHDFS-03).

Debriefings provided insight into decisions and served as an outlet for advocates and staff to gripe or otherwise discuss their unabashed reactions to events within the conference. For instance, "A lot of them are helpful because if I didn't agree with something, then we'll discuss that—why did you make that recommendation when you could've done it this way? Or why didn't you do it this way? Or, why didn't you put this service other than that service? And we'll sit there, and they'll explain it until I understand it" (CHDFS-16). Better yet, "from a professional standpoint it allows me to have other standpoints that I've never had" (CHDFS-12). For some workers, advocates demonstrated their value most saliently in debriefings where they could offer input about the case. A worker revealed, "Sometimes in debriefings advocates can give insight that we wouldn't have because everyone else works for ACS. So that third party feedback is good to have" (CPS-30).

One advocate expressed a desire to have a formal opportunity to debrief individually with a CPS worker: "That will be nice to debrief with them, like on a 1-on-1. Because it's always good to hear what they think about, how they feel, and how it affected them also" (CHDFS-01).

DEBRIEFINGS

KEY POINTS

- ⇒ Different types of debriefings were held.
 - daily debriefings after ICSC among CPS worker, supervisor, facilitator, and advocate
 - monthly or semi-monthly with a larger group.
- ⇒ Debriefings with CPS and advocates took place frequently with exceptions made for court appearances and related scheduling concerns.
- ⇒ Debriefings provided opportunity to decompress emotionally, particularly when it came to challenging cases of a sensitive nature.
- ⇒ Advocates also valued debriefings for offering a forum to process any disagreements and to understand the decision-making process of CPS.

Factors Promoting Successful Relationship with CPS



Professional Respect

Advocates stated that professional respect was a requisite factor to building a successful working relationship with CPS. More succinctly stated, “I respect your role; you respect my role. I am not going to look at you any other way, you have what you have, I’m not beneath you, you’re not beneath me. And, we respect each other like human beings” (CHDFS-11). Advocates viewed that effective and productive conferences were those “when everyone’s respectful, when everyone doesn’t get triggered by their own personal stuff” (JCCA-18).

Knowing Own Role

Both parent advocates and CPS mentioned that both parties must have “an understanding of each other’s role, communication, and an understanding that we both have jobs to do” in order to work well together. Advocates related that it was critical for both advocates and CPS staff to understand their individual roles in conferences, which entailed “not personalizing” proceedings and “knowing about structures and polices.” For instance, one respondent affirmed, “I think just knowing your role in the process is important, and you know, ours is a very finite role” (JCCA-11).

Advocates found that CPS, at times, misunderstood advocates’ roles and that such a lack of clarity further complicated relationships and led to tensions. A respondent revealed, “I guess the understanding between the both of us, I’m just here to help the families, that’s it. That’s basically it, and if they understand that, it will be fine. I’m doing the same thing they’re doing, they’re just in the investigative process. They’re just investigating and building their case, I’m in support of the parent but our roles, our missions are the same” (JCCA-16). Both advocates and CPS shared the same goals of “want[ing] the families to engage in services...to reach their goals...[and be] free from ACS” (JCCA-05).

Sharing Information

Timely information exchange was also a necessary component of building a strong relationship between CPS and advocates. One advocate felt that open communication was particularly important since “I don’t have no true knowledge; and whatever information I gain is from my quick conference with parents before the conference. A lot of times they would share something with me that they wouldn’t share with the CPS worker. Depending on whether or not the parent wants me to speak on it or not. Sometimes they’ll be like don’t say this and I won’t because I don’t want to betray their confidence unless it’s something detrimental to the case...But the sharing of information is what builds the camaraderie between us and the CPS” (CHDFS-09). Given that advocates entered conferences unaware of specific case details, advocates found that having an opportunity to talk to the CPS worker prior to the conference would be beneficial: “It would be great to talk to the CPS workers about what they know, their background on the case, and then we would talk with the parent knowing what the CPS angle is” (CHDFS-13). Others expressed the desire for more communication and information-sharing in order to have a productive partnership and conference.

Teamwork

Advocates strongly believed that a greater emphasis on teamwork was needed. This was previously alluded to by respondents who invoked the need for more communication and the desire to be on the same page, share “the same agenda, or “see eye-to-eye” with CPS. One advocate further explained that teamwork is a must in order to collectively work on the common goal – child safety: “Just going in as a team like no matter what’s going on and whose side you

on... Basically that's the biggest thing... the team effort on working on the child safety no matter what the situation is" (CHDFS-08). Respondents viewed teamwork as entailing "cooperation" or, "When we agree on the same services and we could all relate to the situation and be able to handle that in a very respectful way and at the end of the day it's about helping these parents" (JCCA-19). Advocates regularly invoked the overarching mission of child safety conferences to "help restore the family" or to be there for "the best interest of the parent, of the family" and felt that neither CPS nor advocates should lose sight of such an aim or "personalize everything." Another respondent found that teamwork required "compromise" to be able to best serve parents. For example, this could mean choosing services that the PAs suggested over those recommended by the CPS worker: "My [PA's] resources may be quicker than your resources, you know, it's still on the table for you to take a look over it" (JCCA-06).

Inclusion of Parent Advocates

Some advocates perceived conferences as a collaborative experience that included all voices. For instance, "One thing I like about the meetings, the initial conferences, they ask everyone their opinion and everyone's voices means something in that meeting" (CHDFS-01). Yet, while these advocates were eager to make their voices heard, another respondent attested that "nobody could go over ACS ideas. I try my best to" (CHDFS-08).

The recognition of advocates' efforts inspired feelings of camaraderie and collaboration. Whether by directly asking parent advocates to participate in conferences or prompting their input about a parent's strengths, CPS workers reinforced the importance of advocates' roles by including them in dialogue. An advocate recalled, "They ask me, well what is her strength?... You know and they actually write it on the board, they write it down on the paper, so you know it does make me feel good, to know that it is something that I did suggest is written on the paper" (CHDFS-01). Similarly, another advocate averred, "I've had where they actually referred and checked it [a referral] out... I got a chance to give it to the CPS worker before the conference even started, so he just started the process of checking it" (CHDFS-06).

Sharing Common Goals

Workers highlighted the common goals they shared with advocates in committing to the overarching mission of ACS to reunify families and to ensure the safety and well-being of children. Such dedication to an overall vision guaranteed conferences "never get heated" and remained "professional" because "at the end of the day we have to make sure that whatever we are doing is going to benefit the parent and the child" (CPS-01). This could mean, "The parent advocate does their job as far as smoothing things" by mitigating the "shock" and anger felt by parents (CPS-37). Workers described feeling as if advocates and ACS were "there for the same goal" as part of a team and that advocates tried to "help us engage with the parents better" and "help the meeting flow better." Such aims could be manifested when advocates "try to come up with a better solution of, you know, having certain services available to the family" or

“sometimes we work out an understanding like this is what’s best for the children and this is what’s best for the family” (CPS-08; CPS-10).

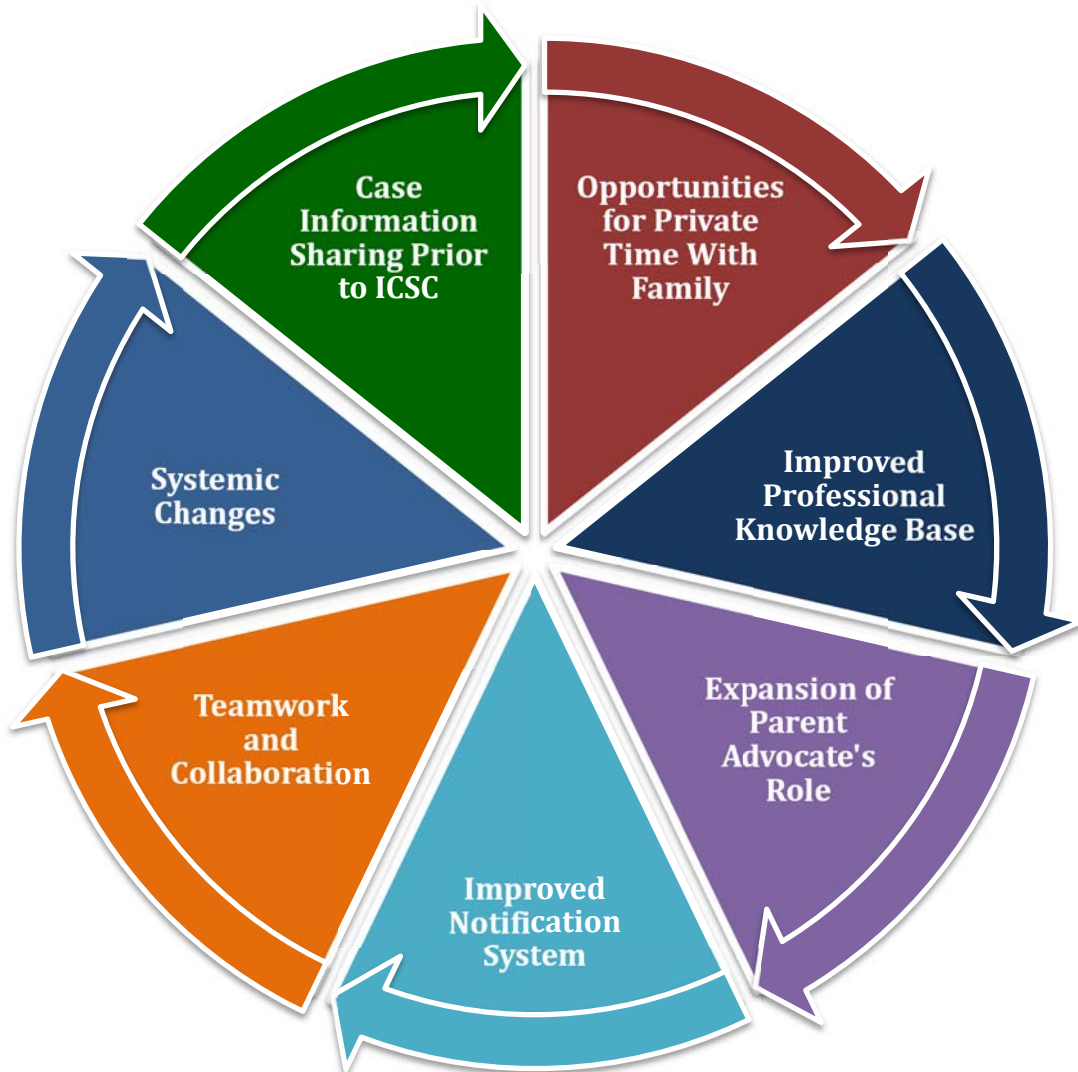
Such a collaborative and inclusive experience, in which all stakeholders worked together towards “an understanding,” demonstrated “the whole point of the conference” – “the parent understands that ACS wants to work with you.” One worker said, “I have come, come to trust them. I know that they are there to move the process around so that we can move quicker. And the parents can understand what’s truly going on” (CPS-18). The presence of an advocate could “balance out the scale so it’s not too heavy on ACS side” as parents recognized that they had an ally in conferences willing to fight on their behalf. This was particularly effective because advocates provided a unique perspective as individuals familiar with ACS and who often had their own personal history with the agency (CPS-25). Advocates could also help parents better understand or be more amenable to recommendations since “they are able to break down everything to that parent” (CPS-26).

Co-Location and Relationship with CPS Outside Conferences

Being co-located in the same DCP office promoted relationship building and collaboration among parent advocates, CPS staff, and facilitators. Co-location provided opportunities for easy access and communication as well as interactions outside of conferences. These incidental interactions with CPS further reinforced a sense of camaraderie. For instance, “You know sometimes, we sit down and have lunch. I was actually a volunteer at the Christmas party with CPS workers, me and my daughter. Usually any function that goes on there they always include us. You know, they make us feel very welcome.” Another advocate related: “I used to sit upstairs and I would sit there and anybody that would walk by me I would say ‘good morning’...And we would just have conversations and we would just talk about our kids or just joke or whatever. You would just develop a relationship” (JCCA-02). Outside of conferences, such seemingly minor interactions strengthened bonds between advocates and CPS workers, especially those in regular contact.

RECOMMENDATIONS

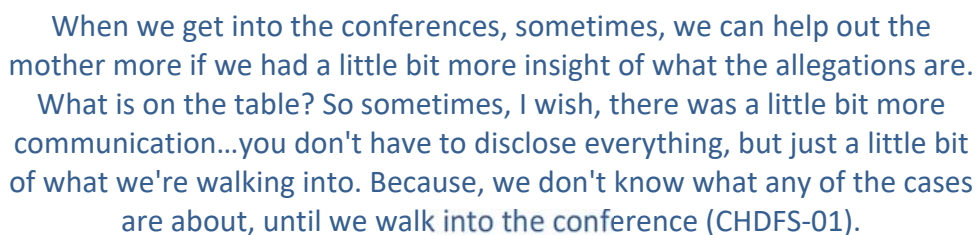
When questioned about recommendations for improvements to the Parent Advocacy Initiative, advocates, CPS staff, and parents offered suggestions in the domains of information sharing, opportunities for private family time, greater teamwork and collaboration, enhanced scheduling practices, expansion of the parent advocate role, improved professional knowledge, and overall systemic changes.



Case Information Sharing Prior to ICSC

Although advocates' lack of case knowledge afforded them the ability to remain dispassionate, parents preferred advocates to possess prior case knowledge. If advocates had a greater understanding of case history, a parent felt they "would understand my case better" (PAR-01). One parent proposed, "I feel as if they should get two or three days ahead of time to know how to work with us and be prepared because when we come to these conferences, we are not prepared" (PAR-01).

Parents viewed case knowledge as offering advocates unique insight into a family's circumstances while affording them the opportunity to brainstorm resources most suited to an individual family's predicament. An advocate further explained as follows:



When we get into the conferences, sometimes, we can help out the mother more if we had a little bit more insight of what the allegations are. What is on the table? So sometimes, I wish, there was a little bit more communication...you don't have to disclose everything, but just a little bit of what we're walking into. Because, we don't know what any of the cases are about, until we walk into the conference (CHDFS-01).

Advocates further stated that they did not "expect to want to know family's personal backgrounds" but indicated that they would like "a little description" prior to meeting with parents if only to be "on the same page." Some CPS workers agreed that advocates should be informed of case details before first meeting parents. A worker suggested, "Maybe they can get a copy of the child safety conference form to kind of just get an idea of the case" (CPS-11). Knowing details about cases "could be helpful during the conference when we present the decision so it's not like something that came out of left field. It can show a pattern or a history to the family's individual case" (CPS-06).

Opportunities for Private Time With Family

Private Time With Family Before and After Conference

Parent advocates acknowledged the importance of having time to "pre-meet" with the family prior to the conference. Sufficient time (15-20 minutes) and dedicated, private pre-meeting space were the main suggestions that many advocates shared. Most advocates sensitive to parents' wishes for privacy found hallways and public spaces ill-suited to the serious concerns expressed by parents in pre-meetings. Similarly, both advocates and parents valued post-meetings between

the parent(s) and the advocate that were held after the conference and lasted up to 15 minutes. While they served multiple important purposes (e.g., helping families get closure on the situation, process emotions, clarify next steps, obtain referrals and other materials, and so on), they often took place on a more frenzied, ad-hoc basis than the pre-meetings and were highly dependent on circumstances.

Private Time With Family During Conference

Giving the family/parents an opportunity to take a few minutes during the conference and meet privately with the advocate (or without) was viewed as potentially beneficial. Currently, the only occasions when the parent would have a private meeting with the advocate involved distraught parents who needed to be calmed down. While family private time (aka caucusing) is not a common practice across DCP offices, one office in the Bronx Zone E has started implementing such conferencing structure as part of a pilot program. Most advocate respondents in the present study were open and supportive of the idea of a family private time and named potential benefits, such as helping parents process information presented in the conference, getting clarification on the issues discussed, brainstorming options, and developing a plan to address the safety concerns with the guidance of the parent advocate.

Teamwork and Collaboration

Role Clarity

While many CPS workers stated that they enjoyed a professional and respectful relationship with advocates, some felt more teamwork and collaboration was necessary. More specifically, in order to achieve this, CPS staff and PAs should have a clear understanding about each other's roles. One CPS worker mentioned, "I feel like we don't really have a clear understanding of where they come from or what kind of connections they might have through their own individual agencies" (CPS-24). One advocate noted that role clarity and transparency prevented "bump[ing] heads with anyone" (JCCA-18). Another advocate was more inclusive and stated:

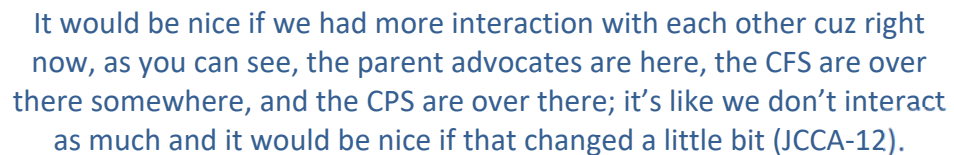
I think everybody should know each other's role. It's like managers would say one thing but then the CPS may say another thing. And then the CFS has one role, so they can't do what the CPS can do. So they might have to do something different. I think if everyone knows each other's role and respect each other's role, things could go a lot smoother (CHDFS-11).

Role clarity was seen as especially important not only to avoid stepping on toes but also to prevent confusion, as articulated in the words of one advocate, who said, "Workers confuse us

with Bronx Defenders” (CHDFS-02). Another advocate revealed that the distinct separation of roles, and the feeling of “this is what the PA is doing and this is what the CPS is doing and we’re not really talking,” weakened the partnership between CPS and advocates (CHDFS-13).

Opportunities for Formal and Informal Interactions

Advocates suggested more interaction between PAs and CPS staff both formally and informally to promote relationship building and collaboration. Some CPS workers specifically suggested that they would like to have more time with advocates, and articulated, “We should try to build a better relationship with them” (CPS-22). Formal opportunities included regularly held debriefings, group or one-on-one case discussions, and cross-trainings, while informal opportunities included interactions occurring outside of conferences and not necessarily case-related, i.e., social gatherings, office parties, and other similar occasions. Once advocate described the current situations as follows:

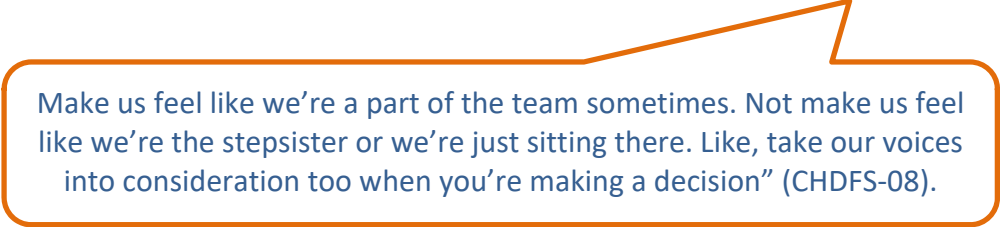


It would be nice if we had more interaction with each other cuz right now, as you can see, the parent advocates are here, the CFS are over there somewhere, and the CPS are over there; it’s like we don’t interact as much and it would be nice if that changed a little bit (JCCA-12).

Inclusive and Collaborative Relationship

Several respondents voiced a desire for CPS workers to show greater respect, appreciation, and inclusion of advocates during conferences, as “parent advocates...we don’t always feel like we’re welcomed” or “appreciated.” A few advocates shared that some workers were failing to understand that “the work that I do is just as stressful because I’m in this case also. So I just want to be respected, just as you would want me or [a] client to respect you” (JCCA-18).

Advocates further proposed building stronger, more inclusive and collaborative relationships with CPS, “I would like to see more of a partnership. Less of ‘this is what the PA is doing and this is what the CPS is doing’” (CHDFS-13). Another advocate pleaded,



Make us feel like we’re a part of the team sometimes. Not make us feel like we’re the stepsister or we’re just sitting there. Like, take our voices into consideration too when you’re making a decision” (CHDFS-08).

There was a perception that “They treat us like outsiders some of the times” and that advocates would like to “feel like...a part of the group.” The perception that CPS workers and advocates should be on the same page or working towards a common objective was voiced by advocates when expressing their various discontents.

Improved Notification System

Advocates indicated that they would like to receive more advance notice regarding imminent conferences and described their timeliness at conferences as “an ongoing challenge” and “cutting it close” with some advocates having been reprimanded for late arrivals. One advocate stated, “We never get enough notice. That’s probably our number one complaint, when there is a conference at ten o’clock, and at ten to ten they let us know. We can’t manage that...we miss quite a bit because of what we refer to as late notification” (CHDFS-05). Last minute notifications “like a notice about a conference at 11:30 [AM] for 12:00 [PM]” combined with the fickle NYC mass transit system made for frustrating and harried experiences (CHDFS-09).

While a 2-hour advance notice was considered sufficient for several advocates, others proposed notifications be made “a day ahead of time instead of that morning,” if possible. There was not a single outlier responses indicating complete satisfaction with the amount of advance notice received. The response that “sometimes [we get enough advance notice]” was the most positive review available.

Expansion of Parent Advocate’s Role

Expansion of Advocate’s Role Beyond Initial Child Safety Conference

Several parents suggested that the advocate role be expanded beyond ICSC, given the rapport built between families and advocates. Parents who had confided the intimate details of their lives found it jarring to be left without the continued support of an advocate. One parent stated:

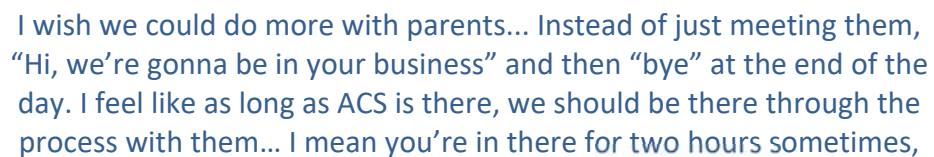
I feel like a parent advocate should have a personal one-on-one with us. And instead of okay, here is somebody you meet and tell your and then you don’t see this person again. And...the next person you meet may not be connected the way we were connected with this person (PAR-01).

Another parent echoed the sense that bonds forged during conferences could not easily be riven:

You start to grow a bond with this one person at this meeting and you don’t want it to end there. You kind of want to, if they could come back to your next meeting, the follow up meeting. If he [PA] could’ve been there in 20 days, I would have loved that” (PAR-04).

Many parents found the support of an advocate invaluable during conferences and found it worthwhile for advocates to follow up. One parent proposed, “Maybe not in a week or so but say two weeks or a month, follow up and say, ‘how did everything go?’” (PAR-04). Others felt that “It’ll benefit people if an advocate can go to court with their client” (PAR-13). While the personal connections parents made with advocates were a significant reason they sought further interaction, parents also found accountability an enticing draw. Continuing interactions with advocates meant parents could ask clarifying questions, inform advocates of their progress, and troubleshoot any setbacks they encountered.

Similarly, advocates felt continued involvement would better hold parents accountable and extend the gains of engagement established in initial interactions with the family. Disengaging was made even more difficult when parents inquired about, or outwardly assumed, the continued involvement of advocates in subsequent interactions with CPS. One advocate revealed:



I wish we could do more with parents... Instead of just meeting them, “Hi, we’re gonna be in your business” and then “bye” at the end of the day. I feel like as long as ACS is there, we should be there through the process with them... I mean you’re in there for two hours sometimes,


Some CPS workers also suggested that it only made sense that advocates who became acquainted with families in the initial child safety conference continue their relationship, and that it would be “a good idea to be at the follow up conference to see what happened. I had a woman who came to the follow up and she asked for the parent advocate. I felt like they did build a rapport” (CPS-11). Given the strong rapport that they established with families and the extent of personal detail they were privy to in conferences, advocates could be utilized to help parents meet ACS’ recommendations beyond the initial conference, especially since, “When you are there at the beginning, I am quite sure that parent is expecting to see you at the follow up” (CPS-10). Most difficult for advocates was rebuffing the entreaties of parents who established “comfortable” relationships with them and requested their continued support and guidance. The ability to remain in parents’ lives past the ICSC would provide advocates the opportunity to reassess the appropriateness of services, monitor parent behavior, and prevent recidivism as a respondent deemed “wraparound services” to be crucial for struggling parents (CHDFS-12).

More Advocates

Some workers felt that more advocates were needed to adequately staff child safety conferences, “because we had some conferences where there was no parent advocate there.” Partially, advocate absence at conferences could be explained by the late notifications discussed earlier. Nonetheless, respondents lamented the scarcity of advocates – especially “when there’s domestic violence, we have to have two separate conferences for the victim and the perpetrator” and the

same advocate was often present in both conferences. The use of the same advocate in cases involving domestic violence might lead to confusion or bias and is not fair to the clients involved. Clients, for instance, might feel uncomfortable knowing that the advocate was present in both conferences and would fail to remain impartial after hearing both sides of a story.

Moreover, conferences with extenuating circumstances, such as those involving domestic violence, would seriously tax not only the availability but also the emotional state of advocates. This will always be exacerbated if only “one or two advocates” are typically available. The limited number of advocates made one respondent, a worker, concerned about the cumulative effect of such “emotionally draining work”:



Advocates could have multiple CSCs daily everyday, and these are very long and emotionally tense conferences. Maybe, if they could add more of them or rotate the advocates around, it would help (CPS-19).

Improved Professional Knowledge Base

More Advocacy During Conferences

While most parents generally had a positive impression of advocates, a noteworthy number of parents did feel that advocates should “do more” and to “put [their] heart in it.” A parent explained, “Just be a little bit more outgoing. Show that you are interested and that you care about what’s going on with the person, show me that you are concerned” (PAR-12). Another parent stated that advocates could have been more engaged and “spoken up more or give[n] me an opportunity or say: ‘wait a minute you got to let the parent speak up. You got to let the parent get in on this’” (PAR-02). This was especially noteworthy given that one parent found their advocate inadequate on the basis that “I can basically just speak for myself” (PAR-15). In interfacing with ACS, parents looked to advocates as mediators and mouthpieces who could obviate conflict or safeguard parents’ rights, which made an advocate’s silence or unwillingness to engage particularly striking.

Several CPS respondents conjured up an image of the stoic and impassive advocate who idly sat by and observed conference proceedings with nary a word. One surmised, “Sometimes if the advocate is not as skilled, they will just stay quiet” (CPS-31). Whether due to personality or a lack of skill, advocates who remained silent did little to endear themselves to parents or to ACS staff. A number of workers asserted that advocates needed to staunchly advocate on behalf of the clients they served. A respondent elaborated, “Some parent advocates that I have observed just sit there. I think they should be more involved in what is taking place” (CPS-37). The participation of advocates was paramount because “It makes the parent more comfortable to know that you are engaging, that you are a part of it, and not just sitting in a conference learning the information” (CPS-05).

Given the gravity of conferences, it behooved advocates to speak up, since “You go into the conference and it’s a very important conference, the parent, their children, so if you couldn’t speak up on behalf of the client you shouldn’t be there” (CPS-10). In this respect, outspoken advocates who could “explain things” to clients were respected as “passionate” and vocal participants who were not “sitting there mute.” A worker voiced, “I would definitely want a parent advocate that is vocal because I don’t want the parent to turn around and say, ‘I had this person in the room and they didn’t do anything’” (CPS-16). One worker attributed the phenomenon of the silent advocate to the fact that “they don’t get to meet the parent before and they don’t get to hear their side of the story before...and secondly, sometimes they’re not as neutral parties as they’re supposed to” (CPS-37).

More Knowledge on Legal Aspects of Parental Rights

Parents indicated that it would be helpful for advocates “to have some background in the legal system” if only to assure parents about “what’s going against [their] rights sitting in this meeting” (PAR-05). For parents unfamiliar with the CWS, safeguarding their rights and remaining cognizant of case details were tasks they delegated to advocates. Another respondent averred that she would like “some advice...or to tell me that this and this is going on with your case. The facts of the case, with what’s going on and being concerned with what I am doing” (PAR-12). Parents regarded informed advocates as an asset, with one parent stating, “Not sure what the prerequisite is to get a parent advocate job but just study some legal work and the rights of the people. So that you can defend them a little bit more” (PAR-05). Ideally, advocates would communicate pertinent information “about the courts, the system of courts, lawyers” (PAR-13).

Some workers stated that an understanding of the legal procedures was necessary and that advocates should “brush up on ACS policy and legal aspect of it because most of the time, if we are in a CSC, it’s because we want to go to court” (CPS-17).

More Knowledge on ACS Policies, Regulations, and Protocols

Closely related to their professed understanding of ACS structure was several advocates’ desire to learn more about ACS’ rules and regulations. Respondents suggested receiving “a hard copy of ACS guidelines” and characterized the agency as “closed in a sense that they have a lot of lingo. You ask them what it means, they’ll tell you, but there are many things we could learn more about. For example, one of the things they’re always talking about are their safety alerts--we only know some of those safety alerts only because we get experience with them” (CHDFS-05).

The perceived opaqueness of ACS made advocates feel ill informed, particularly when it came to understanding “where ACS is bending a rule, if you don’t quite know all the rules...” (CHDFS-02). While advocates learned agency-specific vernacular or ACS rules through informal hands-

on experience, the prevailing sentiment indicated that more explicit information about rules and regulations would be appreciated.

CPS workers added that advocates should be very knowledgeable in “the safety factors, the court process” and “know what CPS workers’ role is and what is expected of the child safety conference.” Such knowledge and training would allow both advocates and workers to be on the same page and “know where we are both coming from and the skills we have and what we are being told” (CPS-12). Others suggested advocates undergo trainings like “demystifying ACS, which could be really helpful because it teaches you about the protocols and policies and why ACS does some of the stuff that it does” since “sometimes when we do something, the advocate won’t know the exact reasons. If they knew about the protocol and the policy, it can help make the reasoning behind decisions easier to understand” (CPS-28; CPS-33).

More Cross-Training Opportunities

Both parent advocates and CPS workers voiced that they would welcome an opportunity to participate in supportive training or cross-training. One advocate explained, “ACS, they have ongoing training. And, we do have trainings but I think it would be nicer to get together with them, sit in their monthly debriefing, train together, learn from them, and also find out how we’re doing, have feedbacks...in a very civilized way” (JCCA-08).

Respondents suggested cross-trainings to ensure all participants were aware of one another’s roles and responsibilities as well as learn about child welfare-specific protocols (e.g., child welfare provider training, safety and risk training, e-learns), as the debriefings are not always enough to capture nuances of the child welfare protocol. Training should be (1) side-by-side with DCP personnel staffing the conferences; (2) provide access to the same resources and knowledge base; and (3) promote shared understanding of conference protocol. Such baseline and ongoing trainings would ensure all participants are on the same page.

Cultural Competency and Compatibility

Advocates articulated the need for more culturally competent and compatible staff, as they felt that multilingual and multicultural clientele required staff familiar and sensitive to diversity. One of the advocates suggested, “It would be great if we get someone to come in and talk about different cultures, what people kind of expect because they’re from a different culture, I think that would be helpful” especially since the advocates “represent quite [an] array of communities” (JCCA-07). To this end, a number of workers suggested greater gender and cultural diversity when it came to the staffing of advocates. A respondent admitted:

I've never seen a male advocate, and almost all the advocates are older women not younger than 40, so a generation gap can exist especially when you have a much older advocate who comes from a different generation trying to counsel a young parent. The older advocates may come across as judgmental, which is not going to help the relationship. For the men, we get a lot of fathers or boyfriends in here and if the advocate is an older African American lady, it's going to be difficult for a young man to relate to her or for the advocate to get through to the father (CPS-19).

Systemic Changes

Advocates voiced their concerns about macro-level policies that they found inadequate in preventing recidivism, appropriately supporting parents, or combatting the racialized and gendered system of inequity that disproportionately affects low-income minorities in the CWS. One advocate articulated, "I think in general there is racism in the system. I see that things that would happen to a person of color would not happen to a person that's Caucasian" (CHDFS-11). Other advocates agreed, with one stating, "There's certain families that we remand all the time, they're always this color...then somebody with another could come and do the same exact thing and get a different outcome" (CHDFS-12). The demographic makeup of CWS-involved families was a reality not lost on advocates; but, coupled with reactive policies that some described as punitive, little recourse seemed to exist for families genuinely hoping to improve their situations. One advocate explained:

I have certain situations to where parents come in to voluntarily place their kid and they have done everything that they need to and they have reached out to other agencies, I have seen some parents actually be penalized to voluntarily placing their kids. I mean still have that neglect petition filed against them, although they did everything in their power that they could (JCCA-05).

According to advocates, if policies are intended to genuinely support struggling families, they need be more proactive, preventive, and less punitive in nature.

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