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Peer Support Groups for Child Welfare–Involved Families

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Studies on risk factors and circumstances related to child maltreatment have continuously emphasized the important role of social support. As a result, peer support groups have been gaining attention and recognition in recent years in the field of child maltreatment prevention. However, little is known about the benefits that child welfare–involved parents receive in peer support groups, as well as the distinctive service elements that make these groups successful. By examining child welfare–involved parents’ experiences participating in peer support groups, this study provided a better understanding of the perceived beneficial aspects of peer support groups, specific types of supports offered to and by peers, and unique characteristics of these groups.

KEYWORDS child maltreatment, child abuse and neglect, child welfare, peer support, social support, parent advocate

INTRODUCTION

Parents are subject to myriad difficulties navigating the child welfare system, at the personal, interpersonal, and systemic levels. Before considering the limitations of the system itself, one must first recognize that parents often come to child welfare with a number of personal challenges. Common problems include (but are not limited to) mental health or physical health conditions, addiction, cognitive impairment, intimate partner violence, economic struggles (e.g., poverty, housing, unemployment), and/or legal
problems related to immigration or charges heard in civil or criminal courts (Andrews & Mcmillan, 2013). These issues are then compounded by parents’ struggles working with agencies, caseworkers, and other key players in child welfare.

Countless factors may impede parents’ abilities to most effectively work toward improving their circumstances. As agencies focus on the safety and well-being of the children, little consideration is made of parents’ experiences within the child welfare system (Dumbrill, 2006). An analysis of the intersection of parents and agency leaders in foster care highlighted a common failure to provide adequate information and/or assistance to parents. Parents may even be subject to emotional abuse by practitioners who insufficiently and neglectfully provide advocacy and services (McGlade & Ackerman, 2006). McGlade and Ackerman (2006) underscored the propensity for workers to make false promises, when realistically, reunification or the resolution of the case often has “many more complex and hidden detours” than parents are aware of (p. 98). Moreover, parents must perpetually overcome “false assumptions, harming judgments and demeaning behavior” from agency professionals, those with whom they must also collaborate (McGlade & Ackerman, 2006). Typical assessments of parents in child welfare are pejorative, and for those with a lifelong experience of being marginalized, it is likely that parents “feel alienated from society and antagonistic toward authority figures” (Palmer, 1995, p. 74). Inadequate services coupled with the stigma of child welfare (Scholte et al., 1999) can be debilitating for parents navigating the system alone.

Once families become involved with the child welfare system, an outlined service plan is created for parents to guide their progress. Noncompliance with a family’s service plan can lead to the removal of children, placement in foster care, and may eventually result in termination of parental rights (Dawson & Berry, 2002). Due to unaddressed personal struggles, damaging interpersonal relationships with workers, limited services and resources, lack of familial and social supports, and time constraints, parents may experience incapacity to succeed within the child welfare system.

Studies on risk factors and circumstances linked to child maltreatment have continuously emphasized the importance and need for social support (Seagull, 1987; Tomison, 2002). Although existing literature highlighted the overall benefits of social support (Bishop & Leadbeater, 1999), few studies identified the particular outcomes that result from participation in a mutually supportive, peer-to-peer, parent support group. A number of studies examined the relationship between professionals, caseworkers and parents (McGlade & Ackerman, 2006; Palmer, 1995), yet little is known about the specific benefits of a peer-to-peer support model in child welfare. It is critical to consider the gaps in existing research on effective peer-to-peer social support for parents involved in child welfare.
Social Support

A variety of definitions of social support are represented throughout literature on parents in child welfare. Sarafino (1994) suggested that social support offered comfort, caring, and assistance from others, which promoted increased esteem and decreased susceptibility to stress. Cameron and Vanderwoerd (1997) classified social support into four types: concrete/tangible help; support through education, information, and/or referral; emotional support; and social integration. Similarly, Hoagwood et al. (2010) summarized family support as services that helped caregivers

(a) clarify their own needs or concerns; (b) reduce their sense of isolation, stress, or self-blame; (c) provide education or information; (d) teach skills; and (e) empower and activate them, so that they can more effectively address the needs of their families. (p. 3)

S. Cohen (2004) added that social support represented “a social network’s provision of psychological and material resources intended to benefit an individual’s ability to cope with stress” (p. 676).

There are many factors that must be considered in characterizing parental social support in a child welfare context, where social support plays a critical role. Child maltreatment prevention literature has widely discussed the link between the lack of social support for families and risk factors for child maltreatment, particularly when coupled with other socioeconomic and individual factors such as poverty, domestic violence, substance abuse, and mental health challenges (DePanfilis & Zuravin, 1999; Seagull, 1987; Wenzel, Tucker, Elliot, Marshall, & Williamson, 2004). Such challenges are often accompanied by social isolation, which has also been associated with a higher risk of child abuse and neglect (Garbarino, 1976; Reppucci, Woolard, & Fried, 1999; Salzinger, Kaplan, & Artemyeff, 1983). For example, child welfare-involved families more frequently reported “feelings of loneliness, social isolation, and less neighbor, friend, and kin support than their nonmal-treating counterparts” (Ortega, 2002, pp. 853–854). Beeman (1997) described perceptions of mothers who had been investigated for child neglect. Some women felt that their available social support was not helpful, and often limited, and others did not perceive their relationships with peers to represent social support (Beeman, 1997).

Social support has been conceptualized as the “psychological process of giving and getting help that fosters a sense of trust, belonging and community” (Polinsky, Pion-Berlin, Williams, & Long, 2010, p. 2). This promotes the understanding of social support as a mutual process that must include the engagement of both parties, a process that must also consider how parents perceive the support that is offered (Bishop & Leadbeater, 1999; Hunka, O’Toole, & O’Toole, 1985; Seagull, 1987).
Hunka et al. (1985) stated that parents’ interactions and support were better met with face-to-face meetings from their peers rather than groups organized through institutions. E. Cohen and Canan (2006) asserted that successful programs for parents in child welfare “incorporate some form of peer support, address the concrete needs of parents, and are integrated with the formal service system” (p. 874). E. Cohen and Canan (2006) further emphasized that the concept of “shared experiences” held a significant role in the suggestions or help that might come from a peer parent mentor rather than a caseworker, social worker, or other type of worker with “authority.” It has been evidenced that parents demonstrated improvement in various areas of their lives including self-esteem and being able to manage stress and isolation after participation in a parent anonymous group (Hunka et al., 1985). Social support has proven effective in engaging, encouraging and empowering parents, and subsequently, increased feelings of comfort have been reported when parents were able to maintain contact with peers and group members for ongoing support (Andrews & Mcmillan, 2013; Hunka et al., 1985; Polinsky et al., 2010; Seagull, 1987). Ultimately, in assessing the various models of support it is critical to consider how parents receive and perceive these various supports.

The literature described various types of social support, including marital partners, family, friends, and professional/services (Bishop & Leadbeater, 1999; Seagull, 1987). Although available research on social supports for child welfare-involved parents identified a variety of supports that would be beneficial to parents, parents’ own experiences and assessments of such support have rarely been represented.

Peer Support Model: Mutually Beneficial Process

An important aspect of peer support is in its mutuality—not only receiving support but also giving support, which has been labeled as the “helper therapy principle” (Riessman, 1997). Studies have emphasized that the model of peer support was mutually beneficial for child welfare-involved parents. The positive experiences that were gained from “helping others” were often linked to “increased feelings of competence, equality, social usefulness, independence, and social value” (Roberts et al., 1999, p. 843). A recent examination of parents involved in the child welfare system found that “giving social support and helping others brought purpose to their lives” (Lietz, Lacasse, & Cacciatore, 2011, p. 14). Peer support has been widely used in other fields, such as mental health/psychiatric services (Solomon, 2004), substance abuse, and others. A study of patients with multiple sclerosis found, for example, that patients offering their support to others with the similar diagnosis experienced a wide variety of beneficial outcomes (Schwartz & Sendor, 1999). In a different longitudinal study of older adults, providing social support to peers helped increase their self-esteem (Krause & Shaw, 2000).
STUDY SITE

The site for this study, Child Welfare Organizing Project (CWOP), is a community-based organization in the East Harlem neighborhood of New York City. CWOP’s mission is to transform the quality of services and increase meaningful parent involvement in child welfare service and policy planning (CWOP, 2013). CWOP has a unique perspective on child welfare, as it aims to organize and empower parents involved in the child welfare system. Operating with a fundamental understanding of complex poverty and structural racism wherein parent voices have been historically excluded from the process, CWOP works to counteract the myriad barriers to successfully navigating the child welfare system, to advocate for system and policy changes, and to reunify families. Additionally, CWOP offers a weekly support group for parents with past or present involvement in the child welfare system. The peer support group provides a unique resource for parents as they advocate for themselves, their children, and their families.

The support groups are moderated by a parent organizer (also known as a parent advocate) who is an employee of CWOP. Parent organizers go through a rigorous 6- to 8-month training, developed and delivered by the CWOP staff, that includes courses in communications skills, community organizing, and the inner workings of the child welfare and family court systems. One key qualification of CWOP parent organizers is that each of them had a personal involvement with the child welfare system; many have had a child taken by child protective services; some were successfully reunified.

Although CWOP’s parent support group is not mandated for parents to participate in, it is often the location where parents are able to freely express themselves and find support from other parents who have experienced, or might be experiencing, similar frustrations while navigating the child welfare system. As CWOP’s Parent Leadership Curriculum (2007) notes:

The support group is a pressure valve. It is a weekly meeting without an agenda in which parents are free to rage, cry, whine, and vent with impunity. The group is led by parent organizers. Therefore, the person sitting across the table from you is unlikely to say “you shouldn’t act that way,” or you “shouldn’t feel that way,” or “that is damaging or counterproductive.” They are more likely to say “I remember when I felt exactly the same way. If you like, I can tell you how I lived through it and stayed focused on my goals.” (p. 13)

STUDY PURPOSE

An understanding of the types and sources of social support that parents receive from the parent support group at CWOP and elsewhere is difficult
to quantify. Therefore, for the purpose of this exploratory study, a qualitative approach to gathering data best served the population of parents. This study examined the benefits that these parents received from participating in CWOP’s support groups, while also identifying the unique service elements of peer support groups that make them successful.

By examining participants’ experiences in peer support groups, this study gained a better understanding of the perceived benefits parents take with them, through their honest accounts of what types of supports were helpful. Identifying tangible benefits to participation, as well as the specific needs addressed in the supportive group setting, bolstered the findings.

METHOD

This exploratory study was designed to maximize participant input by engaging parents in qualitative interviews and asking in-depth questions regarding the types of support that they received in peer support groups while navigating the child welfare system. The use of qualitative methodology provided a deeper understanding and exploration of personal experiences. As Webster and Mertova (2007) elucidated, qualitative inquiry is beneficial because narratives could be descriptively used to portray life transitions and the ways in which important experiences shape behavior and add meaning. Utilizing a narrative response allows for each individual parent to share his or her experiences, overall appraisal of the peer support she or he received, as well as other social supports that may have emanated from the group. Semistructured interview guides were used in this qualitative inquiry and consisted of open-ended questions followed by more specific probes, as well as a few closed-ended questions. The questions were developed after consulting the relevant existing literature, as well as with child welfare experts familiar with the topic and system. The interview guide provided a general framework, helped keep the interviews focused, “ensured relevant topics were covered,” and allowed enough flexibility to keep interviews fairly conversational (Patton, 2002). To validate clarity and relevance of interview questions, they were piloted with some of the parent organizers and CWOP program administrators, as well as during the first set of interviews.

Participant Recruitment

A total of 29 parents participated in the study. Recruitment efforts included flyer distribution at CWOP, announcements during various CWOP meetings, phone calls, and e-mails to the CWOP parent network. With participants’ permission, CWOP provided access to contact phone numbers of current and past participants of the parent support groups and Parent Leadership Curriculum graduates. A small cash incentive was provided to those who participated in the face-to-face interviews.
The ideal size of a sample is determined by the purpose of the study and the people to whom one wants to give voice. The qualitative purposive sampling, applied in this study, rests on the notion of “saturation,” when no original discoveries are likely to be revealed (Morse, 1995); therefore, the sampling is complete when the information obtained is redundant and no new information emerges. Because the nature of this study was primarily exploratory, and the goal was not to test hypotheses or to generalize from a representative sample, the sample size and mode of respondent selection were therefore thought to be appropriate and sufficient.

Sample

The study sample \(N = 29\) consisted of 27 (93.1%) females and two (6.9%) males. Twenty-one (72.4%) respondents were African American, seven (24.1%) were Hispanic/Latina, and one (3.5%) respondent was White. The marital status was described as follows: 14 (48.3%) single, five (17.2%) married, three (10.4%) separated, two (6.9%) divorced, and five (17.2%) did not provide an answer. The number of children in home (i.e., children living with parent(s), including those attending boarding school) ranged from zero to six \(M = 1.25\). The number of out-of-home placed children (i.e., children in foster care, living independently, or deceased) also ranged zero to six \(M = 2.08\).

Qualitative Data Analysis

Qualitative data were analyzed to identify and describe the most significant patterns, categories, subcategories, and emergent themes central to this investigation. Data analysis of qualitative research requires multiple simultaneous actions that evolve into a systematic strategy (Glaser & Strauss, 1967; Patton, 2002). For that reason in this study, a blend of methods was employed to capture the essential findings in the data.

First, the researchers performed content analysis of the transcribed data as recommended by Strauss and Corbin (1998). It commenced with open coding during which the data were inspected, conceptualized, and categorized by emerging primary patterns and themes. Then the themes were organized into a classification system; each category and subcategory was examined and given a code number. Coding categories were created using a grounded approach by Glaser and Strauss (1967) and emerged from the participants’ rich anecdotal descriptions of the research material. Finally, the researchers analyzed convergence among the identified categories and typologies that described the central themes by merging the information together (Strauss & Corbin, 1998).

Next, axial coding was applied, which involved rearranging the data in new ways and detecting associations between the core categories and
subcategories (LaRossa, 2005; Strauss & Corbin, 1998). It focused on intense analysis connecting each category and theme. This process revealed the relationships between categories and themes.

Finally, selective coding was employed stressing the systematic connection of core categories with other secondary categories and subcategories (LaRossa, 2005; Strauss & Corbin, 1998). Once an understanding about the main themes and core categories and subcategories was developed, a cross-case analysis of the data occurred. A construction of a conceptual framework began (Miles & Huberman, 1994) through which dominant themes of each respondent’s responses were grouped together, illustrating the relationships between concepts and themes.

Rigorous attention was directed toward the quality of the data collected to ensure that concepts were generated inductively. This permitted the researchers to become immersed in the data, draw conclusions, and make inferences. Direct quotes from respondents were used, which allowed the readers to understand quickly and explicitly how various themes and concepts were illustrated in the interviews (Schwartz & Sendor, 1999). The categories and themes were confirmed independently through “member checking” with parent representatives and CWOP administration and “peer debriefing” with a colleague and the four coauthors, who were highly knowledgeable in the field of child welfare and qualitative research methods.

Protection of Human Subjects

The Institutional Review Board of Hunter College of the City University of New York approved this study as part of the Human Subjects Protocol. Prior to an interview, each respondent signed a written informed consent form to participate in the study. The interviews were conducted in a private environment; lasted 30 to 40 minutes; were audio-recorded with the respondent’s permission, and then transcribed by the researchers. Participation was entirely voluntary and confidential. Each interview participant was assigned a unique number. All identifying information about respondents was omitted or disguised.

RESULTS

Although each respondent had unique encounters with the child welfare system and in his or her participation in support groups, common themes emerged with regard to the key service elements of CWOP parent support groups and types of supports offered to parents participating in the support groups.
Unique Service Elements of Support Groups

Parent interviews reflected a number of characteristics particular to the CWOP parent support group, including support group approach, shared experiences, and group environment.

**Approach**

The approach practiced in support groups was defined by its informal and flexible structure, voluntary nature, and the leadership of peers. Participants greatly appreciated the voluntary nature of the support groups and the flexible structure for attending the groups and contrasted it with mandated services that child welfare-involved parents were often required to attend. One respondent explained that the CWOP support groups were not “strict” and “there’s no limit to what you can express, or what you need help in. If they [peers] can do it, they’re here for you, they will do it” (Parent 22).

Due to the fact that the groups were entirely peer led and facilitated by a CWOP parent representative/advocate, who is also a parent with a history of child welfare involvement, participants felt comfortable, safe, and understood. For example, most respondents agreed (63.6%) or strongly agreed (36.4%) that they felt welcome when attending the support groups. They also felt safe raising their point of view in groups (66.7% agreed and 33.3% strongly agreed).

**Shared Experiences**

All of the respondents in this study expressed appreciation for the commonalities among participants’ and their shared experiences within the child welfare system. One parent remarked, “You know, everyone’s very supportive. . . . You come here and you can tell everybody about your situation because people are going through it or have gone through it” (Parent 3). Parents were comforted and validated by the knowledge that others also struggled through similar situations. They learned about and from each other’s individual experiences, “Everyone’s problems relate to one another.” As one parent noted, “They are all people that went through the same pain as other parents are going through. Each parent relates to one another; and we can talk about our issues and help one another” (Parent 10).

Furthermore, respondents commented on how the shared real-life experiences facilitated an easy atmosphere to engage with the group and helped them feel understood:

*What I like most about the group is just hearing true stories from real women that have been through a lot. And I like sharing my experience and not feeling like no one in the room did not understand. Everyone*
in the room understood where I was coming from as well as I felt like where they were coming from. (Parent 23)

GROUP ENVIRONMENT

Group environment was described as a combination of several factors, including the ability to be authentic self in the group, within an atmosphere of care and concern, without judgment.

Ability to be authentic self. Many parents expressed that the support group was a place where they could speak freely and vent. One respondent said, “We can share our heart and pain that we are going through.” In another respondent’s words:

the people who come, they’re sharing real experience, and a few of us break down and cry, but this is what you have to do. There’s always something good that you’re getting out of this, you’re not going home with nothing. (Parent 5)

Overall, parents reported candor in the forum of the support group, which is a notable contrast from their experiences with child welfare professionals. Parents believed this to be an invaluable aspect of the group, one that is central to their ability to learn, and ultimately invoke change, for “in order for a person to change their life, they have to be able to talk freely. . . . It’s really hard to grow if you can’t be free” (Parent 6). One respondent summarized the CWOP support groups as follows, “Oh my God, it’s unique, [and] original because these are real people with real cases and real children and real lives; so it makes it more passionate” (Parent 28).

Caring and concerned environment. Parents expressed perceptions of the group as a genuinely caring and concerned environment. As parents were able to freely express themselves, share personal stories, provide insight to others when apt to do so, and consistently offer emotional support, they became genuinely invested in one another (further enhanced by the consistency and frequency of sessions). In fact, one parent summarized the support group as “counseling . . . it’s sharing, it’s networking, it’s troubleshooting . . . it’s also referral . . . it’s a comfort zone . . . it’s relieving” (Parent 5).

CWOP support groups were defined as a “place where people show that they care and they are concerned about the parents” and are given “unbiased guidance and support.” One respondent said, “I feel like I have someone that’s here when I need to talk to them that will listen to me; someone that will guide me in the right direction and help me get whatever I need for me to get my family” (Parent 7).

Finally, a group participant summarized the warm environment of the CWOP support groups with the following statement:
Because it’s so warm and loving here, everybody loves each other. We are a family here, we stick together, we work together, we give each other suggestions. We can agree to disagree. Whatever they’re going through, they stop what they’re doing to help you. If I’m sharing a tear, you’re sharing a tear. It’s like if I’m bleeding, you’re bleeding. I just love it here. (Parent 20)

**Judgment-free environment.** In line with parents’ comfort to speak freely, support groups were also frequently described as a place where members did not feel judged by one another. As such, participants felt safe to discuss very personal circumstances of their child welfare involvement. As one parent explained, “I feel that I’m getting the benefit that I need when I come here. I feel loved, I feel welcomed and not judged” (Parent 5). Another parent clarified that in CWOP support groups “nobody criticized, but they gave their opinion” (Parent 23). Overall, the environment of the support groups was described as a place where “other parent participants are listening with the ability to give advice without judging, because everybody has their own path and everyone goes down their own road” (Parent 13). One respondent shared that the support group offered the judgment-free understanding that she was not able to get elsewhere:

Personally, I don’t have family support. I don’t have that family where you can go to and run to for support. They’re judgmental. . . . CWOP support group has people that went through the same thing you went through. They understand. We can relate. (Parent 14)

**Types of Supports Offered in Support Groups**

**INFORMATIONAL AND EDUCATIONAL SUPPORT**

Informational and educational support referred to resource sharing (i.e., parenting support classes, teenage behavior management classes) as well as knowledge about the child welfare system (i.e., child protective services, court, and other procedures). One parent mentioned, “There is a wealth of information being shared in this group. I never know when I come in here what resources and what organizations I will learn about” (Parent 9). Another one added, “You don’t always know everything. There’s always something new you learn” (Parent 1).

In fact, most respondents agreed (71.4%) and strongly agreed (28.6%) that they became more aware of helpful community resources as a result of attending the support group. As one parent explained, “Everyone has a different type of resource; and we share with one another the different resources out there. That’s what sisterhood and brotherhood is all about” (Parent 14).
Seven respondents mentioned the discussions that took place in the groups and the learnings that they gained that focused on dealing with teenage children. One parent further elaborated:

I've come in here a couple of times where my teenager did something crazy, and I was just really upset at the moment, and I was able to talk about my son. The group gave me insights, how to manage their behavior. (Parent 20)

The context of mutual experiences provided a unique forum to share valuable information as parents learned from one another's individual experiences: “I think it’s very important to have peer support because you’re talking to someone who’s sharing the same experience and can provide resources that might not otherwise be available to you” (Parent 6). Many respondents mentioned that they learned a great deal about the child welfare system and “understood the system,” procedures and regulations, as well as how to manage various situations while interacting with child protective services caseworkers: “The group tells you don’t sign papers that you don’t want to or you don’t understand. . . . They try to help you with decisions” (Parent 17). Another parent commented on the CWOP group facilitator’s contribution, “CWOP staff know about rules, and they know when the case planner is wrong and is lying to biological mothers to get them, for example, to sign a paper” (Parent 21). To summarize, one respondent reinstated, “I gained knowledge . . . knowing what really happens, what ACS [Administration for Children’s Services] is about, and what they do” (Parent 7).

EMOTIONAL AND AFFIRMATIONAL SUPPORT

All respondents spoke about the value of emotional support that they received in support groups. As one parent noted, “CWOP’s support group is to help you find yourself” (Parent 1). Many reflected that as a result of participating in the group, they began believing in themselves and gained confidence, self-esteem, encouragement, and a sense of hope. One parent illustrated it with the following comment, “There is hope for me and my children seeing what and how other parents are doing about their children in trying to get them back” (Parent 3). Another one added, “I gained confidence in myself. I know that I’m not alone. I learned to cry and not to hurt behind it. I learned to be peaceful and joyful” (Parent 21).

Respondents considered CWOP support groups as “a safe haven,” a place where they could openly share their feelings, fears, and stories and were able to vent. Group participants “were able to release and get a lot of things of your chest” (Parent 1). Furthermore, they appreciated the opportunity to be able to express themselves on a very sensitive topic, such as having children in care:
Once I left here, it just gave me an overwhelming feeling of positivity. I felt not alone. I felt like I got weight lifted off of me. I felt like I got to express feelings that I normally keep to myself. Because when I think about my child in care, I cry alone to myself. I don’t share that with anybody, and it’s a very sensitive topic. So to be able to say that in a room full of people, and they didn’t judge me, that made me feel really good the whole rest of my day. (Parent 23)

To exemplify the emotional support and benefits that the support group offered, another parent added the following:

I know there’s light at the end of the tunnel. . . . I see myself not being stressed out like I was when I first came in here. Cause at first it felt like what I was going through was like a big burden on me, but I don’t feel that way anymore. (Parent 5)

Respondents appreciated the warmth and nurturing that group members offered to each other. Particularly, one parent commented on the availability of “home cooked food and nurturing during the holidays, when you’re by yourself. We had each other” (Parent 11). Furthermore, the emotional support and compassion among the group members were “therapeutic” and helped unite them not only during the groups but also outside. One respondent commented on the extent of support that she received from her peers with the following example, “Last year I lost my 19 year old son. I was able to come right here and be comforted. And everybody was involved and came to my son’s funeral” (Parent 20).

Furthermore, the emotional support empowered parents, “You see the manifestations of how families are uplifted once they’re given the knowledge that they need to empower themselves. Parents come and go do wonderful things as a result of being part of this support group” (Parent 11). As one respondent noted:

They [support group participants] make everyone who come in here feel at home. If they’re nervous or scared, they make them feel comfortable enough to tell their story. They [group participants] come in one way but they go out another way—they feel good about themselves. (Parent 20)

**INSTRUCTIONAL/SKILL DEVELOPMENT SUPPORT**

The majority of parents, 57.1%, agreed that they had learned useful skills from CWOP support groups, whereas 33.3% strongly agreed with the statement. Indeed, through members’ sharing of personal experiences with the child welfare system, parents learned invaluable information and tools from one another, “This was a place for me to pick up knowledge on the current
issue that I was going through” (Parent 12). One mother explained, “I learned from what other people had gone through and their stories and testimonies. . . . I took the tools, knowledge and skills that I got from the groups and combined that to fight my battle” (Parent 12).

Parents reported logistic and interpersonal challenges in their efforts to navigate the system and the skills they learned to address them. “I was really lost in the child safety conference,” one mother recalled. “I had to attend my own conference. I was really lost. So, now I know what to say, what not to say and how to speak” (Parent 1).

Another parent participant (now a CWOP staff member), described how the support group served its members, “[I]t helps them [parents] better work their case. And you know, to be humble, ‘cause it’s hard sometimes. They learn how to be patient. They know how to work the system, work their case” (Parent 22). A parent respondent confirmed, “I learned patience and not to give up so easy” (Parent 5). Participants learned how to “maintain composure” even in situations when they felt angry, “I’ve learned to not lose my temper.”

Other parents discussed “listening without judging” as a critical skill that they gained through participating in support groups. A respondent further explained that she learned “listening with the ability to give advice without judging because everybody has their own path and everyone goes down their own road” (Parent 13).

**INSTRUMENTAL SUPPORT**

In addition to sharing experiential information, it became clear that the CWOP support groups were also a forum for sharing tangible resources and referrals. Although instrumental support was the least frequently mentioned type by respondents, they noted the provision of instrumental support in the context of concrete referrals, meals, and so on. Referral sources varied “from housing to public assistance, to shelters, to foster care agencies, to educational services.” The group setting afforded each parent an opportunity to discuss the specific nature of their case and seek relevant resources from other group members. One parent described her experience managing her child’s educational needs while involved with child welfare:

My experience of what I got out of support group . . . I got my son into all the services he needed. . . . Coming here and going to all the resources that they were sending me to, like all the community stuff . . . I had to meet with the superintendent . . . got him into a private school.

(Parent 22)

Meals offered during support groups also were appreciated by a number of participants: “There’s food. We actually get sandwiches here; it’s not just fruit and juice” (Parent 20).
Advocacy Support

All respondents agreed that support groups helped them learn their rights and advocate for themselves by listening to others as well as learning from CWOP parent advocates and the parent manual. The latter, *The Survival Guide to the New York City Child Welfare System: A Workbook for Parents by Parents*, a manual developed and published by a group of child welfare organizations, including CWOP, in 2007, was frequently referenced by the respondents in helping them learn their rights in child welfare. Additionally, the manual was used in support group discussions in teaching advocacy skills.

Overall, parents described the support groups as a place where “you learn self-advocacy.” A CWOP group facilitator explained, “We teach people to work their cases; we cannot actually work your case for you, so we teach them how to maneuver the child welfare system” (Parent 14). Another parent added, “CWOP gives you the tools to advocate for yourself and resolve any problems that you have” (Parent 2).

More specifically, through participation in support groups, parents felt empowered to actively engage in their case and ask questions. The groups taught parents “how to fight back, how to speak up” and made them “confident enough to go against the system” because parents “need that fire to get their kids back” (Parent 20). As one parent mentioned, as a result of participating in the group she “found the proper channel to file formal complaints against ACS.” A support group facilitator commented on the impact she had seen among participants:

I think parents here gain respect; they gain confidence, strength, and courage to go out there and not be afraid to ask questions to anyone if it’s the lawyer, their workers. . . . I think it’s putting them to be more involved in their cases not just sitting back and letting somebody else do it; they want to know what’s going on. (Parent 21)

Furthermore, through participation in support groups, parents became increasingly aware of their needs and were more able to advocate to address them, “When dealing with my caseworker I was able to speak about the services I need in order to better myself” (Parent 19). Parents learned how to “talk to the caseworker, the foster care people, to the judge; they can call and find out what they need.” And as shared by another, she “gained the freedom and the confidence that my words are helping me and they make a difference sometimes” (Parent 10).

Additional Benefits of Support Groups

Developing Interest in Child Welfare Organizing

In addition to gaining various types of supports through participation in CWOP support groups, parents enjoyed other benefits of mutual support.
For some, their participation generated interest in advocacy that extended beyond resolving their child welfare case. As participants were empowered to actively engage in their own case through the experiential and interpersonal learning offered by CWOP, they were able to hone their advocacy skills, which was the impetus to continue advocacy work. “I’ve gained becoming a facilitator of the multi-family group,” one parent proudly explained, “a community representative where I sit in child safety conferences or different types of conferences. . . . We can also attend court with the parents” (Parent 1). In fact, 52% of parents interviewed for this study, after being exposed to CWOP support groups became trained as parent advocates and graduated from the Parent Leadership Curriculum at CWOP. Notably, some have even been able to find employment in advocacy work at other agencies.

As they developed the knowledge, skills and ultimately witnessed the ability to cause change, some were empowered to continue their efforts to affect the system on a broader level. One parent explained how her experiences with the support group impacted her outlook: “Often times when you’ve been affected by a system, most of us want to do something thoughtful, for example, organizing around system change so that others will not be affected like you have” (Parent 11). When speaking specifically about CWOP, another parent described that “support groups allow participants to engage in other community organizing forums which can help learn how to effectively organize around a concern” (Parent 27). When parents come together in this context, airing their respective grievances about the system, many are inspired by the power of a collective voice, to work toward achieving changes in policy and practice.

**Personal Growth**

One of the most significant accounts was the sense of empowerment and personal growth parents achieved as a result of being involved in support groups, “It’s been a lot of personal growth for myself . . . generally, I’m working to be a better person every day” (Parent 6). Parents felt validated and safe in the group of peers, ultimately empowered to be change agents in their own lives. Through this process, parents found their perspectives shifting, “It helped me change my character and my negative attitude” (Parent 24). “I liked the person that I was becoming due to the group,” said another respondent. Similar anecdotes were echoed throughout parent interviews, which illustrated the comprehensive changes parents experienced as a result of investing in this unique network of interconnected, supportive, and resilient peers. One parent summarized her personal growth experience as follows:

CWOP is like my home. I’ve been coming to CWOP since 1999 and I started here as an angry parent, but a parent who refused to give up.
Even though I was not consistent in doing what I needed to do to regain custody of my children, CWOP was the support that I was able to stand, and there were other parents going through the same thing to help me along the way. At first, I could say I was in denial but then people start talking to you and eventually you hear. I wasn’t listening but I heard. (Parent 14)

EXPANDING PARTICIPANT’S SOCIAL NETWORKS

Respondents frequently commented on how the CWOP support group helped them expand their social networks and form friendships. It seemed that factors such as consistent participation, mutual vulnerability, and reciprocity inspired many parents to continue supporting one another outside of the group context. One respondent shared that she had seen:

how some group members share phone numbers to support each other outside of the group. And how some people have brought other people with them. . . . That means they trust and believe in the group to offer it to someone else. (Parent 6)

In addition to getting the help and supports they needed, a number of parents gained friendships with people who they felt were “by their side.” This was corroborated by other interviews, as parents consistently described the support group as a “sisterhood,” “I met new women that I can actually say now are my sisters. We’ve developed a sisterhood.” (Parent 24)

GIVING SUPPORT

Parents appeared to be genuinely interested in the reciprocal process of sharing and receiving support that may benefit themselves, as well as their peers. Parents were able to utilize skills learned in groups to advocate for themselves and to support others. As one parent said, “Just by encouraging and seeing the other parents advocate for themselves, it really encourages me to help them, to know that we have rights, we have a voice” (Parent 7).

There was a notable reciprocity among group members, which encouraged and maintained their ongoing participation. They took great pride and satisfaction in being able to be of assistance to someone in a similar situation, “Even if it’s not for me personally, I get to help someone out, and it just feels good to walk out feeling a little bit lighter and relieved” (Parent 8). Another parent noted the following:

It makes me feel happy to share and to rally around and be helpful to someone who needs support. It feels good to give someone what you
feel they need. And it feels good to see someone utilizing what’s being provided for them in the support group here. (Parent 6)

One mother who continued to attend the support groups consistently, reflected on the deep and lasting impact of the valuable support that she received, as well as the opportunity to give back to other parents:

Today I am a parent advocate helping parents in the same situation that I found myself in 22 years ago. I still come here to give support to other parents that go through the same thing. I got my children back, they’re gonna get theirs back too. (Parent 14)

Suggestions for Improvements

In response to the question, “What do you like least [about support group],” respondents reported the low frequency of group sessions, at one time per week. Some respondents noted that “there’s not one [CWOP] in every borough,” whereas others discussed the legitimate limitation for non-English speaking parents: “CWOP needs a Spanish group, maybe on Fridays, for people that don’t understand English” (Parent 1). Finally, two respondents suggested CWOP provide the opportunity for parents to bring their children to support groups, to be able to discuss parent–child dynamics and problems:

Being that this is a family, adult support group, I think we should bring our children together also to, maybe every three months, maybe every six months so that we can have groups with the children and the children can talk to the parents. We can even have role plays or do different activities for a couple of hours. We’re all having the same problem. Maybe we can even go to the movies together. (Parent 28)

DISCUSSION

This study illuminated a number of benefits of peer support groups for child welfare-involved parents offered by the Child Welfare Organizing Project in New York City. From information sharing to feeling safe and free of judgment to learning from another parent’s experience successfully achieving reunification, a great deal of information was gathered in particular reference to the benefits of peer-to-peer social support.

The qualitative interviews with group participants offered insight into peer support, directly through the eyes of parents involved in the child welfare system. Various types of supports were offered during the support groups, such as informational and educational, emotional and
affirmational, instructional/skill development, instrumental, and advocacy support. Furthermore, the findings demonstrated that support groups for child welfare-involved parents proved to be an important source of encouragement and empowerment. Consistent with Hunka et al. (1985), experiencing support face-to-face, as in CWOP’s parent support groups, allowed parents to boost their self-esteem and empowered them to self-advocate. As noted by many respondents in this study, participating in support groups helped them form friendships, expand their social network, and thus reduce social isolation, which is considered a significant risk factor among those involved with child welfare.

In this study, the importance of social support was not only stressed and considered beneficial when it was received but also when it was provided to others. Although parents frequently engaged in “giving back” the help they received, there was no obligation for doing so. In fact, as a result of participating in these support groups, a number of parents became interested in child welfare organizing, becoming a parent advocate, and completing the parent leadership curriculum at CWOP.

This study has significant implications for child welfare policy and practice within New York City and beyond. The results of this study demonstrated how peer support in a group setting was crucial to the process of navigating the child welfare system. Moreover, parents identified the unique service elements of the CWOP support groups, including support group approach, shared experiences, and group environment, that promoted trust, engagement, and participation. For example, the support groups provided a safe environment, which was essential in creating a continuing network of ongoing support. The results of this study helped identify the strengths of the peer-to-peer model as well as areas for improvements. These findings are important for social work practice, as effective strategies for engaging and empowering parents affected by the child welfare system were revealed, and can be used to inform other social services within child welfare. Peer-to-peer models offering parents networking opportunities as well as avenues to give and receive various types of supports could be highly beneficial, as evidenced in this study. Peer support groups expand participants’ social networks while helping them form lasting friendships.

Some study limitations should be noted. Any generalizations from the study findings should be done with caution because the purpose of this study was primarily exploratory. Additionally, this study involved a small self-selected sample. It was conducted utilizing in-person interviews, which may have limited the depth of response from some respondents. For example, there were questions that addressed personal experiences, which may have been challenging for participants to discuss. The stigma associated with child welfare involvement could have affected the openness of respondents. Lastly, participants were all New York City residents who experienced the CWOP support groups, as well as the child welfare system, particular to this
city. Future studies may benefit from expanding the participant population to gain a broader sense of sources of peer support for families involved with child welfare systems in other locales. Additionally, such demographics as age and race/ethnicity should be examined in future studies as there might be relevance to participation in groups and outcomes. Finally, this research used a nonexperimental design. Experimental study designs with comparison or control groups should be sought in future research examining the outcomes of peer support on parents, children, and their cases.

SUMMARY

Parents involved in the child welfare system encounter stigma, stress, lack of support, and isolation throughout the process of working to reunify with their children. Understanding their experience through direct interviews offered the forum to gain a better sense of the valuable impact of peer-to-peer mentorship and group support. The services offered by the Child Welfare Organizing Project in supporting and empowering parents are critical to creating a child welfare system that is more respectful and inclusive of parents as they work toward reunification. It is the hope that this study will inspire future conversations and research around how to best support parents and inform relevant social work practice.

REFERENCES


