



BRIGHT SPOT

SUPPORTIVE COMMUNITIES

How can **birth and foster parent partnerships** help families reunify?

What would it look like if birth parents with experience in the child welfare system and foster parents teamed up to mentor and support parents who recently had their children removed?

When this question was first posed to Jody, a 38-year old mother in Sonoma County whose own children were removed from her years ago, she was skeptical. Jody works as a birth parent mentor, helping parents navigate the child welfare system. She'd never considered "reaching out across the aisle" to work in partnership with foster parents in the support of families on the road to successful reunification with their children. The notion of birth and foster parents as partners ran counter to all of her experiences with foster care.

About five years ago, when her three children were taken into custody, she didn't know where any of them were placed, only that they were not together, and she had no contact or way to communicate with any of the foster parents. In her mind, her children's foster parents had been "on the other side," against her, aligned with the agency, and standing between her and reunification with her children.



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The spark

In summer 2017, Jody attended a [Birth and Foster Parent Partnership convening \(BFPP\)](#), which brought together 32 birth and foster parent leaders from around the country. The BFPP was formed in 2016 to support birth parents, foster families and kinship care providers in building connections and using their voices to transform systems, policies and practices to improve permanency outcomes for children and families. It is supported by the [National Alliance for Children's Trust and Prevention Funds](#), the Youth Law Center's [Quality Parenting Initiative](#), and Casey Family Programs. At the event, Jody learned more about the partnership approach to reunification, brainstormed ways in which veteran birth parents and foster parents could work together to support birth parents newly involved with the child welfare system, and left feeling inspired and hopeful about a range of possibilities. On the plane ride home, Jody began talking with Robyn, a 15-year veteran foster parent, also from Sonoma County, who also had attended the convening and left feeling similarly motivated. By the end of the flight, Jody and Robyn had decided to work together, bring the national model back to Sonoma County, and adapt it locally.

Back home, Jody and Robyn pitched the idea of a pilot program to the Sonoma County child welfare office. They emphasized that this wasn't a new program with additional costs, but rather a more coordinated approach to the work: a birth parent partner and foster parent combining forces to wrap supports around birth families to help them reunify. For this coordinated approach to work, they needed both leadership and front-line staff to be on board. Fortunately, child welfare leaders in Sonoma County were open to innovative

ways to support reunification; they also knew and trusted both Jody and Robyn, so they immediately offered to support the pilot.

From adversaries to allies

The first case came shortly thereafter. A medically fragile infant was placed in Robyn's care, and she alerted Jody that this would be the first case for their new approach. Jody met the birth mother, Rosie, at the dependency hearing and approached her as she always did as a birth parent partner. Jody let Rosie know that she had once been in her shoes and could relate to what her family was going through. This time, though, Jody was able to offer additional comfort: she assured Rosie that her child was placed with a loving, caring person who had decades of experience taking care of fragile infants and was fully committed to reunification. She also told Rosie that the three of them together would be working toward achieving that goal.

"What was different this time is that this mom didn't have to suffer that fear of not knowing where her baby was," Robyn said. This information and approach provided an anxious Rosie with enormous relief, and by the time Rosie had met Robyn, she was excited to develop a relationship with her, and encouraged that she had partners in Jody and Robyn as she worked to get her child back.

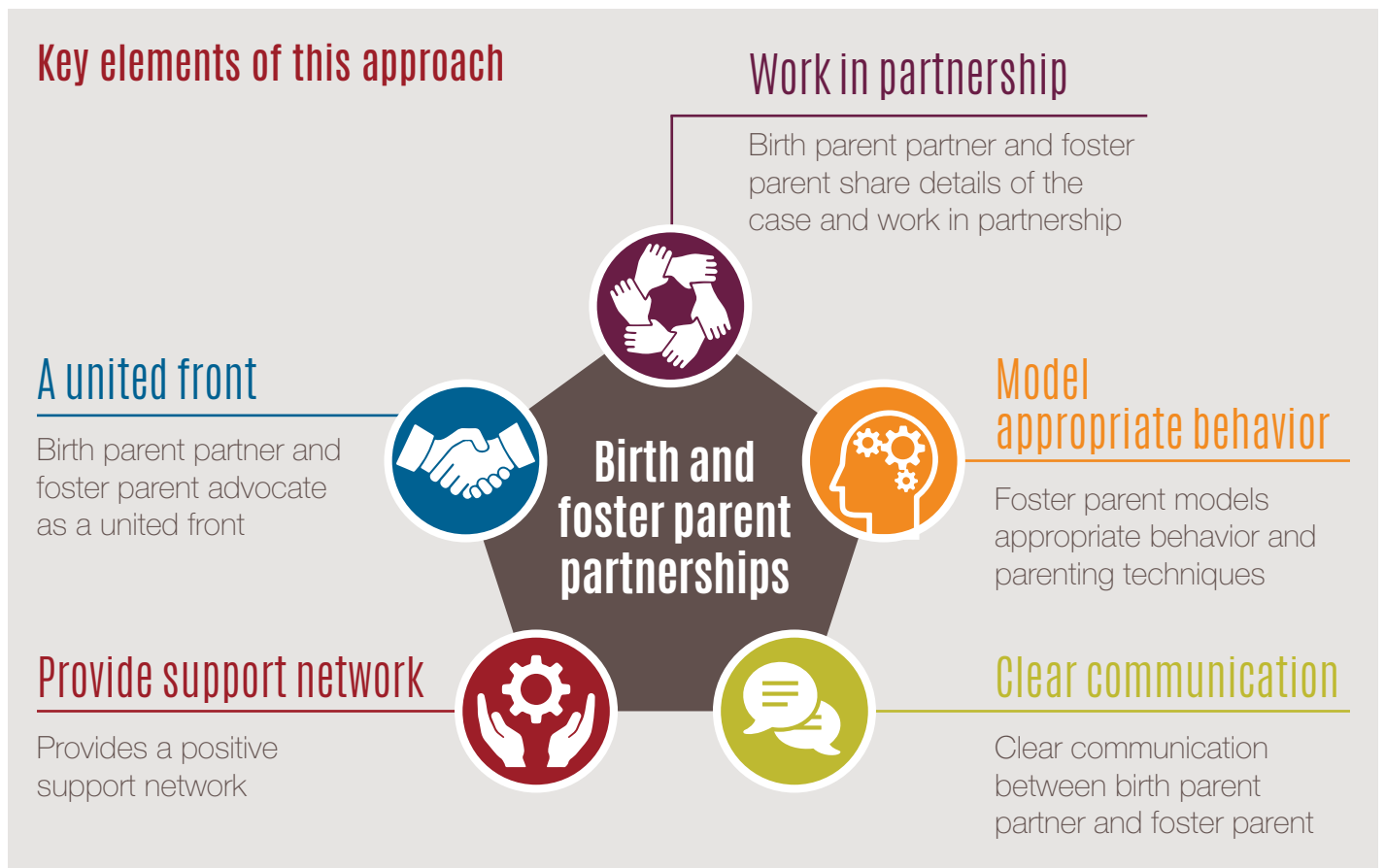
From Robyn's perspective, having information about the infant's birth mother made a dramatic difference in her fostering experience. Typically, children were simply dropped off at her house and she had no information about their early history or family background, let alone the current needs of the child or the birth parent's feelings about reunification. If anything, the history of the parent was often conveyed in negative and judgmental tones. Although Robyn always wanted to serve as a mentor to birth parents, helping them build their parental capacities, she had never had a mechanism to do so.

In this instance, all Robyn was told by the agency was that the birth mother had a long history with child welfare, had struggled with substance abuse, and that the case

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— ROBYN
RESOURCE PARENT

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for adoption was being fast-tracked because of the baby's young age and her special medical needs. Robyn didn't know anything at all about Rosie's desire to be reunified, or what supports she might need for that to happen.

But Jody was able to provide that missing information, paving the way for a partnership between Rosie and Robyn. That is one fundamental difference with this approach: **The ability of foster parents and birth parent partners to share details of the case with one another is key to reunification success.** These case details are not confidential but often are not shared because of the way the system is set up. Often, this lack of information leads to erroneous assumptions and mistrust between birth parents and foster parents. Because of Jody's ability to bridge that gap, Rosie came to view Robyn as an ally, not an adversary.

Modeling healthy parental behavior

Once Jody learned of Rosie's desire to enter recovery, she helped to immediately enroll her in an inpatient residential treatment center. While in treatment, Rosie met with Robyn for an initial visit and began to form a relationship. The supervised visits went smoother than usual because Rosie was encouraged to trust and rely on Robyn. She received permission from the treatment center to accompany Robyn on her child's doctor visits, and, over time and with agency approval, Robyn began to leave the infant with Rosie for unsupervised visits. Robyn knew from Jody that Rosie was not raised in an environment where healthy parenting skills were modeled and that, just like everyone, she needed help learning how to parent. Robyn used her time with Rosie and the baby to **model appropriate behavior and parenting techniques in an informal and natural way.** Birth parents often feel frustrated and resentful

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about being forced to take parenting classes. However, in this case, according to Jody, “Rosie is learning from Robyn how to parent her child without her even realizing it.”

Advocating for reunification

In her many years as a resource parent, Robyn has fostered more than 40 children, yet only six have had a case plan of reunification. As with many of the children placed in Robyn’s care, the infant’s case had been fast-tracked to adoption. However, Jody and Robyn attended a court hearing together and were each given an opportunity to speak about their work with Rosie. Jody shared how she has observed the mother make changes and progress, and Robyn was able to speak to the mother’s connection to and participation in the child’s life. Normally, Jody and Robyn would have provided their statements to the judge separately but their combined advocacy and support they were providing to Rosie made for a much stronger argument for the judge to consider reunification.

This is another core element of this model: **Birth parent mentors and foster parents using their connections and partnership to advocate for parents in a unified way.** In this case, their advocacy was ultimately

successful. The judge was impressed with the collaboration and ordered the agency to change the case plan from adoption to reunification. Once the case plan was changed, Rosie began to receive reunification services. “A pivotal moment in the case was when the birth mother turned to me and said, ‘I don’t want to lose you,’” Robyn said.

Opening lines of communication

The case was not without challenges. When Rosie left the treatment center and moved in with her mother and stepfather, she was not allowed to have visitors over, which included Robyn bringing the infant by for supervised visits. Rather than communicating that information to Robyn, however, Rosie abruptly ended the visits without explanation. Robyn was naturally concerned about Rosie’s change in behavior and expressed that concern to Jody. Jody knew from her conversations with Rosie that she felt self-conscious and embarrassed about the prohibition with visitors and wasn’t comfortable telling Robyn the reasons why she couldn’t come into the house. Jody was able to ease Robyn’s concerns and explain the situation, dispelling Robyn’s assumptions and misunderstandings of the situation.



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The birth parent partner's ability to **fill in the communication gaps and keep the lines of communication open** is another key element of this approach. "Anytime there was a problem, I would just text Jody and she would provide me with all of the information that I needed," Robyn said. "She helped me figure out the best way to work with the mom."

Building a community

Even with the challenges, the transformation that has happened during this case has been remarkable. Rosie approached reunification with a **positive support network that offered parental advice, provided emotional support, and connected her to the services she needed**. She didn't feel the isolation and fear that many birth parents involved with the child welfare system experience. "Every time there was a need, there was someone on the team who could help," Jody said. For example, when Rosie's temporary living arrangement with her mother and stepfather failed and she needed new housing, Jody was able to help secure her a spot in a sober housing facility. Similarly,

the infant's physician offered to serve as a respite care provider so that Robyn could have the breaks that she needed. Everyone contributed to keeping the baby healthy, safe, and secure.

The road ahead

Because of this powerful approach, this story has a happy ending. Rosie regained custody and now is in an "open reunification," where Robyn continues to support her and the baby. She will continue to play an important role in both of their lives and calls herself Rosie's "biggest cheerleader." Most importantly, Rosie was not alone during this joyful, but at times overwhelming, transition to caring for her baby while still in recovery. The team worked tirelessly to help make sure the reunification was a smooth and stable transition and that the right supports were in place, such as appropriate childcare. Because of this positive experience, Rosie now has an expanded network of people who care for her and her child and are committed to them remaining a family.

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