

# Iowa Parent Partner Approach

## HANDBOOK

Governing Philosophy, Policy & Protocol



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

Comm. 462 (Rev 07/14)

# Iowa Parent Partner Approach Handbook

## Table of Contents

<b><u>SECTION</u></b>	<b><u>PAGE</u></b>
Mission Statement and Guiding Principles	3
A. Introduction and Background	4
B. Roles within the Parent Partner Approach	5
C. Parent Partner Responsibilities	6
D. Protocol for Addressing Potential Safety Concerns	6
E. Eligibility Criteria for Parent Partners	7
F. Protocol for Resolving Eligibility Issues	8
G. Parent Partner Approval Process	9
H. Training Requirements	9
I. Compensation	14
J. Lead Parent Partner Approval Process	14
K. Lead Parent Partner Responsibilities	15
L. Parent Partner Coordinator Responsibilities	16
M. Service Area Coordinator Responsibilities (SAC)	17
N. Statewide Coordinator Responsibilities	17
O. Clinical Support	18
P. Criteria to Become an Approved BABF Trainer	18
Q. Criteria to become a Master BABF Trainer	18
R. Service Area Steering Committee Responsibilities	19
S. Statewide Consistencies	19

# 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 through 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 individuals who are supportive of the Parent Partner Approach. These individuals may include, but are not limited to: Service Area Steering Committee(s) and local community members including professionals, parents, youth, etc. Allies can demonstrate support in the interest of the program through activities such as:

- Collaboration of resources
- Building community awareness
- Advocating for the Parent Partner Approach

**Parent Partner Aide** – This role is 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 may include:

- Participating in family orientation sessions, if available
- Participating in other support groups, if available
- Sharing experiences with other parents
- Attending Parent Partner training sessions or meetings, as space is available
- Providing administrative support to include but not be limited to copying, brochure development, taking notes at meetings, etc.
- Participating in internal organizational and local level committee meetings
- Other activities determined by the Service Area Steering Committee(s)

**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:

- Adhering to Parent Partner criteria
- Attending Building a Better Future (BABF) training
- Attending mandatory reporter training, boundaries and safety issues training, and DHS overview training
- Shadowing current Parent Partners
- 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:

- Co-facilitating training sessions
- Speaking engagements
- Planning and implementation
- Participating in state level committee meetings
- 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. Maintain a high level of confidentiality regarding the parents that are being mentored.
6. Support families by attending FTM, court, treatment, recovery, or other gatherings with parents.
7. Collaborate with Parent Partner team including the Parent Partner coordinator, child welfare case worker, planning committees, and others.
8. Will **not** baby-sit or transport children.
9. Will **not** be used to supervise visits with children, but can be available as a support during or after visitation.
10. Contact family within one week of assignment.
11. Request re-assignment if there is a conflict or concern (including if he or she knows the birth family or lives in close proximity).
12. Meet with caseworker periodically during the duration of services, as needed or requested by the family.
13. Perform other duties as needed.

### **D. Protocol for Addressing Potential Safety Concerns**

Parent Partners are required to report occasions of immediate and/or potential safety concerns. If a Parent Partner knows (observed or reported) that a parent they are working with has used a substance or had other concerning behavior related to child safety and/or their case plan, they will respond according to the situation.

- If the child is present or there is imminent danger, the Parent Partner will work with the Coordinator to make a referral for child abuse.
- If the child is not present, there is still a potential safety issue when the child returns home, so the caseworker will be informed. Preference is for the parent to self-report, but if they do not, the Parent Partner will tell the parent that they will work with the Coordinator to inform the caseworker.

This clarification is intended to support Parent Partners as they help families increase accountability, work toward recovery, ensure safety for their children, and build a more partnering relationship with DHS. Parents will be made aware of this policy as part of the initial agreement to have a Parent Partner.

## **E. Eligibility 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 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:

- Maintain a high level of confidentiality regarding the parents that are being mentored.
- Have been reunited with child/ren 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 (including alcohol) for one year if substance abuse was an issue.
- Any convictions on criminal charges will be evaluated using the protocol for resolving eligibility issues (Section F).
- Participate in all mandated training as well as individual and group supervision, including clinical support.
- Agree to demonstrate appropriate behavior that will reflect positively on the Parent Partner Program.

- 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 or listed on the sex abuse registry
  - Convicted in the death of a child

## **F. 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:

- Failure to meet eligibility criteria
- Personnel issues that interfere with the success of Parent Partners

### **Steps to Resolve Eligibility**

1. Local Coordinator will meet with Service Area Coordinator and Parent Partner to determine if the concern(s) are valid enough to continue with this protocol.
2. Local Coordinator and Service Area Coordinator (SAC) together with the local clinician discuss the identified concern with the Parent Partner. They will discuss how the identified concern will affect the Parent Partner's ability to perform his or her roles.
  - If after this 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, the Statewide Coordinator will be notified.
  - Statewide Coordinator reviews, assesses situation, identifies potential Review Team Members and presents recommendations to the Management Team. Once management team provides feedback and approval, the Statewide Coordinator organizes Review Team and schedules date for first Review Team meeting.
  - The Parent Partner/Parent Partner in Training and the Review Team 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.  
To ensure success for the Parent Partner and mentoring services, this plan will identify:
    - a) time frames,
    - b) assigned responsibilities,
    - c) behavioral changes,
    - d) crisis planning



3. Required members for the Review Team will include the Parent Partner, Statewide Coordinator (or appointee) and members approved by Management, and a content expert (for example, substance abuse treatment specialist for issues related to relapse). If a DHS assessment is involved, DHS will have representative on the Review Team. Others who may attend include supports identified by the Parent Partner.
4. Possible outcomes may include but are not limited to:
  - a) Parent Partner or Parent Partner in Training continues in his or her role with additional oversight or assistance.
  - b) 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.

## **G. Parent Partner Approval Process**

The approval process assures consistency in preparation for Parent Partners to complete their responsibilities. The Approval form includes three assurances:

- Parent Partner meets eligibility criteria (Section D)
- All required trainings (Section G) have been completed. Note: half of the training is required prior to a Parent Partner being able to mentor an assigned family. The other half of the training is required within a year of acceptance to the Parent Partner program. The approval process is not considered complete until all trainings are completed.
- Parent Partner has successfully shadowed an experienced mentor or Local Coordinator and demonstrated skills necessary to be matched with a family.
- Verification documentation is submitted to the state program manager for final approval. Upon final approval, the Parent Partner's name is placed on an official Parent Partner approved list.

## **H. Training Requirements**

The first six Trainings (\*) are required before one-on-one mentoring can begin. Remaining supplemental training is required to be completed within one year of acceptance to the Parent Partner Approach. The approval process is not considered complete until all 11 trainings are completed. Additional supplemental training may be provided as indicated by local need or interest.

All training (other than BABF) can be provided by an individual or group or media format that is able to assure the stated objectives can be met. Trainings may be provided more than once if determined necessary.

### **1. Building a Better Future (BABF) Training \***

- To be provided by two approved co-trainers: a Parent Partner and a child welfare professional
- Must 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:
- Learn the importance of appropriate boundaries to the working relationship, positive outcomes, and their own mental health
  - a) Learn how to set and maintain appropriate physical and emotional boundaries between themselves and those they will mentor
  - b) Learn about types of potentially harmful dual relationships when working as a parent partner: Intimacy, Emotional/Dependency, Personal Benefit/Gain, etc.
  - c) Learn tips and methods to avoid falling into the above dual relationships
  - d) 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
  - e) Learn about the importance of self-care
  - f) Discuss potential conflicts and resolve as a group
  - g) 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
- h) Gain an understanding of Differential Response

#### **5. Family Interaction Overview Training \***

- To be provided by a qualified individual or group who has the appropriate combination of experience with and knowledge of Family Interaction plans, policies and procedures
- Sites are encouraged to use local resources
- Must be completed before Parent Partner can provide one-on-one assistance
- All Parent Partners in training will need an initial understanding and overview of Family Interaction.
- Training ensures that participants will have the opportunity to gain a clear understanding of a Family Interaction Plan including:
  - a) The primary purpose of family interaction
  - b) Clearly identify the goals of Family Interaction
  - c) Have knowledge of the Family Interaction Guidelines: including language such as Threats of Maltreatment, Child Vulnerability, and Protective Capacities
  - d) Identify and understand the safety assessment outcomes including unsafe, conditionally safe and safe.

#### **6. Confidentiality Training\***

- To be provided by a qualified individual or group with an appropriate combination of experience working with and knowledge of confidentiality.
- Sites are encouraged to use local resources
- Training ensures that participants will have the opportunity to:
  - a) The philosophy behind confidentiality and HIPPA
  - b) Handling confidential paperwork
  - c) Understanding release
  - d) Communication with professional
  - e) Social encounter with families being mentor
  - f) Understanding consequences of using social media

The following supplemental trainings are required to be completed within one year of acceptance to the Parent Partner Approach. A Parent Partner may complete these trainings while providing one-on-one mentoring. The approval process is not considered complete until all 11 trainings are completed. Additional supplemental training may be provided as indicated by local need or interest.

All training (other than BABF) can be provided by an individual or group or media format that is able to assure the stated objectives can be met. Trainings may be provided more than once if determined necessary.

## **7. 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

## **8. 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

## **9. 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, but not required, that all Parent Partners and Local Coordinator to 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

## **10. 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

## **11. 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

## **I. Compensation**

Parent Partners/Parent Partners in Training will be compensated for time, work and mileage. Compensation is also recommended for Parent Partner Aides as funding allows.

## **J. Lead Parent Partner Approval Process**

A Lead Parent Partner means a Parent Partner who has at least two years direct experience as a Parent Partner, has demonstrated the ability to assist the Local Coordinator, and is approved by the Contract Manager.

### **Step 1**

If a Local Coordinator expresses interest in the need for a Lead Parent Partner for their specific site the following steps apply:

- Notify and discuss option with Service Area Coordinator.
  - Items to be addressed:
    - The reason for a Lead Parent Partner
    - The total number of Parent Partners in the Local Coordinator's covered area
    - The total number of families being served

### **Step 2**

If it is determined that a Lead Parent Partner is needed the following steps apply:

- Service Area Coordinator will notify the State Coordinator
- State Coordinator will contact Contract Manager for initial approval

### **Step 3**

If it is determined by the State Coordinator and Contract Manager that a Lead Parent Partner is needed the following steps apply:

- Local Coordinator will notify parent partners of a Lead position
- Local Coordinator will discuss the Lead parent partner form "Essential Duties and Responsibilities":
- Parent Partners interested in applying will write/type a letter of interest to include:
  - i. Number of years they have been with the Parent Partner Program
  - ii. Qualifications
  - iii. Education experience
  - iv. Trainings attended/committees
- Local Coordinator and DHS Liaison will meet with the potential Lead Parent Partners and make a recommendation to the Service Area Coordinator
- Service Area Coordinator will then notify State Coordinator of recommendation

- State Coordinator will then meet and discuss the Lead Parent Partner role with the recommended Lead Parent Partner(s) and Local Coordinator
- State Coordinator will then make recommendation to Contract Manager by submitting a “Lead Parent Partner Approval Form” and “Contractor Approval Log”
- Final determination and approval is given by the Contract Manager

## **K. Lead Parent Partner Responsibilities**

Lead Parent Partners provide another level of peer support through coaching and mentoring Parent Partners in training and current Parent Partners. The Lead Parent Partner will work as a liaison between Parent Partners and the Local Coordinator. The Lead Parent Partner will be able to facilitate collaborative, supportive oversight among their assigned Parent Partner team, attend any community meetings approved by the Local Coordinator, support parent Partner about issues related to the delivery of mentoring services and guide individuals to utilize the most effective approach to individual families. They will conduct follow up activities as needed, In addition the Lead Parent Partner will continue to mentor families.

- Will adhere to the Parent Partner Approach Handbook
- Maintain clear verbal and behavioral boundaries during all interactions in order to ensure the integrity of the program.
- Utilize clinical consultant for any questionable issues.
- Be available to participate in Eligibility Requirement meetings related to a Parent Partner.
- Respond to Parent Partner questions and assist in identifying resources for program an specific concerns they may have.
- In pursuit of higher education or training to enhance abilities/competencies to attend meetings and support families.
- Demonstrate good oral and written communication.
- Report to Local Coordinator as assigned to address any issues or concerns that may pose conflict, difficulty, or border on crossing behavioral or legal boundaries.
- Be able to effectively take direction from Local Coordinator.
- Build collaborative networks with providers, court partnerships, local child welfare office, and the community.
- Attend local and state steering committee and leadership meetings related to the Parent Partner program as assigned.
- Possess, or be willing to develop, the skills necessary to discuss their experiences in workgroups, panels, and on various boards and committee as the parents' voice.
- Be knowledgeable of issues related to the parent needs in the child welfare system.
- 2 years' experience as a Parent Partner.

## **L. Parent Partner Coordinator Responsibilities**

Parent Partner Coordinator will successfully complete the Family Support Supervision course offered through the University of Iowa National Resource Center for Family Centered Practice as well as the 2-day supplemental Parent Partner Supervision training. In order to receive this certification, candidates must submit verification to state program manager that all training requirements have been met.

- Provide oversight of services and day to day tasks such as compensation, job assignments, and programmatic issues.
- Develop and coordinate with DHS to determine individualized referral process and target populations.
- Coordinate with DHS and Parent Partners to implement family assignment process ensuring that:
  - a) Confidentiality and mandated reporting requirements will be addressed throughout duration of involvement
  - b) Assigned Parent Partner will be most appropriate based on family's initial or assessed needs
  - c) Assigned Parent Partner will be matched with a family based on shared experience, with consideration for noncustodial parenting
  - d) Parent Partner will contact family within one week of assignment
  - e) 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)
  - f) Parent Partner will meet with caseworker periodically during the duration of services, as needed or requested by the family
  - g) Once a case is assigned, it will remain open depending on the needs of the family and the levels of involvement
  - h) Parent Partner cases can be closed at any time based on mutual agreement by all parties or by the birth family alone
- Review Parent Partner cases in weekly supervision with Parent Partner to discuss ongoing issues and case concerns.
- Ensure clinical support for the Parent Partner on at least a monthly basis for clinical issues that arise in the provision of services.
- Foster ongoing personal and professional development opportunities to Parent Partners that include speaking engagements, committee representation, trainings, conferences, etc. as available.
- Implement use of statewide standardized paperwork including Parent Partner quarterly reporting form and other forms that may be developed.
- Provide, schedule, and attend required training for Parent Partners and Parent Partners in Training.
- Attend ongoing Service Area Steering Committee(s) meetings, meet regularly with DHS liaison and attend statewide meetings.
- Ensure Service Area Steering Committee(s) is informed on progress, receives quarterly reports, and steering committee recommendations are incorporated into planning and implementation.
- Provide information for quarterly reports.



- Ensure Iowa Parent Partner Approach statewide consistencies (Section R) are followed and are addressed appropriately.
- Implement monthly client file reviews by random selection

### **M. Service Area Coordinator Responsibilities (SAC)**

Service Area Coordinators will have a strong understanding of the Parent Partner Approach and have experience working with DHS, courts, families and communities. They will serve as manager for their service area, implement the planned strategy for their service area, and report to the Statewide Coordinator. Although they do not provide direct service to parents on an on-going basis, they do provide the supervision to the Local Coordinators and are responsible for ensuring fidelity to the Parent Partner Approach. This will include on-going submission and review of the data within the service area:

- Make sure that the program is meeting the needs of the families, and that there is capacity within all counties in the service area.
- Provide bi-weekly supervision facilitated by face-to-face and/or conference call meetings for the full and part-time Parent Partner Coordinators.
- Provide consultation in case of problems.
- Identify and coordinate all training and trainers for the service area.
- Meet with Service Area DHS Liaison on a monthly basis for established, and bi-weekly to weekly for new or transitioning sites.
- Schedule, coordinate and attend Service Area Steering Committee meetings and Parent Partner meetings.
- Collaborate with the Statewide Coordinator, Local Coordinators and Parent Partners in marketing the program. This would include presentations; local, regional and state committee involvement; and developing marketing materials for the respective service area.
- Provide monthly client file audit by random selection.

### **N. Statewide Coordinator Responsibilities**

The Statewide Coordinator will serve as the project manager with direct oversight and fiscal management of the statewide Parent Partner Program. Emphasis will be placed upon management of strong Service Area Coordinators and working with the Agency Contract Manager and Monitor. The Statewide Coordinator will reach out to key community stakeholders about the Parent Partner Approach.

### **O. Clinical Support**

A licensed master-level clinician will facilitate monthly group support sessions for Parent Partners. The focus of the clinical support will be on Parent Partner issues as related to families served. The clinician will help Parent Partners identify potential “triggers” and provide consultation and/or tools to address issues. They will promote self-care and an understanding of compassion fatigue/vicarious trauma.

They will collaborate with the Coordinator to identify additional Parent Partner supports and concerns. The clinician will be available as needed for individual sessions to assist with assessing needs and to facilitate problem solving. They may also be involved in protocol to resolve Parent Partner eligibility.

In preparation for these responsibilities, the clinician will:

- understand the Parent Partner Approach by reviewing this Handbook, practice manuals and required forms
- complete BABF training
- understand the Child Protective Service system
- understand substance abuse, domestic violence, and mental health as well as the change process related to each of the issues
- maintain confidentiality within the program

## **P. Criteria to Become an Approved BABF Trainer**

In order to be approved as BABF trainer, a Parent Partner or a professional must have prior approval from Statewide Coordinator and Contract Manager before they can begin the application process.

- The application process includes the following:
- For applications to become an approved trainer, contact the state program manager. 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 annual Train-the-Trainer session
- Submit completed application to Statewide Coordinator

## **Q. Criteria to Become a Master Trainer**

In order to be approved as a BABF Master Trainer, a Parent Partner or a professional must have prior approval from Statewide Coordinator and Contract Manager before they can begin the application process.

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 BABF curriculum
- Is willing and able to coach and mentor trainees
- Attend annual Train-the-Trainer session
- Submit completed application to Statewide Coordinator

## **R. Service Area Steering Committee Responsibilities**

Each DHS Service Area will have at least one steering committee, but there may be more than one. The steering committee includes parents, DHS, Parent Partner coordinator/s, foster care parents, and other community partners. This steering committee meets at least quarterly to assess progress and provide guidance to the local site/s.

## **S. 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
- Each Service Area has at least one steering committee