

Iowa Parent Partner Approach HANDBOOK

Governing Philosophy, Policy & Protocol
&
Guide for Starting Parent Partner Approach



This document was created through a shared decision-making process and supported by: Parents, Community Partnerships for Protecting Children, and Iowa Department of Human Services

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MISSION STATEMENT

*Parents empowering Parents
to strengthen families, communities, and systems thereby achieving
safety, permanency, and well being for children.*

GUIDING PRINCIPLES

1. Safety of Children

The Parent Partner Approach is dedicated to protecting children from abuse and neglect. Children are safely maintained in their homes whenever possible and appropriate. The Parent Partner Approach will work with parents (parents of children in care), Department of Human Services (DHS)/Child Protection Services (CPS) and the community to enhance families' capacities to provide for their children's needs.

2. Supporting Parents

The Approach believes that parents are fundamental building blocks in children's healthy social, mental, and physical development; will support parents with children in care by enhancing their capacity to provide for and guide their children's healthy development through one-on-one mentoring from a parent who has had personal experience with the child welfare system; will enhance parent's capacity to make appropriate decisions to meet their children's needs including connecting parents with resources, providing encouragement, outreach, and support; will support parents who have successfully navigated through the child welfare system by teaching them advocacy skills, inviting them to be a part of the shared decision making process through becoming board members of local and statewide committees and providing training opportunities.

3. Collaborating with the Department of Human Services (DHS) and Child Protection Services (CPS)

The Approach is committed to partnering with CPS to protect children from abuse and neglect and supporting parents in their decision-making; collaborate with DHS Child Protection staff and child welfare workers to promote parent engagement though the life of the case.

4. Collaborating with the Community to Protect Children

Parent Partners will engage the community to increase awareness regarding the protection of children; will work with community-based organizations to provide resources, and strive to develop community partnerships.

~ Established July 2007

A. Introduction and Background

Parent Partners is an approach designed to provide better outcomes around re-abuse, and reunification. Parent Partners promotes innovative change in social work practice that is unique because it not only celebrates individuals that have overcome obstacles through change, recovery, and accountability, but also uses their skills to mentor families who are currently navigating through DHS as their children are in foster or kinship care. Parent Partners demonstrate advocacy and effective communication, while holding families accountable in meeting their case plan goals.

The Parent Partner [mentor] is a key strategy to improving practice with families, but it cannot stand alone. Parent Partners network within communities and partner directly with DHS, child welfare staff, systems, and agencies. Parent Partners collaborate with social workers and providers to meet the needs of families, assist in policy and program development, change perceptions in communities, and facilitate trainings and learning opportunities.

Parent Partners are selected based upon their interpersonal skills, successes, and proven abilities to overcome obstacles. Parent Partners have been involved with the Department of Human Services (DHS) due to child protection issues. At one time, their children were removed from their primary care and have since been successfully reunified. This includes parents who can only reside with their children under special conditions directed by the courts (i.e. substance abuse treatment or relative care).

It is these experiences that make Parent Partners so beneficial to families who are currently receiving DHS services due to child protection issues. Parent Partners are able to offer hope, realistic advice, and advocacy for families. In addition, they form a critical link between the DHS worker, other professionals, and the family.

The Parent Partner approach includes validating parents' experiences and opinions to make changes in child welfare that will assist families in reunification and keeping children safe. Parent Partners meet with social workers, counselors, attorneys, and others regularly to assess progress and are able to help professionals empathetically and productively interpret the patterns, behaviors, and needs of families.

This approach includes not only Parent Partners but also those in training, aides, and allies. Parent Partners and DHS need to commit to multiple joint-learning opportunities. Examples include but are not limited to: Parent Partners, allies, and aides attending meetings, workgroups, and trainings within DHS offices to foster cultural change and build relationships; assisting DHS in meetings, committees, task teams, presentations, conferences, etc. to incorporate parent perspective; and instilling Community Partnership's four strategies and mission.

B. Roles within the Parent Partner Approach

The Parent Partner Approach values the participation from individuals with a variety of backgrounds and personal level of commitments who are at different places in their lives, therefore the Approach offers an assortment of roles. Below are roles with associated duties that may be assumed by those parents and others affiliated with Parent Partners.

- **Parent Partner Ally**- This is a voluntary role open to parents and others who have current or previous involvement with the child welfare system. They either choose not to participate as a Parent Partner or do not currently meet the criteria to be a Parent Partner or a Parent Partner in Training [see section D Criteria for Parent Partners]. This is not limited to parents who have been assigned a Parent Partner. Opportunities available to these individuals include the following:
 1. Participating in family orientation sessions, if available
 2. Participating in other support groups for parents, if available
 3. Sharing experiences with other parents
 4. Attending Parent Partner training sessions or meetings, as space is available

- **Parent Partner Aide**- This is a role open to parents and others who have current or previous involvement with the child welfare system. They either choose not to participate as a Parent Partner or do not currently meet the criteria to be a Parent Partner or a Parent Partner in Training [see section D Criteria for Parent Partners]. Opportunities available to these individuals include any of the above mentioned activities as well as the following:
 1. Providing administrative support to include but not be limited to copying, brochure development, taking notes at meetings, etc
 2. Participating in internal organizational and local level committee meetings

- **Parent Partner in Training**- This is a role only available to parents who have been reunited with their children for at least six months and who intend to become Parent Partners, or have had at least one year to resolve issues related to termination of their parental rights or other permanency decisions where children were not reunited with the prospective Parent Partner. Opportunities available to these parents include any of the above-mentioned activities as well as the following requirements:
 1. Adhering to Parent Partner criteria
 2. Attending Building a Better Future (BABF) training
 3. Attending mandatory reporter training, boundaries and safety issues training, and DHS overview training
 4. Shadowing current Parent Partners
 5. Attending other required training as available

- **Parent Partner**- This is a role only available to parents who, for at least one year, have been reunited with their children or who have resolved issues related to termination of their parental rights or other permanency decisions where children were not reunited with the prospective Parent Partner. These parents must meet all required criteria [see section D Criteria for Parent Partners]. Parent Partners may participate in any of the

above activities and are **committed to participate in individual family mentoring**. In addition, they may participate in any of the following:

1. Co-facilitating training sessions
2. Speaking engagements
3. Planning and implementation
4. Participating in state level committee meetings
5. Assuming advocacy role on behalf of the Parent Partner Approach to local, state, or national audiences

C. Parent Partner Responsibilities

1. Work intensively with birth parents to promote engagement in case plan activities via face to face visits, letter, emails, and/or phone calls
2. Help maintain connections between parents and children by observing and advocating for children and family rights
3. Assist in the goal of reunification and/or the development of appropriate alternative permanent plans
4. Provide a sense of hope and inspiration through encouragement, outreach, and connecting parents with resources
5. Support families by attending FTM, court, treatment, recovery, or other gatherings with parents
6. Collaborate with Parent Partner team including the Parent Partner coordinator, child welfare case worker, planning committees, and others
7. Will **not** baby-sit or transport children
8. Will **not** be used to supervise visits with children, but can be available as a support during or after visitation
9. Perform other duties as needed

D. Criteria for Parent Partners

The criteria of Parent Partners has been developed because it is critical that Parent Partners be viewed by the parents they are mentoring, DHS staff, court personnel, and other service providers as having overcome the issues that initially involved them with DHS. Meeting these criteria does not automatically designate someone as a Parent Partner, but instead gives a framework for recruiting potential Parent Partners.

Parent Partners have been involved with DHS due to child protection issues. At one time, their children were removed from their primary care and have since been successfully

reunified. This includes parents who can only reside with their children under special conditions directed by the courts (i.e. substance abuse treatment or relative care).

Below are the agreed upon requirements that must be met in order for a person to be designated a Parent Partner:

- Have been reunited with children for at least one year. Training may be started after six months of reunification.
- Have had at least one year to resolve issues related to termination of parental rights, or other permanency decisions where children were not reunited with the prospective Parent Partner
- Have a healthy and stable family situation with no current child welfare involvement for safety issues
- Have no founded child abuse report since assuming the role of Parent Partner or Parent Partner in Training
- Have some flexibility to attend meetings and co-facilitate groups
- Have been substance free for one year if substance abuse was an issue
- Participate in all mandated training as well as individual and group supervision, including clinical supervision
- Agree to share their experiences as a learning tool with other parents, community partners, and child welfare staff
- Will be disqualified if any of the following apply:
 - Founded sexual abuse, listed on the sex abuse registry, convicted in the death of a child

E. Protocol for Resolving Eligibility Issues (to be used for role changes)

The procedure is designed to promote individualized solutions for issues that face a Parent Partner or a Parent Partner in Training. It is required only for those who wish to continue in their current role. This procedure will be followed if either of the circumstances below is alleged:

1. Failure to meet criteria
2. Personnel issues that interfere with the success Parent Partners

STEPS

1. Parent Partner Coordinator and the local clinician will talk with the Parent Partner about the identified concern. They will discuss how the identified issue will affect the Parent Partner's ability to perform his or her roles.
 - If after the conversation, it is jointly determined that the concern does not impact the Parent Partner's eligibility to serve in his or her role, then the Parent Partner may continue as before.

- If after the conversation, it appears that the eligibility criteria are not met or the issue is unresolved and needs further attention, a plan will be developed and reviewed by a mutually agreed upon content expert (for example, substance abuse treatment specialist for issues related to relapse), if available. If this does not resolve the issue, go to step 2.
- 2. The Parent Partner/Parent Partner in Training and the Coordinator agree to have a decision-making and planning meeting, which will include a complete discussion of the situation and the development of a clearly defined behavioral specific plan. This plan will identify time frames, assigned responsibilities, behavioral changes, and crisis planning to ensure success for the Parent Partner and for the Approach. Required participants include the Parent Partner, Parent Partner Coordinator, clinician, and jointly agreed upon expert in the content area. Others who may attend include supports identified by the Parent Partner. Possible outcomes may include but are not limited to:
 - Parent Partner or Parent Partner in Training continues in his or her role with additional oversight or assistance.
 - Parent Partner or Parent Partner in Training assigned to other role (see Parent Ally, Parent Aide) with a plan to determine when and how he or she could resume Parent Partner role.

ANY PLAN THAT IS DEVELOPED MUST ADHERE TO THE TIME FRAMES IDENTIFIED IN THE CRITERIA

F. Compensation

Parent Partners/Parent Partners in Training will be compensated for time, work and mileage. See the appendix for more information. These standards are also recommended for Parent Partner Allies and Aides.

G. Clinical Supervision

A licensed master-level clinician will be available for ongoing support and will provide monthly sessions for Parent Partners. The clinician is available for assessing needs and facilitating problem solving.

H. Parent Partner Coordinator Responsibilities

1. Provide oversight of services and day to day tasks such as compensation, job assignments, and programmatic issues
2. Develop and coordinate with CPS to determine individualized referral process and target populations

3. Coordinate with CPS and Parent Partners to implement family assignment process ensuring that:
 - Confidentiality and mandated reporting requirements will be addressed throughout duration of involvement
 - Coordinator will determine which Parent Partner will be most appropriate based on family's initial or assessed needs
 - Parent Partner will talk with caseworker prior to contacting family to discuss case plan activities and goals
 - Parent Partner will contact family within one week of assignment
 - Parent Partner can request re-assignment if there is a conflict or concern (including if he or she knows the birth family or lives in close proximity)
 - Parent Partner will continue to meet with caseworker at least monthly during the duration and conclude with a closing meeting
 - Once a case is assigned, it will remain open depending on the needs of the family and the levels of involvement
 - Parent Partner cases can be closed at any time based on mutual agreement by all parties or by the birth family alone
4. Review Parent Partner cases in weekly supervision with Parent Partner to discuss ongoing issues and case concerns
5. Ensure clinical supervision for the Parent Partner on at least a monthly basis for clinical issues that arise in the provision of services
6. Foster ongoing personal and professional development opportunities to Parent Partners that include speaking engagements, committee representation, trainings, conferences, etc as available
7. Implement use of statewide standardized paperwork and tools including Parent Partner Toolkit, referral form, monthly reporting form, consent/confidentiality form, and Parent Partner Application
8. Providing, scheduling, and attending required training for Parent Partners and Parent Partners in Training
9. Coordinate ongoing local steering committee meetings, meet regularly with DHS liaison and attend statewide meetings
10. Ensure local steering committee is informed on progress, receives quarterly reports, and steering committee recommendations are incorporated into planning and implementation.
11. Provide quarterly evaluations of the Parent Partner Approach to Community Partnership state office on January 15, April 15, July 15, and October 15 of each year

12. Ensure Iowa Parent Partner Approach local site discretion items [section I] and statewide consistencies [section J] are followed and are addressed appropriately

I. Local Site Steering Committee Discretion and Responsibilities

Each Approach must have a local steering committee that includes parents, DHS, Parent Partner coordinator, foster care parents, and other community partners. This steering committee meets at least quarterly to assess progress and guide the local site. The following have not been addressed in this document and are at the discretion of the local Parent Partner steering committee:

- Determining target population
- Executing referral process
- Determining length of service/when to close a case
- Utilizing volunteers or employing part or full time Parent Partner participants
- Determining case load size
- Developing and executing a recruitment plan
- Determining liability insurance issues
- Identifying and appointing clinical supervisor
- Developing internal and external communication plan
- Drafting a local mission statement and brochure
- Organizing and/or attending learning opportunities, speaking engagements, trainings, etc
- Utilizing badges and/or business cards for Parent Partner Approach participants identification
- Appointing supplemental training facilitators/presenters
- Scheduling supplemental training
- Scheduling social events, community-building, trust-building events, etc for Parent Partners
- Implementing Family Orientation and support groups
- Developing sustainability plan

J. Statewide Consistencies

To ensure continuity and consistency the following items are expected of all Parent Partner sites throughout the state of Iowa:

- Use of the Title-Iowa Parent Partner Approach
- Acceptance of and adherence to mission statement and four official guiding principles
- Identical qualifications, expectations, and criteria of Parent Partners as found in Governing Protocol and Policies Document

- Defined roles and assignments of Parent Partners, Approach Ally, Parent Aides, and Parent Partners in Training
- Protocol when addressing issues of concern (criteria, personnel, etc), change in roles of Parent Partners, and/or potential threats to the implementation
- Tracking form and quarterly report
- Supplemental training learning objectives and facilitator criteria
- Iowa BABF curriculum
- Time line for initial contact with family
- Communication and collaboration with Coordinator, Clinical Supervisor, and caseworker
- Sites will have a local coordinator and steering committee

K. Training Requirements

* Training is required before one-on-one mentoring can begin

1. *Building a Better Future (BABF) Training**
 - To be provided by two approved co-trainers: a Parent Partner and a child welfare professional
 - Will follow state approved curriculum
 - Must be completed before Parent Partner can provide one-on-one mentoring
2. *Mandatory Reporting Training**
 - To be provided by a qualified individual or group who has the appropriate combination of experience with and knowledge of mandatory reporting procedures
 - Sites are encouraged to use local resources
 - Must be completed before Parent Partner can provide one-on-one assistance
 - Training ensures that participants will have the opportunity to learn:
 - a) The history of when the law was enacted in Iowa and important definitions like MD Teams, Child Protection Centers and Safe Havens
 - b) Who is considered a mandatory reporter in Iowa
 - c) The nine categories of abuse in Iowa
 - d) How a report is made and the difference between a permissive and mandatory reporter
 - e) The three findings that are possible in a child abuse assessment; founded, confirmed not on the registry and not confirmed
3. *Boundaries and Safety Issues Training**
 - To be provided by a qualified individual or group who has the appropriate combination of experience with and knowledge of basic boundaries, ethics, and safety issues in a professional atmosphere with special attention to children, families, domestic violence, substance use, mental health, etc.
 - Sites are encouraged to use local resources
 - Must be completed before Parent Partner can provide one-on-one assistance

- Training ensures that participants will have the opportunity to:
 - a) Learn the importance of appropriate boundaries to the working relationship, positive outcomes, and their own mental health
 - b) Learn how to set and maintain appropriate physical and emotional boundaries between themselves and those they will mentor
 - c) Learn about types of potentially harmful dual relationships when working as a parent partner: Intimacy, Emotional/Dependency, Personal Benefit/Gain, etc.
 - d) Learn tips and methods to avoid falling into the above dual relationships
 - e) As a group define and discuss ethical behaviors of Parent Partners - to include but not limited to: behavior in the working relationship, behavior when not acting as a Parent Partner, empowerment, dual relationships, confidentiality, honesty, self-disclosure, conflicts of interest
 - f) Learn about the importance of self-care
 - g) Discuss potential conflicts and resolve as a group
 - h) Gain awareness of consequences and/or responsibilities of unethical behavior

4. DHS 101 Training*

- To be provided by a qualified individual or group who has the appropriate combination of experience with and knowledge of Iowa DHS practices, protocol, and procedures
- Sites are encouraged to use local resources
- Must be completed before Parent Partner can provide one-on-one assistance
- Training ensures that participants will have the opportunity to:
 - a) Gain an understanding of DHS role
 - b) Articulate justifications for removal
 - c) Navigate through a case plan and other basic court documents
 - d) List the types of placements available to youth in DHS custody
 - e) Gain a general understanding of the Child and Family Service Review (CFSR) and required federal outcomes how these affects families
 - f) Articulate the intake process
 - g) Explain the types of court hearings

5. Domestic Violence (DV) 101 Training

- To be provided by a qualified individual or group with an appropriate combination of experience working with and knowledge of DV issues
- Sites are encouraged to use local resources
- Training ensures that participants will have the opportunity to:
 - a) Learn dynamics of domestic violence via use of the Power and Control Wheel
 - b) Examine myths and stereotypes about victims and perpetrators of domestic violence and learn how those myths and stereotypes perpetuate domestic violence in our society

- c) Learn about impact of domestic violence on children and parenting skills
- d) Learn common techniques for working with domestic violence victims (interviewing skills, active listening, avoiding victim-blaming, etc.)
- e) Learn about the impact of intervention on safety for victims of domestic violence and their children
- f) Learn basic safety planning techniques for victims
- g) Learn basic safety planning techniques for themselves when working in a home with known domestic violence issues
- h) Learn how to examine one's own past or present experiences with domestic violence in order to ensure proper emotional boundaries and appropriate work with birth parents

6. Mental Health Training

- To be provided by a qualified individual or group with an appropriate combination of experience working with and knowledge of mental health issues
- Sites are encouraged to use local resources
- Training ensures that participants will have the opportunity to:
 - a) Learn the Institute Mental Health Network
 - b) Receive a Mental Health Task Force Overview
 - c) Understand what causes stress and depression
 - d) Distinguish the definition and kinds of depression (including but not limited to seasonal, post-partum, bereavement, clinical, bi-polar)
 - e) Know approved treatments for and signs and symptoms of various depressions
 - f) Learn facts about suicide and resources available for those struggling with thoughts of suicide
 - g) Know the environmental and sociological influences of mental health
 - h) Hear examples of how to help individuals with mental health issues and learn what not to say or do
 - i) Ask questions about suicide, depression, and mental health
 - j) Build their skills regarding mental health and suicide prevention in their area

7. Family Team Meeting (FTM) Overview

- All Parent Partners in training will need an initial understanding and overview of FTM in order to mentor families. It's highly recommended that all Parent Partners and coordinators attend a complete 18 or 21 hour Family Team Meeting training when possible.
- To be provided by a qualified individual or group who has the appropriate combination of experience with and knowledge of FTM practice and purpose
- Sites are encouraged to use local resources
- Training ensures that participants will have the opportunity to learn the skills to:
 - a) Recognize all families' have strengths

- b) Treat all families with dignity and respect
- c) Understand families can make well-informed decisions about keeping their children safe
- d) Encourage and support families to make decisions and plans
- e) Improve outcomes by involving families in the decision-making process
- f) Use a strength-based approach instead of a deficit-based model
- g) Produce positive solutions for change with a team approach
- h) Be open and honest with the family and staff
- i) Accept families' definition of their members, that may extend beyond the primary birth family
- j) Meet the unique situations and needs of the families with individualized plans
- k) Implement non-conventional and creative solutions
- l) Respect if child abuse or child neglect are involved, the child welfare agency approves the plan based on safety, permanency, and stability for the child(ren)
- m) Enhance family plans with FTM's throughout the life of the case

8. Cultural Competency Training

- To be provided by a qualified individual or group who has the appropriate combination of experience with and knowledge of a particular cultural issue within or pertinent to the local site's coverage area, therein including state, domestic, foreign, and/or global interests
- Cultural competency trainings should not be limited to race, but can include ethnic background, religion, gender identity, sexual preference, economic status, single parenting, lack of natural and/or professional resources, extended family connections and other family dynamics, blindness, rural vs urban living, etc.
- Sites are encouraged to use local resources

9. Substance Abuse Training

- To be provided by a qualified individual or group with an appropriate combination of experience working with and knowledge of substance abuse issues
- Sites are encouraged to use local resources
- Training ensures that participants will have the opportunity to:
 - a) Learn what addiction is
 - b) Differentiate between manifested addiction within men and women
 - c) Recognize a connection between substance abuse and mental illness
 - d) Identify the impact of substance use and abuse, and production of methamphetamines on children
 - e) Learn about effective treatment and recovery
 - f) Recognize readiness to change
 - g) Motivate parents into treatment and enhance treatment readiness
 - h) Support recovery and enhance treatment effectiveness

L. Criteria to Become an Approved BABF Trainer

In order to be approved as BABF trainer, a Parent Partner or a professional must fill out an application. Applications can be found on the website at:

http://www.dhs.state.ia.us/cppc/Parent_Partner_Approach/index.html

Applicants must meet the following criteria:

- Has experience working with Parent Partner Approach and knowledge of Iowa protocol and philosophy
- Is available for training
- Participates/observes a BABF training within the last two years and attends all additional required Parent Partner training as identified in Parent Partner Approach Handbook.
- Able to commit to and participate in annual train-the-trainer workshop
- Co-trains at least two complete BABF trainings with a master trainer
- Presents all modules of BABF and receives a satisfactory on completed evaluations from master trainer
- Attend Train the Trainer session

M. Criteria to Become a Master Trainer

In order to be approved as a BABF Master Trainer, a Parent Partner or a professional must fill out an application. Applications are found on the website at:

http://www.dhs.state.ia.us/cppc/Parent_Partner_Approach/index.html

Applicants must meet the following criteria:

- Is an approved BABF trainer, or has completed the necessary requirements to become an approved trainer
- Has facilitated at least four BABF training after becoming an approved trainer
- Received an average participant evaluation rating of 4 for trainings provided on the Community Partnership BABF curriculum
- Is willing and able to coach and mentor trainees
- Attend Train the Trainer session

STARTING A PARENT PARTNER SITE

“How to begin”

Introduction

The mission statement for the Parent Partner Approach reads “Parents empowering Parents to strengthen families, communities and systems thereby achieving safety, permanency and well-being for children.”

Parent Partners are carefully selected persons based upon their interpersonal skills, successes, and proven abilities to overcome obstacles. All Parent Partners have been involved with DHS due to child protection issues. Most have had their children removed for a time, with successful reunification. It is the combination of these experiences and having learned the skills to be successful that make Parent Partners so beneficial to families who are currently receiving DHS services due to child protection.

In 2007, the Iowa Department of Human Services (DHS), as part of the Community Partnership for Protecting Children (CPPC) initiative, decided to implement a Parent Partner Approach. Iowa stakeholders had learned about Parent Partners through work being done at other Community Partnership sites, particularly in Louisville, Kentucky. The Parent Partner Approach uses all four of the key Community Partnership strategies and, it is hoped, will strengthen each in the following ways:

- Individualized course of action – Parent Partners aim to work with parents in ways that are geared toward parents’ strengths and needs. Parent Partners will advocate for parents so that they receive the right services and supports to enable them to safely care for their children;
- Policy and practice change – Parent Partners form alliances with BOTH their assigned families and child protection (or child welfare) workers. When workers see Parent Partners as allies in helping families, they begin to view parents in a new and more hopeful light thus producing CPS culture change
- Network of services and supports --- Parent Partners become a part of the network of supports for families. Moreover, they help identify community-based services that may be helpful;
- Shared decision-making – In many instances, Parent Partners’ involvement expands beyond their Parent Partner role. They may involve themselves in the local or statewide Community Partnership governing boards, or they may serve family as advocates to DHS, policymakers, and other critical stakeholders.

With assistance and training offered by national technical assistance providers, four Iowa Community Partnership areas were selected to initiate the Parent Partners Approach. These initial four sites are: Lakes region (including Clay, Dickinson, O’Brien, and Osceola counties); Sioux cluster (Cherokee, Lyon, Plymouth, and Sioux counties); Polk County and Linn County. Many of the suggestions contained within this document are the result of lessons learned from these pioneer sites.

As word about the Parent Partner Approach has spread, many areas within Iowa have expressed interest in beginning their own Parent Partner Approach. The purpose of this document is to provide a “how to” map in order to get started.

Stage 1: Gaining commitment of key stakeholders

“Never doubt that a small group of committed people can change the world. Indeed, it’s the only thing that ever has.”.....Margaret Mead

Stage 1 is the contemplation stage. It is when one or more community members say: “We have heard about the Parent Partner Approach and want to start one in our community.” It is important for this “small group of committed people” to think through how to actually begin. In this stage of preparation, the following steps are recommended:

1. Make connections by phone or through a face-to-face meeting with the state coordinator for Parent Partners. As of 2010, this person is Geri Derner at the Hoover State Office Building in Des Moines. Her phone number is: 515-281-0617; e-mail is: gderner@dhs.state.ia.us The state coordinator can offer you advice and guidance on every aspect of initiating Parent Partners. She will be an invaluable resource from early planning stages through implementation.
2. Make a list of who from your community needs to be supportive of and involved in your Parent Partner Approach. Once these persons are identified, ensure that they are contacted and invited to an informational meeting about Parent Partners. Note: DHS must be involved and invested in the Parent Partner Approach as they will provide referrals to the Approach; can identify likely Parent Partners; and will be participating in training with Parent Partners and other community entities.
3. If you have not contacted local Community Partnership stakeholders and governing board members, do so right away. Parent Partners Approach must be interwoven with Community Partnership in your community.
4. Hold a series of Parent Partner exploration meetings with as many potential stakeholders as you can identify. Consider inviting the state Parent Partner coordinator to these meetings, as well as stakeholders (Parent Partners, child protection/welfare staff, others) from existing Parent Partner sites.
5. At these exploratory meetings, topics to be covered should include:
 - a) A description of the Parent Partner Approach (Brochures from existing sites could be handed out to assist in the explanation);
 - b) The expected benefits of the Approach;
 - c) A review of the document “Parent Partner Approach: Philosophy, Policy and Protocol” (this document will be referenced throughout this paper and will be referred to as the Handbook;
 - d) Exploration of funding options for reimbursing parent partners (see page 9 of the Handbook);
 - e) Exploration of funding possibilities for hiring a local Parent Partner coordinator. (The Parent Partner coordinator’s responsibilities are identified on page 9 of the Handbook).
6. Consider offering your local stakeholders (or skeptics) an opportunity to visit existing Parent Partner sites to observe trainings, meetings or to meet with Parent

- Partners, child protection/child welfare personnel and/or parents who are currently DHS-involved.
7. Begin to identify local members of a Parent Partner Steering Committee (this will be a sub-committee of the Community Partnership governing body, or a part of that body).

After holding a series of informational and planning meetings, stakeholders should assess if the following three characteristics exist within their community:

- Adequate interest to begin forming a Parent Partner Steering Committee
- The likelihood that funding will be available for a Parent Partner coordinator and for Parent Partners
- Support from local DHS administrators (Service Area Administrator) and local Community Partnership governing board members

If these three basic qualities are in place, then your community is ready to move to the next stage!

Stage 2: Developing the infrastructure

“Small opportunities are often the beginning of great enterprises”....Demosthenes

Stage 2 marks the phase when hopes, dreams, and ideas are made concrete with the development of local procedures and selection of staff. Stakeholders will need to capture “small opportunities” in order to realize their “great enterprise!” In this stage of preparation, the following steps are recommended:

1. Continue to maintain close consultation with the state coordinator for Parent Partners.
2. Begin regularly scheduled meeting of the local Parent Partner Steering Committee, ensuring that child protection/welfare representatives and the Community Partnership are included.
3. Continue to maintain close consultation with child protection/welfare and the local Community Partnership governing board.
4. Identify available financial resources. This will help you determine the scope of your Parent Partner Approach, at least initially.
5. Determine if the Parent Partner coordinator will need to be hired or can represent a partner agency’s “in-kind” contribution through the use (full-time or part time) of existing staff.
6. Identify and prepare a local Parent Partner coordinator.
7. Use the “Parent Partners Planning Worksheet” (see appendix) to address critical decisions to be made. These include:
 - a) Selection of target population – are there families in your community with certain characteristics that you are most concerned about?
 - b) Development of a referral process – what will be the mechanism for child protection/welfare workers to access a Parent Partner for the families they are working with?

- c) Length of Parent Partner involvement – how long can a Parent Partner mentor a parent? Choices include, but are not limited to: (1) only when there is a child placed out-of-home; (2) only when there is an open Child Protection Services case; (3) for a time after the case is closed, etc.
 - d) Decision on how to reimburse Parent Partners (as employees, or as volunteers with stipends). Note: Consulting with existing Parent Partner sites on this topic would be helpful. Local Parent Partner Steering Committee members should consider meeting with sites using each model and then decide which works best in their own community.
 - e) Determining if Parent Partners will serve on a full time or part-time basis. Note: Consulting with existing Parent Partner sites would be helpful.
 - f) Ensuring Parent Partner reimbursement for their attendance at training sessions and meetings (see page 9 of the Handbook).
 - g) Determining caseload size – how many families do your stakeholders believe each Parent Partner should be assigned?
 - h) Recruitment, screening and selection of Parent Partners – it is highly recommended that recruitment, screening, and selection of prospective Parent Partners include extensive involvement from DHS. (See page 7 of the Handbook for required criteria to be a Parent Partner). Note: Prior to finalizing your selection of Parent Partners, you should review the entire Handbook with them, paying special attention to those sections that address their roles, responsibilities, criteria for selection, procedures for resolving eligibility issues, compensation, and training requirements.
 - i) Identifying, selecting, and preparing a clinical supervisor –A local clinician is required to be available to Parent Partners to process issues arising from the families they serve, as well as to ensure that Parent Partners are continuing to succeed with their own issues. Consult with existing Parent Partner sites to get some ideas about the number of hours per month the clinical supervisor will be needed.
 - j) Addressing liability issues – consultation with existing Parent Partner sites would be helpful.
 - k) Developing a communication plan for child protection/welfare staff and community partners – what methods will you use to ensure that child protection/welfare frontline staff, supervisors, court personnel, and community agencies are aware of your Parent Partner Approach? What will you put in place to ensure that information is routinely and regularly provided?
 - l) Developing a local mission statement (optional) – some sites have developed their own mission statement.
8. Identify members of your local Parent Partner Steering Committee to attend the statewide Parent Partner Steering Committee.
 9. Acquire and organize supporting forms, such as the tracking forms for the statewide Parent Partner Approach; identify other desired forms, such as confidentiality forms, referral forms, etc.
 10. Develop a brochure that describes the Parent Partner Approach.

11. Consider sending local stakeholders (Parent Partners, child protection/welfare staff, community partners, etc) to existing sites' training sessions and/or meetings, including clinical supervision sessions.
12. Review training requirements (see pages 12-15 of the Handbook) and identify how and by whom training will be delivered.
13. Identify dates, locations, and trainers for all trainings that are *required* before a Parent Partner can begin mentoring a parent. These include: (1) Building a Better Future (BABF) training; (2) Mandatory reporting training; (3) Boundaries and Safety Issues training, and (4) DHS 101 overview training. (See pages 9 – 10 of the protocol). Begin to make concrete plans for required trainings. Note: Once Parent Partners have completed the BABF training, the remaining required trainings should quickly follow. This ensures that knowledge and information gained is not “lost” while prospective Parent Partners wait to receive family assignments.

By the end of Stage 2, you should have identified a local Parent Partner coordinator, clinical supervisor, and Parent Partners. You will have done much of the hard work in developing the infrastructure needed to make a smooth transition *from planning to doing*.

If the steps listed above have been completed, then your community is ready to move to the next stage!

Stage 3: Organizing and delivering training

“This is what learning is. You suddenly understand something you’ve understood your whole life, but in a new way”Doris Lessing

Stage 3 focuses on training. Before Parent Partners can begin to mentor DHS-involved families, they must complete training sessions in Building a Better Future (BABF), mandatory reporting training, boundaries and safety issues training, and DHS 101 overview. Some of the training will introduce new concepts, but much of it is meant to deepen what participants already understand. The BABF training is generally delivered first and is designed to be interactive and to strengthen relationships among those attending the training. In this stage of preparation, the following steps are recommended:

1. Continue to maintain close consultation with the state coordinator for Parent Partners. Geri can assist you to identify approved trainers for delivering the BABF training and can help to coordinate dates and location for the BABF training.
2. Continue to have regularly scheduled meetings of the local Parent Partner Steering Committee, ensuring that child protection/welfare representatives and Community Partnership are included.
3. Continue to maintain close consultation with DHS and the local Community Partnership governing board.
4. Select participants for the BABF training. Ideal combination of participants is: 1/3 Parent Partners; 1/3 DHS staff; and 1/3-community partners.

5. Ensure that all needed materials are available at the BABF training, including flip chart, markers, snacks, “awards”, lunch, name tents, handouts/handbooks, etc.
6. Ensure that the Parent Partner coordinator and the local clinician attend the BABF training.
7. Have a mechanism for recording who attends each training and a plan for paying Parent Partners for their time spent attending training and other meetings.
8. Organize the dates, locations, and trainers for the other trainings that are required before Parent Partners can begin mentoring; make sure these are scheduled within 30 days of completion of the BABF training so that Parent Partners can begin mentoring soon after experiencing the BABF training.
9. Hand out the training dates, times, and locations at the end of the BABF training.
10. At the end of the BABF training, identify several Parent Partners and professionals who would be willing and able to become trained as local BABF trainers.
11. Schedule additional required trainings for Parent Partners to attend (within 6 months of completion of BABF training). These trainings are NOT required prior to Parent Partners mentoring families. However, they should be completed as soon as possible following BABF training.
12. Keep track of who attends each training, including dates of trainings.
13. Begin regularly scheduled meetings among Parent Partners, Parent Partner coordinator, and local clinician.
14. Develop a referral mechanism so that child protection/welfare staff can refer families to the Parent Partner Approach.

When the above steps are completed and Parent Partners have received the necessary training, you are ready to move to the next stage!

Stage 4: Implementation

“We learn by example and direct experience”Malcolm Gladwell

One of the most exciting aspects of the Parent Partner Approach is the opportunity to use the “direct experience” of Parent Partners. Parent Partners can show families by example how to mend the difficulties they are facing. Stages 1, 2, and 3 lead up to implementation. In the implementation stage, the following steps are recommended:

1. Continue to maintain close consultation with the state coordinator for Parent Partners.
2. Continue to have regularly scheduled meetings of the local Parent Partner Steering Committee; ensuring that child protection/welfare representatives and Community Partnership are included.
3. Continue to maintain close consultation with child protection/welfare and the local Community Partnership governing board.
4. Continue to have representatives attend statewide Parent Partner and Community Partnership meetings.

5. Begin using tracking forms and other forms that have been created (confidentiality, handing out brochures, etc.)
6. Using referral process developed, begin accepting referrals from child protection/welfare workers and matching families with Parent Partners.
7. Parent Partner coordinator offers close supervision and guidance to Parent Partners in this early stage, including but not limited to joint home visits, joint court appearances, etc.
8. Clinical supervision occurs as needed on a one-to-one basis. Group clinical supervision occurs at least monthly or more often as needed.
9. Continue scheduling required training sessions for Parent Partners (those sessions that were NOT needed prior to beginning mentoring).
10. Regularly report on progress and barriers to Parent Partner Steering Committee and to the local Community Partnership governing board.
11. Offer opportunities for Parent Partners to meet together, learn from one another, and support one another.

As your community embarks on early implementation, you will undoubtedly discover unanticipated successes and barriers. Use your Parent Partners, the Parent Partner Steering Committee, and your connections with DHS to resolve any barriers to success. As you mature, you will be moving into the final stage.

Stage 5: Ongoing implementation

“Every day you may make progress. Every step may be fruitful. Yet there will stretch out before you an ever-lengthening, ever-ascending, ever-improving path”.....Sir Winston Churchill

So, you have mastered early implementation and your Parent Partner Approach is working! Congratulations! Nonetheless, all efforts must continue and be refined as you seek to strengthen your Approach and increase the positive impact upon families. The path will be “ever-improving” with no set finish line! During Stage 5, the following steps are recommended:

1. Continue to maintain close consultation with the state coordinator for Parent Partners.
2. Continue to have regularly scheduled meetings of the local Parent Partner Steering Committee, ensuring that child protection/welfare representatives and the Community Partnership are included.
3. Continue to maintain close consultation with child protection/welfare and the local Community Partnership governing board.
4. Continue to have representatives attend statewide Parent Partner and Community Partnership meetings.
5. Continue to use tracking forms and other forms that have been created (confidentiality, handing out brochures, etc.) Review these forms periodically to ensure they are meeting your needs.

6. Continue to accept referrals from child protection/welfare workers and matching families to Parent Partners. Aim, if possible, to increase referrals to Parent Partners.
7. Parent Partner coordinator continues to provide supervision and guidance to Parent Partners, individualizing the intensity of supervision according to the needs of each Parent Partner.
8. Clinical supervision occurs as needed on a one-to-one basis. Group clinical supervision occurs at least monthly or more often as needed.
9. Develop a mechanism to continuously recruit, screen, and select new Parent Partners.
10. Ensure that any new Parent Partners (as well as child protection/welfare staff and community partners) have access to BABF training. Note: In general, two complete BABF training sessions are needed each year.
11. Continue quick follow-up trainings that are required before Parent Partners can mentor families.
12. Continue scheduling required training sessions for Parent Partners (those sessions that were NOT needed prior to beginning mentoring).
13. Regularly report on progress and barriers to Parent Partner Steering Committee and to the local CPPC governing board.
14. Offer opportunities for Parent Partners to meet together, learn from one another, and support one another.
15. Develop a cadre of local BABF trainers to include Parent Partners and professionals who can train as teams. Schedule them to attend the statewide train-the-trainer sessions so they are prepared to deliver the BABF curriculum.
16. Identify and use additional resources for required trainings or other trainings that Parent Partners suggest.
17. Enlarge the roles of Parent Partners to include provision of information, training, advocacy, as well as 1:1 mentoring (see pages 6 and 7 of the Handbook).
18. Seek additional funding to support Approach expansion.
19. Search out development opportunities for Parent Partners. (They may attend statewide conferences, present at out-of-state conferences, etc.).

It is important to remember that success builds upon success and that you will always to striving to do a little better (even when you are doing very well)! So, good luck and keep going. The families and children of Iowa deserve what this very promising Approach offers them.

SUPPLEMENTAL MATERIALS

1. Parent Partner Compensation
2. Parent Partner Approach Organizational Chart
3. Parent Partner Planning Worksheet
4. Quarterly Report
5. Approved BABF Trainer Application
6. Master BABF Trainer Application

Parent Partner Compensation

Contractors may choose to compensate Parent Partners for the time spent in training or in mentoring families either as employees or as independent contractors. The contractor may also choose to utilize Parent Partners as volunteers. If Parent Partners are to be considered as volunteers, the contractor should be mindful of the Fair Labor Standards Act that governs whether an individual is properly considered a volunteer. In general, a volunteers can only be compensated a nominal amount, which has been interpreted to mean less than 20% of the total compensation the employer would pay someone for performing comparable services. The proper classification of individuals as either employees or volunteers is fact specific and contractors are advised to consult with their own legal counsel for further guidance.

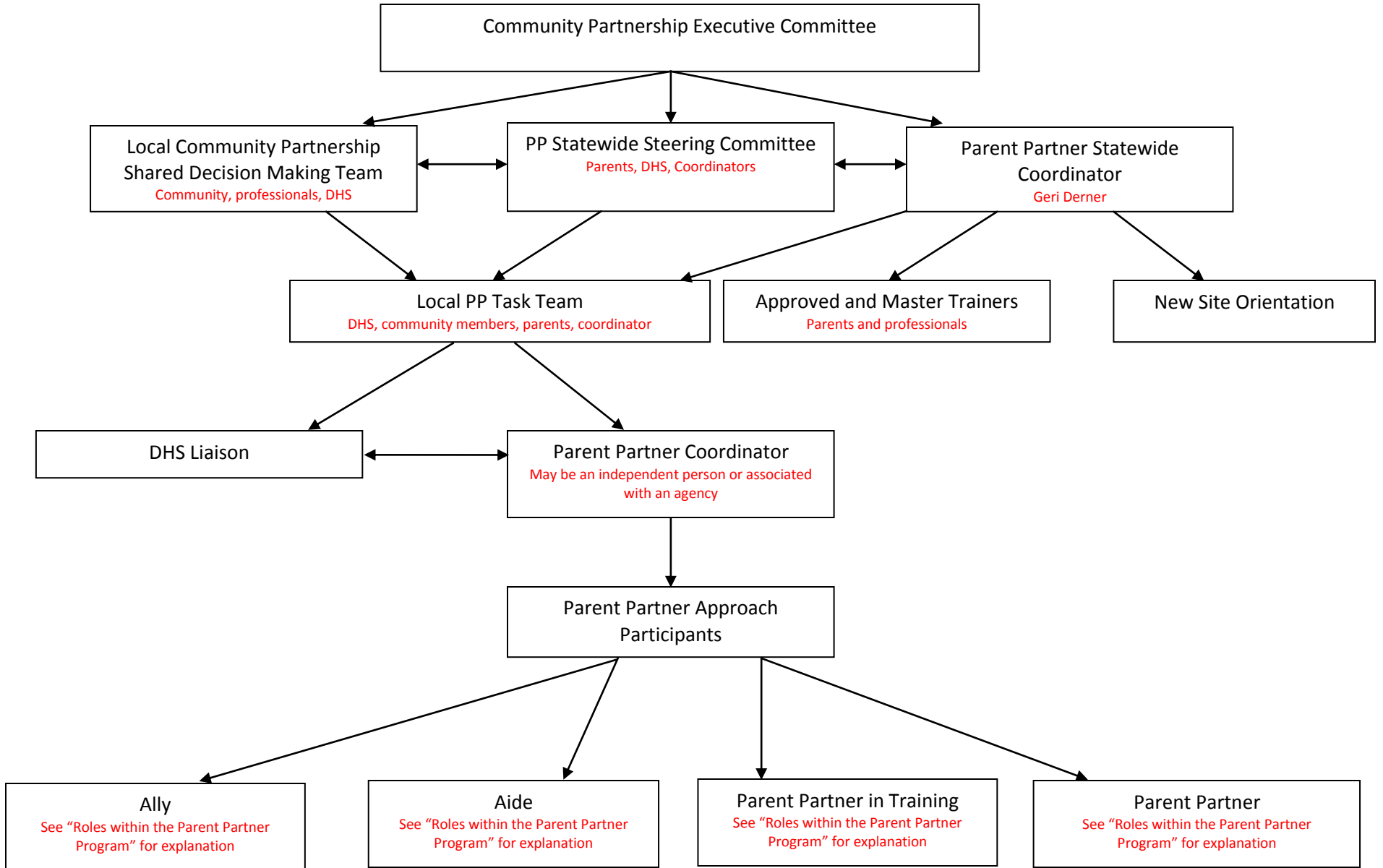
How Compensation Impacts Parent Partners' Benefits

Question	FIP	Medicaid	Food Assistance	Child Care
1) How do gift cards impact benefits?	Gift cards would not be considered income or a resource for the FIP program.	Gift cards are exempt as income and as a resource when determining eligibility.	Store-specific gift cards are not counted as income. However, because gift cards issued by Visa and MC can be easily used like cash, they are countable as unearned income.	Gift card would not be considered income for the CCA program.
2) Does the gift card amount or frequency of receiving the gift card have impact?	The amount or the frequency of the gift cards does not impact FIP eligibility.	The amount or the frequency of gift cards does not impact Medicaid eligibility.	The amount or the frequency of gift cards does not impact Food Assistant eligibility.	The amount or the frequency of the gift cards does not impact CCA eligibility.
3) Does reimbursement for travel expenses, babysitting costs or other expense reimbursements have an impact on benefits?	Job-related reimbursements are exempt as income, including travel expenses, food and uniform allowances. Child care, if not paid by the CCA program, would be considered a job-related reimbursement. Third party reimbursements are exempt as income when the payment is to pay or repay the client for an expenses that was billed to the client, but owed by the third party.	Job-related reimbursements are exempt as income, including travel expenses, food and uniform allowances. Third party reimbursements are exempt as income when the payment is to pay or repay the client for an expenses that was billed to the client, but owed by the third party.	Reimbursements are excluded as long as they: <ul style="list-style-type: none"> • Do not exceed actual expenses (any amount in excess of actual expenses is countable), • Do not result in any gain to the household, and • Are identified and used for expenses other than normal living expenses. Medical, travel, and child care reimbursements are examples of <u>excluded</u> reimbursements.	Reimbursements from an employer for job-related expense are excluded as income for CCA. This would include travel costs. Child care costs, since paid by the CCA program, would not be considered a job-related expense reimbursement so would be counted as income.

Question	FIP	Medicaid	Food Assistance	Child Care
<p>4) What is the amount money that an individual on benefits can receive before it affects their benefit amount or they need to report it as income?</p>	<p>We would consider the total amount of earned and unearned income for the FIP program. FIP applicants and participants are allowed the following deductions from countable earned income:</p> <ul style="list-style-type: none"> • an earned income deduction of 20%, • applicable diversions, and • a work incentive deduction of 58%. <p>Any countable earned income remaining after deductions and any unearned income will affect the amount of the FIP grant.</p> <p>All income must be reported at time of application and six month review. A household must report to the Department when income starts or stops within 10 calendar days of the first or final check.</p>	<p>All income must be reported at time of application and at annual review. Beginning and ending income must be reported between annual reviews.</p> <p>New income must be reported to DHS and the DHS worker will determine if the payment is counted or exempt.</p>	<p>Every household gets a standard deduction from income. For households of 1-3 people, this amount is \$141. Therefore, any 1-3 member household with monthly income of \$141 or less is guaranteed the full benefit amount.</p> <p>Furthermore, since benefits are based on a combination of income and deductible expenses, it is possible for households with more income to get the full benefit amount.</p> <p>Other than at the time of application or recertification, Food Assistance households need only to report when their total household income exceeds the limit for their household size (130% federal poverty level).</p>	<p>All countable gross earned and unearned income would be used to determine eligibility for the CCA program. The total gross income is compared to the gross income limit for the household size. If the income is more than the maximum gross income the family would not be eligible for CCA.</p> <p>All income must be reported at time of application and six months review. The household must also report when income starts, changes or stops within 10 calendar days of the change. This includes changes in the number of hours worked and a change in rate of pay.</p>

If there are specific questions regarding a parent’s benefits, the parent may contact the local DHS Income Maintenance worker. If you have general questions about the Parent Partners program, contact Sandy Lint (slint@dhs.state.ia.us or 515-281-7269).

PARENT PARTNER APPROACH ORGANIZATIONAL CHART



Parent Partners Planning Worksheet for: (name of site) _____

Item	Discussion Notes	Action Needed Before Decision	Decision	Final Decision Date
Target Population				
Referral Process				
Length of PP Involvement				
Employee vs. Stipend Reimbursement				
Part Time /Full Time				
PP Reimbursement for trainings and meetings				
Item	Discussion Notes	Action Needed Before Decision	Decision	Final Decision Date

Case Load Size				
PP Recruitment / Screening				
Clinical Supervision				
Liability Issues				
Communication Plan – internal and external (i.e. DHS Staff, Community Partners, etc)				
Local Mission Statement				

Parent Partner Approach – Quarterly Activity Report

Site:	All information is current as of <u>reporting period</u> :	
1. Parent Partner Program Participants		
1a. # Parent Partners active in the program		
1b. # New Parent Partners /# of Parent Partners who left the program	NEW:	LEFT:
1c. # Parent Partners In Training active in the program		
1d. # New Parent Partners In Training /# of Parent Partners In Training who left the program	NEW:	LEFT:
1e. # Program Aides active in the program		
1f. # New Program Aides /# of Program Aides who left the program	NEW:	LEFT:
1g. # Program Allies active in the program		
1h. # New Program Allies /# of Program Aides who left the program	NEW:	LEFT:
2. Parent Partner Activities		
In [1] write the # of families served AND in [2] write the total # of times Parent Partners engaged in the activity (ex: in 2a, 5 families each had 1 Parent Partner present at 2 FTMs, then [1] is 5 and [2] is 10)		
	[1] # Families who had a Parent Partner help activities	[2] # Total times Parent Partners participated
2a. Attended FTM		
2b. Supported family at court		
2c. Attended other child welfare meeting		
2d. Went to counseling session with a parent		
2e. Helped a parent access needed services		
2f. Supported parent during before/after visitation		
2g. Had face-to-face contact with a family		
2h. Had other contact with a family		
3. Family Results		
3a. # Families active in the program / # Children active in the program		
3b. # New families enrolled in the program	NEW:	
3c. # Families whose Parent Partner cases closed	CLOSED:	
<ul style="list-style-type: none"> • # Reunification from Out of Home placement (child protection case does NOT need to be closed to qualify) • # In-home child welfare case closed (closed by worker) • # Mutual agreement that services are no longer needed • # Family declined Parent Partner referral and services • # Family accepted referral but declined services 		
4. Parent Partner Program Participants Activity		
Write the total # of times Parent Partner Program participants were involved in each activity.		
4a. Foster parent training		
4b. New child welfare worker orientation		
4c. Community Partnerships (CPPC)		
4d. Speaking engagements and awareness		
4e. Other (please list)		

Reports due quarterly to Iowa Parent Partner Coordinator by October 15, January 15, April 15 and July 15.

Application for *Building a Better Future* Approved Trainer

1. Name _____
2. Geographic Location _____
3. Date Attended BABF Training _____
4. Are you applying as a Parent Partner or a professional? _____
 - a. If you are applying as a Parent Partner, describe your experience with Parent Partners (i.e. length of involvement, roles and responsibilities, understanding of the Parent Partner protocol and philosophy) _____

 - b. If you are applying as a professional in child welfare, describe your experience with Parent Partners (i.e. length of involvement, roles and responsibilities, understanding of the Parent Partner protocol and philosophy) _____

5. How many BABF trainings have you co-facilitated? _____
 - a. Please list (include dates, locations, and master trainer)

6. When did you attend the train-the-trainer workshop? _____
7. Please list additional training you have completed and attach relevant documentation (ex: Domestic Violence 101, DV and FTDM, CPPC Orientation, CPPC Immersion, etc.)

8. Please attach master trainer evaluation of your performance of each BABF module (Note these evaluations must correspond with the above trainings dates and must indicate that you have experience in training on all modules of the Community Partnership BABF curriculum)

Criteria Checklist for Approved Trainer

	Experience working with the Parent Partner Program and knowledge of Iowa protocol and philosophy
	Be available for training
	Participate/observe a BABF training within the last two years and attend all additional required Parent Partner training as identified in Parent Partner Program Protocol
	Able to commit to and participate in the annual train-the-trainer workshop
	Co-trained at least two complete BABF trainings with a Master trainer
	Received a satisfactory on completed evaluations from master trainer
	Attends BABF Train the Trainer event

Application for *Building a Better Future* Master Trainer

1. Name _____

2. Geographic Location _____

3. Date Attended BABF Training _____

4. Are you applying as a Parent Partner or a professional master trainer? _____

5. Are you an experienced BABF facilitator? _____

6. How many BABF trainings have you co-facilitated? _____
 - a. Please list (include dates, locations, and master trainer; attach additional sheets if necessary)

 - b. On the participant evaluations for the above trainings do you have an average evaluation rating of 4 or higher for training on the Community Partnership BABF curriculum? _____

(Please attach relevant documentation)

7. When did you attend the train-the-trainer workshop? _____

8. Please list additional training you have completed and attach relevant documentation (ex: Domestic Violence 101, DV and FTDM, CPPC Orientation, CPPC Immersion, etc.)

Criteria Checklist for Master Trainer

	Is an approved BABF trainer, or has completed the necessary requirements to become an approved trainer
	Has facilitated at least four Community Partnership BABF trainings after becoming an approved trainer.
	Has an average participant evaluation rating of 4 for trainings provided on the Community Partnership BABF curriculum
	Willing and able to coach and mentor trainees
	Attends BABF Train the Trainer event