"Like a marriage": Partnering with peer mentors in child welfare

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ABSTRACT

A growing number of child welfare programs have incorporated peer mentors – individuals in long-term recovery from substance use disorders – into their service delivery models. Whereas existing literature suggests the collaboration between peer mentors and child protective service workers brings both opportunities and challenges, few studies have described these experiences from the perspectives of mentors, caseworkers, and supervisors. Understanding how these team members experience partnership is critical for the further evaluation and development of mentor models in child welfare. The purpose of this study was to understand the experiences of mentors, caseworkers, and supervisors working through an integrated team model in Kentucky. A qualitative approach was used, combining a phenomenological lens with constructivist grounded theory analysis techniques. Our results indicate that successful partnerships between mentors, caseworkers, and supervisors involve four processes: sharing a common vision, developing working relationships, learning with open-mindedness, and identifying the benefits of partnership. These findings have implications for practitioners in a variety of child welfare settings, particularly those interested in developing and training teams for peer mentor integration.

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1. Introduction

Families with co-occurring substance use and child abuse/neglect have complex needs. In response, a growing number of child welfare programs have incorporated peer mentors into their service delivery models (Berrick, Cohen, & Anthony, 2011). Peer mentors, also called peer support specialists or recovery coaches, use personal recovery and child welfare experiences to help families navigate child welfare involvement, while also providing hope and motivation for recovery (Cohen & Canan, 2006; Frame, Conley, & Berrick, 2006; Huebner, Willauer, Brock, & Coleman, 2010). The inclusion of mentors in child welfare practice has been described as a paradigm shift that questions the centrality of professionally driven case planning, as mentors offer a different type of expertise to decisions in this setting (Frame, Berrick, & Knittell, 2010).

Whereas efforts have been made to understand the salient processes and outcomes for both parents and mentors in these programs (e.g., Huebner, Willauer, & Posze, 2012; James, Rivera, & Shafer, 2014; Ryan, Choi, Hong, Hernandez, & Larrison, 2008; Ryan, Marsh, Testa, &

Louderman, 2006), few studies have explored the process of mentor integration from the perspectives of mentors, caseworkers, and supervisors. Existing literature suggests three reasons such study may be necessary. First, supervisors play a vital role in mentor integration by individualizing mentors' training needs, professionalizing the skills and identities of mentors, and guiding mentors in the formation of appropriate boundaries with families (Frame et al., 2010). Though these may be common supervisory practices, the mentor's status as an individual in recovery, and possibly former client of child welfare, presents additional complexities. Thus, further effort is needed to identify the distinct challenges of supervision in this context and to understand supervisors' experiences of this transition.

Second, it is equally important to consider the experiences of caseworkers as they shift toward a team-based approach with mentors. It has been suggested that caseworkers attached to professional expertise may feel threatened by the knowledge and skills mentors gain from their lived experience (Frame et al., 2010). However, no empirical studies have been undertaken to assess tension among these teams, or how such tension may be successfully identified and managed when present.

Finally, although the roles of mentors in child welfare are now better described (e.g. Berrick, Young, Cohen, & Anthony, 2011; Leake, Longworth-Reed, Williams, & Potter, 2012), additional research is needed to understand how mentors' work is impacted by the quality of their partnerships with supervisors and caseworkers. Recognizing the needs and perspectives of each team member is critical to the evaluation and

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growth of peer mentor services in child welfare, yet research to date has not examined this triad. Further delineation of the challenges and opportunities experienced by each team member will assist programs in hiring, training, and retaining team members for successful partnership. As such, the purpose of this study is to explore and describe the lived experiences of mentors, caseworkers, and supervisors as collaborators in child welfare.

2. The START model

The authors conducted this exploratory qualitative study with members of Sobriety Treatment and Recovery Teams (START) in Kentucky. The START model was developed in Cleveland, Ohio with the support of the Annie E. Casey Foundation (2002). START began as a specialized approach to child welfare for families with substance exposed infants (Annie E. Casey Foundation, 2002; Young & Gardner, 2002). The program aims to maintain child safety while attending to parents' needs for swift access to treatment and social support, making every effort to keep families together and avoid out of home care (Huebner et al., 2010; Huebner et al., 2012). START has now expanded and has been implemented in select Kentucky counties since 2007. In each of these counties, the model is implemented by a specialized ongoing team which operates in an office where traditional investigative and ongoing child welfare casework is also being conducted. Investigative teams make referrals to START using the following inclusion criteria for family enrollment: 1) a substantiated case of child abuse/neglect, 2) parental substance use as a primary risk factor, 3) at least one child in the family under the age of 6 years, and 4) cases which are not currently being worked by an ongoing team due to a previously opened investigative report (Huebner et al., 2010).

START teams include family members, substance use treatment providers, a START service coordinator employed by a local substance use treatment provider, specialized caseworker-mentor dyads, and a dedicated START supervisor in child welfare; all of whom participate in case planning and decision making. Each START team includes three-to-four mentor-caseworker dyads working with the same supervisor, coordinator, and other providers. To become a mentor in START, individuals must have at least three years of recovery and sensitivity to issues of child abuse and neglect (Huebner, Willauer, Posze, Hall, & Oliver, 2015). Once hired, mentors have offices in child welfare agencies and work with START caseworkers on a shared caseload of between 12 and 15 families. This reduced caseload allows the dyads to attend to the need for more intensive service delivery START demands, including facilitating treatment access in the initial stages of a case opening.

Where substance exposed infants are concerned, investigators are asked to refer families to START within 24 h of referral to child protective services, or within 10 days for other cases meeting criteria. In all cases, START aims for the family to have participated in their first family team meeting within 3 days of referral to the program. Additionally, the program expects families to complete an assessment with the substance use treatment service coordinator within 5 days of referral to START. With support from peer mentors and other team members in these initial stages, parents are typically engaged in treatment services no later than one week after the START referral. Supports include financial assistance, system navigation, transportation, and the personal relationship and guidance offered by the peer mentor.

Following these early steps, caseworker-mentor dyads continue to meet with families weekly in the first few months of a case, and bi-weekly as the case continues. This work is often done as a team. Whereas some child welfare programs have separate locations and program designations for the mentor (see Boles, Young, & Pogue, 2010; Watson, Funk, & Twombley, 2010), the START program places the mentor within both the conceptual and physical space of a child welfare team. This provides a unique opportunity to examine how mentors, social workers, and supervisors experience collaboration.

3. Methodology

3.1. Qualitative approach

The aim of this study was to identify and describe the essence and meanings of team members' experiences as partners in child welfare. This aim suggested the use of a phenomenological lens (Moustakas, 1994; van Manen, 1997) in our interview process.

As the analysis moved forward, we noticed that participants were describing dynamic social processes as part of their experience working in their triad. The phenomenological aim of our interviews was then combined with the analytic techniques of constructivist grounded theory, allowing the research team to explore described behavior and meaning as a process through coding (Charmaz, 2014). As such, the qualitative approach of this study combines phenomenological data collection with grounded theory analysis. This study was approved by the Kentucky Cabinet for Health and Family Services' Institutional Review Board, which serves as the IRB of record for this project, per an authorization agreement with the authors' university IRB.

3.2. Recruitment and sample

Team members from all four Kentucky counties currently implementing the START model were recruited. Caseworkers, mentors, and supervisors were notified of the study by the statewide director of the program and recruited via email by the authors. Recruitment efforts continued over a period of 6 months. The final sample (N = 22) consisted of caseworkers (n = 9), family mentors (n = 9), and supervisors (n = 4) working as members of four START teams. Team members were not compensated for their interviews.

The length of time mentors had been employed by the program ranged from 2 to 8 years. Due to the sensitive nature of the question and our primary interest in their partnerships with other team members, mentors were not asked about their substance use or child welfare history during this interview. However, all mentors were in recovery from substance use disorders, and START administrators noted that seven of the nine mentors in the study directly experienced intervention from a child welfare agency prior to their employment with START. Importantly, authors not affiliated with the program were not informed which specific mentors had previous child welfare involvement. Caseworkers had been employed with the program between 4 months to nearly 8 years. Eight caseworkers had previous work experience working in child welfare prior to joining the START team. Supervisor experiences ranged from several months to 5 years with the START program. Each supervisor had previous work experience with child welfare, however two participants were new to the role of supervision.

3.3. Interview protocol

Participants provided verbal consent prior to recorded phone interviews conducted by the first author. Guided by phenomenological approaches to interviewing (Moustakas, 1994), a semi-structured interview guide was used for all interviews, through which participants were asked broad and open-ended questions leading to a structural description of their START experiences. For example, participants were asked, "What has it been like working with the family mentor/caseworker?" As the interviewer posed each question, probes or clarifying questions were used to generate further understanding of the participant's response, such as, "Could you describe what you mean by _____," or "Can you give an example of _____?" Overall, questions were focused on generating a picture of each team member's perspective, collecting the strategies they use in their work, and understanding their experiences as team members and the meanings they attach to their roles.

3.4. Data analysis

Analysis began with a process of bracketing and memo writing that included the interviewer's early methodological, reflexive, and analytic responses (Charmaz, 2014; Moustakas, 1994). These were used throughout the analyses to differentiate the authors' assumptions and experiences from those of the participants. Constructivist grounded theory techniques were used beginning with open coding of interviews from three mentors, three caseworkers, and all four supervisors (Charmaz, 2014). Peer de-briefing and consensus was then used to solidify focus codes and develop coding guidelines that were then applied to all interviews. Two authors applied established focus codes to the remaining 12 (54%) interview transcripts; six from mentors and six from caseworkers. At this stage, coding was applied using Dedoose™, an online qualitative data analysis tool (Sociocultural Research Consultants, LLC, 2014). Using Dedoose™'s built in inter-rater reliability test, a Cohen's Kappa (Cohen, 1960) of 0.90 was achieved by averaging the pooled Kappas for each rater across focus codes. Focus codes were then applied to the initially open coded interviews ($n = 10$) by the first author. From these focus codes, analytic categories were developed and scrutinized using the constant comparison method (Corbin & Strauss, 2007). In this process, relevant statements were compared across content and across interviews for each analytic category.

3.5. Member checking

All participants were contacted by email to participate in member checking following this analysis. Each participant was emailed an outline of results with tentative focus codes and example quotes illustrating each analytic category. Participants were encouraged to provide written or verbal feedback to the first author and to participate in group member checking activities. Group member checking activities occurred with three of four START teams through two conference calls and one in person focus group. These occurred at regularly scheduled START team meetings to ensure sufficient participation. During these activities, all study participants, as well as non-participants, could review the outline of results and provide feedback. The purpose of these member checking activities was to validate the authors' analysis and to make any needed adjustments. For example, participants had specific suggestions as to the language to be used when describing certain categories. This was then used to inform the written presentation of results.

4. Results

Our results indicate that establishing successful collaboration between mentors, caseworkers, and supervisors involves four processes: sharing a common vision, developing working relationships, learning with open-mindedness, and identifying the benefits of partnership (Fig. 1). Although participants came from a range of locations, positions, and lengths of tenure with the START program, they spoke of their work with a high level of agreement regarding these processes. For both sharing a common vision and identifying the benefits of partnership, all participants ($N = 22$) spoke to these processes in their interviews. For developing working relationships, nearly all participants ($N = 21$) shared stories or examples of this process, with the only exception being a social worker who had only been employed with START a short time. Similarly, another social worker was the exception to all other participants ($N = 21$) speaking to learning with open mindedness, and this individual had several years of work experience in substance use treatment. Characteristics within each of these domains are explored below.

4.1. Sharing a common vision

An initial phase in building successful partnerships between caseworkers and mentors was described as establishing a common vision for the work performed. Across interviews, participants shared a vision of "keeping families together" as the overall goal of the team's efforts. However, during member checking exercises, participants reflected that this does not replace the agency's primary concern for child safety. Rather, team members understand that model components such as quick access to substance use disorder treatment and frequent family contact allow them to pursue child safety with an emphasis on keeping children in their homes, or returning them to family, whenever possible. In this way, mentors, caseworkers, and supervisors are able to articulate the uniqueness of their approach when compared to other child welfare practices, and these differences serve as an important foundation to their shared identity and purpose. Cultivating and maintaining this delicate balance between the agency's needs and the vision of the team requires extensive and ongoing training for all team members and supportive leadership at both local and state levels.

Similarly, teams need support in refining the roles that each person will fulfill toward this shared vision. Most often, participants described the mentor's role as focusing on the substance use treatment and recovery needs of families, while caseworkers attend to child safety. At the same time, partners revealed that their work together is not always neatly compartmentalized in this way:

> You know you have to work together as a team. You can't do it alone. You can't be partners and then one person does one part of it and another person does another part of it. It won't work like that.
>
> [(Jane, Caseworker)]

Because caseworker and mentor dyads perform home visits, family team meetings, and many other tasks together, the team's work evolves
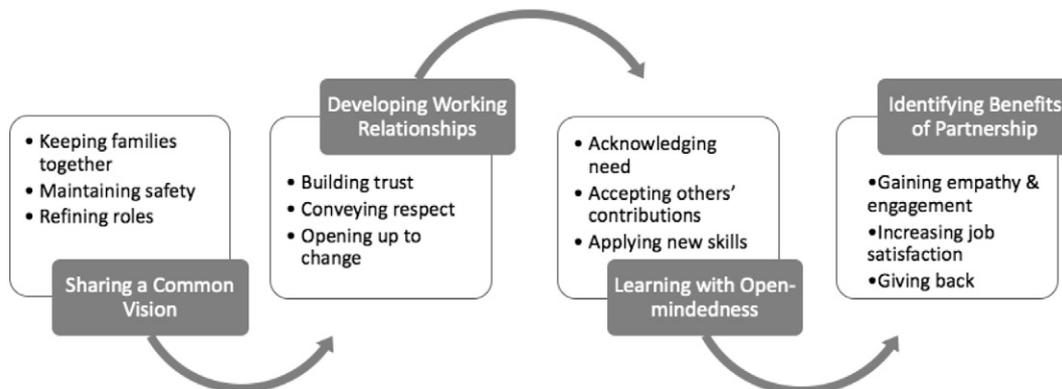

Fig. 1. Processes and characteristics of partnership.

from an emphasis on individual roles, to how responsibilities and goals will be shared collaboratively.

Learning to share the work can be an adjustment in early stages of partnership, especially for caseworkers accustomed to working independently. However, not all caseworkers will be successful in this transition:

> I did work with one [caseworker, and] it was kind of like pulling teeth. She just really wanted to ask them the questions that I normally ask them, like what's their contact like with their sponsor, about their support group, about how many meetings they're making… [S]he really would rather work alone it seemed.
>
> [(Pam, Mentor)]

Although negative cases exist, participants in this study more often expressed that they were able to transition to shared case work over time.

When work is successfully shared, mentor and caseworker dyads see themselves as a team where each person's contributions are valued as an integral part of achieving the team's purpose. Caseworkers and supervisors may need to take special care in helping mentors develop a sense of belonging as an equal member of the team and in identifying as employees of the agency in this regard. For instance, one family mentor explained her initial experience was a feeling of being in limbo between the child welfare agency and the family:

> I feel like I was on the client's side… like I was an outsider [in the agency…], the go between. Sometimes I would… take on the role of explaining… [if] the client doesn't understand what [the caseworker] is saying or [the caseworker] doesn't understand what the client is saying… [B]ut today I feel like an employee… and it's not like 'us against them,' because I'm still with clients. But it has been a shift.
>
> [(Jill, Mentor)]

Mentors often play a critical role in facilitating communication between the family and the child welfare agency. However, over time, the mentor's place as a member of the child welfare agency evolves and expands, ideally without sacrificing relationship building with families.

4.2. Developing working relationships

In order to successfully share in this work, team members need time to build trusting and successful working relationships. During early stages of partnership, this requires working through differences that arise between caseworkers and mentors with regards to work styles, personalities, and shared decision-making. As Ann reflects, such differences become more prominent in work that is shared closely:

> It can be challenging, it really can. And we discuss that when we are interviewing new mentors and [caseworkers]. Because it's almost like you're a work family because you're together so often. It's not like a typical team where you can just close your door and be by yourself all day or go out in the field all day and be by yourself. You're very much working closely with the person… and it's the same person every single day.
>
> [(Ann, Supervisor)]

Given the intensity and closeness with which mentor and caseworker dyads work, participants shared that they must approach differences with respect and openness. As one caseworker shares:

> When we first started, [our leadership] would say, "like a marriage." And… it really kind of is… it's just a process. I think that you just have to be open to learning new ways of doing things, learning things about yourself, and not being so quick to be defensive… [I]f you understand each other's personality and you can respect that

even though it may not be your way of wanting to do things, that's going to go a long way.
>
> [(Carmen, Caseworker)]

Thus, developing a working relationship takes time and commitment to making the partnership work despite differences. It also requires ongoing and open communication among team members.

One of the key aspects of this communication is being open to working through unique challenges the mentor may have as an individual in recovery. For example, one mentor reflected:

> Even with several years [in recovery], I still have issues to work on, and at one point I was going through a lot. It really affected my relationship with the worker at that time… I didn't try to justify it, but I did have to explain that I was really in a bad place… I was just hard to get along with. I think in general, if we keep focusing on the clients and the goal, then we do better, then I do really well with my worker.
>
> [(Diane, Mentor)]

In this way, communicating personal struggles is essential to the partnership's development and successful return to the shared vision of the work they are performing together.

In addition to ongoing communication, mentors and caseworkers shared other ways they negotiate their work together. Mentors may reach out to other mentors for emotional support, or wish to limit their exposure to potentially triggering events, such as visits to homes where they are reminded of negative experiences. Supervisors and caseworkers must become attuned to the needs of their mentor partners, listen to their experiences without judgment, and be willing to adjust their approach. Illustrating this point, Kelli shared:

> There was one case where I had to remove child… It didn't hit me until afterwards, "Wait a minute, [the mentor] was with me through this whole thing." I didn't really consider the fact that this is probably bringing up some pretty painful emotions for her. Things like that along the way I had to learn… not necessarily to protect her from it but to make sure that she's not going through stuff she doesn't need to be going through…
>
> [(Kelli, Caseworker)]

Each mentor and caseworker dyad will be unique in the ways that it develops this working relationship, and needs may also change over time.

In response, supervisors also make adjustments in their practice. A common experience among supervisors was in shifting their approach to boundaries in supervision to include personal struggles that impact their team's work. Though this may emerge as a strategy initially intended to respond to the mentor's needs, it also extends to caseworkers:

> Now I don't think I supervise mentors and workers differently but had you asked me that a few years ago I would say, "Oh yeah, there's a huge difference." What happened was I just changed my supervision style. You just have to… sometimes you just have to stop everything and sit down and just let them tell you what's going on in life. And before I was a person that was "work was work and personal was personal" and you kept them very separate. And I don't get to do that anymore because their personal affects how they work. And because they're in teams in affects everybody.
>
> [(Judy, Supervisor)]

By opening up supervision to include personal challenges, supervisors reflected that this allows for stronger relationships with their teams and nuanced knowledge of their abilities and areas for growth, both as individuals and as dyads. At the same time, this openness brings supervisors closer to the types of individual challenges that prevent team members from being successful, such as the possibility of a

mentor's relapse or a caseworker who is slow to adopt the team's vision or new practices. As such, supervisors also need strong working relationships with other supervisors and administrators to support and guide their practice.

4.3. Learning with open-mindedness

In addition to learning how to work together, partnerships between caseworkers and mentors are strengthened when members approach learning the work itself with an open mind. This process begins with acknowledging one's own and others' needs for learning. Below, for example, Mary reflects upon the unique learning needs of the caseworkers and mentors she supervises:

A lot of times mentors are like, "Why are you still leaving this kid here?" Not necessarily because they're seeing anything that's an immediate safety issue but because they've said, "Listen. I know what I was doing in this situation." … I've seen the family mentors [learn] what the social workers are doing in terms of safety… and understand that more. And then… [caseworkers learn] what addiction is and what is necessary to help move a person into recovery… [They are asking parents], "What's your relapse prevention plan" and "How are you going to make sure this kid STAYS safe." So [caseworkers] are learning so much about that.

[(Mary, Supervisor)]

Thus, mentors entering this partnership may have learning needs with regards to child safety standards, or in developing acceptance for practices like medication-assisted treatment, which may not be supported in some mentors' recovery communities. For caseworkers, learning with open-mindedness may include developing new ways of case planning for parents in substance use treatment or responding to case needs with a higher sense of urgency.

However, just as each team member has needs and areas for support, they also bring unique knowledge, skills, and perspectives to team decisions. Positive partnerships develop through open mindedness and willingness to learn from others. For many caseworkers, significant learning occurs with regards to addiction and recovery, especially for those who came to the partnership with limited experience in this domain of practice:

I had little knowledge of how the mind works with addiction behaviors and relapse. Now… working with a mentor and going to trainings, I understand… there's going to be a relapse, there's going to be behavior changes, there's going to be little bit going forward and little bit going back… [B]efore, I thought if they relapsed, they're gone. They're done for good.

[(Allison, Caseworker)]

As team members learn new understandings of addiction, recovery, and the barriers and challenges families face, they also come to value the ways a mentor's lived experience contributes to the case decision making process. For example, one supervisor relayed:

… there have been plenty of times when maybe myself or maybe [the caseworker] felt that it was not appropriate for mom to take the baby to treatment because mom needed the time to focus on herself, and taking the baby with her was not going to allow her to do that. The mentor might feel differently saying, "No, I think that's going to help her stay in treatment, keeping her child."

[(Ann, Supervisor)]

Even though not all mentor suggestions are implemented, their contributions are valued equally in the team's deliberation and planning processes.

Similarly, mentors value the knowledge and skills gained from caseworkers and supervisors with regards to child welfare practice. As

Jessica's example brings to light, this too requires open mindedness to learning on the part of the mentor:

One thing is, my level of cleanliness is not the same as our clients'. [The caseworker] helped me with that because… she'll tell me, "That's not a safety issue. It's safe. It may not be as clean as you want it, but it's safe." So it's kind of helped me to pull my perspective back, especially in regards to that… [The caseworker will say] "Well we can discuss with [the client] different techniques, different ways to keep the house clean." And we do that. But she said, "It's not a safety concern." So, I say, "Okay."

[(Jessica, Mentor)]

By approaching learning with an open mind, caseworkers, supervisors and mentors not only gain new ways for approaching their work, but also have new skills for working through differences that may arise in critical practice domains such as safety assessment and substance use treatment planning.

4.4. Identifying the benefits of partnership

Implementing a partnership is not without challenges, yet participants more often spoke of the benefits they observe for both the team itself and the families served. In addition to the learning that occurs, caseworkers and supervisors described the presence of mentors as critical to their engagement with families. For example, one caseworker shared:

We may have an understanding of what our family is going through but to actually have been there, like the mentors have, it helps bridge that gap. Some of the families don't really want to communicate because [caseworkers] don't understand what they've gone through… I've had a couple of cases where because of the mentor I had success with the family. Through the mentor, I was able to maintain a relationship with [the client] and communicate to her and she ultimately ended up getting her kids back and did really well… If it had not been for the mentor, we probably would not have been successful in that case.

[(Tracy, Caseworker)]

In addition to improved engagement with families, caseworkers also revealed that the team model and shared learning contribute to increased empathy for families:

[The mentor] taught me there is nothing, very little, that separates myself from the people I'm working with… I ask myself then if I'd been raised and walked the same life that these people have lived, would I do any different than what they're doing? If I say I would do different, I think I would be lying. I could go on and on about what I learned from her.

[(Kelli, Caseworker)]

Similarly, Allison shared:

I'm able to see… how hard [families] are fighting now… where I couldn't see that before. I didn't see what they were going through. I didn't see their struggles. Well, now I'm seeing it on a weekly, sometimes daily basis, and I see that they're good people, just struggling.

[(Allison, Caseworker)]

This development of increased empathy may also inform what is perceived as a change in how addiction and recovery are approached in child welfare, including treating each family member's needs and abilities uniquely in case planning. As a mentor observed:

… [T]here's a shift that occurs… Getting to know me, it changes the way [the caseworkers] look at their client… It just changes the whole atmosphere, changes their ideas about the possibilities for recovery.

[(Jill, Mentor)]

These benefits may also translate into improved job satisfaction and retention, as both caseworkers and supervisors noted it would be

difficult to return to a regular ongoing position in child welfare following their experience partnering with mentors in a more intensive model.

Mentors also experience benefits from working in this partnership, including professional skills that may lead to new employment opportunities. Perhaps one of the most striking benefits mentors shared was the way in which the work offers them a chance to make an impact:

> In all my years of substance abuse I tore up the community and this is my way of giving back. This is my way of making amends. Even though I get paid for it, still I'm making amends because I'm doing something different. I'm not talking it, I'm walking it.
>
> [(Sandra, Mentor)]

What is more, the accountability and responsibility accepted by mentors also provides them with reinforcement for their own recovery and growth.

5. Discussion

These results have implications for practitioners working at the intersection of child welfare and substance use, as well as in other child welfare teams where mentors may work alongside caseworkers. To begin, participants described the importance of cultivating a shared vision which serves as a foundation for their working relationships. Though the vision of "keeping families together" did not supersede the teams' primary goal of child safety, it did offer an additional unifying purpose. Shared purpose has been shown to improve commitment, motivation, learning capacity, and effective decision-making (Lord, 2015; Nouwen, Decuyper, & Put, 2012), and thus may be considered a foundational element of the favorable experiences reported by participants in this study.

The critical role of leadership and supervision in promoting the team's shared vision mirrors previous scholarship on peer mentor integration (e.g., Berrick et al., 2011a, 2011b; Frame et al., 2010). At the same time, supervisors shared challenges in harmonizing multiple perspectives among team members and adjusting to new expectations regarding boundaries in supervision. As such, more attention should be paid to these aspects of advancing mentor partnerships, and their relationship to team and family outcomes.

Additionally, whereas Frame et al. (2010) note that caseworkers may be hesitant to accept the mentor's role as an advocate and partner in child welfare, team members in this study came to value the knowledge and skills mentors shared over time. Caseworkers reflected that their partnership with mentors had improved their engagement, planning, and shared decision-making with families who enter child welfare because of substance use. This finding is instructive for practitioners recruiting and training caseworkers for team models, as open-mindedness and willingness to learn from others are also qualities necessary for effective team work (Lord, 2015; Nouwen et al., 2012).

Caseworkers also perceived increases in their capacity for empathic engagement. This is an important finding, as empathy plays a vital role in building therapeutic relationships and in predicting substance use treatment outcomes (Moyers & Miller, 2013). Empathy may also benefit caseworker-parent relationships in child welfare, however limited evidence is available for how to enhance caseworker empathy (Mullins, 2011). As such, this study lends insight into the ways in which working relationships with individuals in recovery may enhance caseworker empathy. Future research may investigate how perceived increases in empathy translate into direct practice with families, as well as compare changes in empathy between caseworkers who are and are not partnered with mentors. It may also be beneficial to explore other training modalities for exposing caseworkers to mentor experiences, skills, and knowledge, beyond full implementation of an integrated partnership model.

Participants here noted high overall job satisfaction and reluctance to return to other forms of child welfare work following this collaborative model. This could be related to a number of features of the work they identify, including factors known to impact job satisfaction and worker retention in child welfare. For example, Johnco, Salloum, Olson, and Edwards (2014) report caseworkers desired higher levels of collaboration and support from co-workers, and were more likely to stay in child welfare when they felt they were able to have relationships with families and provide them with resources and services. These are all experiences share by the caseworkers and supervisors in this study. Moreover, participants shared positive reflections on other factors known to support employee retention in child welfare including supervisory support (e.g., Benton, 2016; Boyas, Wind, & Ruiz, 2013), positive organizational culture and leadership (e.g. Collins-Camargo, Ellet, & Lester, 2012; McCrae, Scannapieco, & Oberman, 2015), and shared values (e.g., Zeitlin, Ausberger, Auerbach, & McGowan, 2014). Given high turnover within the child welfare workforce, these results may also provide opportunities for further research in comparing retention and job satisfaction among caseworkers with and without mentors.

One limitation of this study is the inability to know to what degree these findings are the result of partnership or other factors. Additionally, this study does not include client perspectives or a linking of team successes with child and family outcomes. These are important areas for future research, as is possible differences between mentors who have and have not had child welfare interventions.

At the same time, this study offers new insights with regards to the challenges and opportunities presented by mentor partnership in child welfare from the perspectives of caseworkers and supervisors. These results provide further guidance for the development and training of child welfare teams interested in partnering with mentors in their work. Furthermore, this discussion has outlined significant implications and important directions for future studies. In this way, we can continue to build a knowledge base for peer mentors integration in child welfare.

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