

**Children's Justice Initiative
Alcohol and Other Drug Project
(CJI-AOD)**

**Summary of the Parents'
Focus Groups**

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Introduction

In January 2005 the National Center on Substance Abuse and Child Welfare (NCSACW) awarded Minnesota, along with a limited number of other states, an In-Depth Technical Assistance. The National Center contends that effectively serving families involved in the child welfare and court systems and who are affected by substance abuse and addiction is critical and complicated. The National Center on Substance Abuse and Child Welfare is providing technical assistance to improve outcomes for these families.

Minnesota convened a group of stakeholders to form a State Advisory Committee to inform this project. Minnesota's Children's Justice Initiative Alcohol and Other Drug Project Advisory Committee (CJI-AOD) held a kick-off meeting January 26 and 27, 2005. A work plan, known as Scope of Work (SOW), was developed as a result of that meeting. It is being used to guide the technical assistance activities through March of 2006. Participants also identified the following mission of this In-Depth Technical Assistance (IDTA) Project:

- To ensure that, in a fair and timely manner, abused and neglected children involved in the juvenile protection court system have safe, stable, permanent families by improving parental and family recovery from alcohol or other drug problems.

The CJI-AOD Project participants drafted a "Statement of Shared Values and Guiding Principles" and are implementing the goals established. Outlined in that document is a section entitled "Partnership With Parents", and it states:

- **Connected:** The interests of the parent and the children are directly connected;
- **Keeping Children Safe:** Most parents want to keep their children safe, but sometimes circumstances or conditions interfere with their ability to do so;
- **Parent are the Most Knowledgeable:** about their family and their circumstances;
- **Active Involvement:** Parents are actively involved in decision-making and need to have a voice throughout the process as well as be supported and encouraged to use their voice;
- **Support:** The parent-child relationship will be supported throughout case planning and monitoring within each service delivery system;
- **Engaged:** Participating agencies will engage community members in identifying solutions and assessing the community's readiness for change;

Why Focus Groups?

As the Parent Partner member of the CORE Team of the State Advisory Committee, I believed the continued work in products and deliverables would be better served if we could incorporate family voices. With the support of our IDTA Consultant and CORE Team members of the CJI-AOD Project, nine focus groups of parents have taken place.

How Were Focus Groups Conducted?

The CJI-AOD workgroups are focusing on:

- Client/Family Engagement
- Services to Children
- Father's Involvement
- Exit/transition strategies for families.

Focus groups were conducted with this in mind. Questions were formed specifically to give parents the opportunity to speak of their individual experiences with child welfare, juvenile court and alcohol and other drug treatment services.

There were nine focus groups. Three were with parents in the pilot counties associated with the IDTA (Ramsey, Itasca, Stearns), three other groups of parents (one specific to fathers), two groups with Native American parents and a mock group.

Nine non-profit agencies were instrumental in organizing the focus groups. The agencies helped identify potential participants by mailing written invitations from the CJI-AOD Core Team to prospective participants.

In an effort to initiate parent involvement and input, it was agreed the groups would be facilitated by me, the CJI-AOD Project's parent partner. I am a former recipient of services involving all three systems and was successful at reunification and recovery. I have also served on the Ramsey County Citizen Review Panel, and on the boards of the Ramsey County Mothers First Program and Minnesota's Family Support Network. I was instrumental in the initial training for Alternative Response and a training speaker for Ramsey County Child Welfare, foster care providers and the Ramsey County Guardian *Ad Litem* Program. I continue to be a guest speaker at the University of Minnesota School of Social Work programs.

The process for the groups was as follows. Each group was provided an overview of the CJI-AOD Project and its goals. This was followed by a brief introduction to the "Five Clocks" (please see appendix two of this report) and a viewing of a four minute video, "And When You Fall...(The Dan Jansen Story)." It is about how an Olympic athlete overcame his challenges.

Ten questions for the focus groups were formed by CJI-AOD CORE Team members and two additional questions were added that related directly to ICWA families, for a total of twelve questions. The twelve questions were composed to directly inform the CJI-AOD workgroups. The questions are:

1. During your involvement with the child protection system, do you agree your use of alcohol and other drugs affected your family and impaired your ability to parent your children? If yes, how so?
2. What services and support, if any, were provided by the child protection system that worked well for you in dealing with your recovery?

Focus Group Questions (continued)

3. What would have been helpful to you in your recovery that was not provided by the child protection system?
4. How can the child protection, court system and alcohol and other drug use areas improve on engaging families better?
5. What do you feel is an overlooked necessity for services to children?
6. What suggestions do you have to improve recovery when leaving or transitioning to another service?
7. How can the child protection, court system and alcohol and other drug areas improve on engaging and involving fathers?
8. What would you suggest to improve communication and information sharing among child protection, court system and chemical health staff that would make things better for the parents and children?
9. A key goal of the Children's Justice Initiative is to facilitate more parent involvement in the project. What things could be done to make it easier for parents to participate?
10. Based on your experiences with the child protection, courts, alcohol and other drug use systems, what would you like those who work in these three systems to know about the process of recovery?
11. During your involvement with the child protection/courts/alcohol & other drug systems, were you assigned a tribal representative? If so, how were they helpful in assisting you?
12. What recommendations do you have that would improve the assistance and help provided by tribal representatives for families involved in the child protection/courts/alcohol and other drug systems?

Summary of Focus Group Findings

Although parent experiences were individual in nature, there were some experiences that rang true in many of the families' situations. Parents agreed that at the time of intervention from child welfare that the intervention was warranted. Parents unanimously expressed that the drug activity took over areas of reasoning when it came to the caring for and the safety of their children. One parent stated it this way:

“At one time I would have done anything for my kids. At the end of my addiction, I would have done anything for drugs.”

Summary of Focus Group Findings (continued)

While parents believed that intervention was needed, it was the services themselves that seemed to alienate them from wanting, believing, and in some cases, succeeding in the reunification process. Parents repeatedly suggested that the services they needed were not offered in a manner that counted them as individuals experiencing a temporary infraction. Their encounters discouraged them in most instances from admitting their need for recovery in an environment that was conducive for recovery. Their encounters did not always reinforce their willingness to seek the services needed for their families to become healthy. A large number of parents voiced that they found themselves working through a sometimes endless stream of rules, requirements and paperwork of a system that they did not understand. It was noted the current limited time frames for permanency also made it difficult to succeed. Parents continually asked for understanding of a system that is designed to help families and wondered how that system justifies separating the family during treatment and recovery.

Fathers tended not to express themselves as openly as the mothers did. I came away from the father's focus group realizing there is a grievous wound between many fathers (especially non-custodial fathers) and their children. The child welfare system needs to acknowledge this and realize that only understanding, information, education and advocacy can begin to heal the relationships of these children and their fathers.

One father stated it this way:

“Fathers want to be involved in their children's lives, but because of past experiences with law enforcement, absenteeism, the requirements of programs and services offered to/for the mother and the children, fathers have somehow gotten the message that the children would be better off without them being involved in the children's lives.”

It was learned during the focus groups with the Native American parents that it was clear that the parents appreciated the representation of the ICWA tribal representative, but in some cases it created more confusion in identifying and obtaining adequate assistance for a number of reasons. This is illustrated by the following quote from a focus group parent:

“Some ways [the tribal representatives] are helpful and some ways are not. At times it was very confusing. The interaction and communication was very poor between the tribal workers and county workers.”

In addition, the American Indian parents felt there was not good communication between the county and the tribe. In those instances it seemed to prolong adequate services being delivered on behalf of the family. Another observation made had to do with the lack of accessibility to resources for parents in northern counties. The lack of public transportation, access to housing and employment (sometimes due to unfavorable background checks) and community based counseling services impaired the parents' ability to meet outlined requirements to reunification.

In Conclusion

I strongly suggest that it would be a beneficial process for us to continue to explore avenues to link services and become more creative in our delivery of those services to families as we move forward in the development and implementation of supports to families.

Parents want help, but it's the manner in which the help is being offered that impairs their ability to attain realistic and measurable goals. While child safety and permanency is paramount for children to develop and become healthy, productive members of society, we must also consider the sixth clock, and that is: "a parent's heart never forgets." So let's remember to "pummel the plague" by educating parents and those working in the child protection system and by providing effective services to help parents recover from addiction and reunify with their children.

Thank you to all those parents that shared of themselves and their experiences to help to promote better outcomes for families. We couldn't have done this without them.

Appendix One – Parents’ Responses to the Focus Group Questions

1. During your involvement with the child protection system, do you agree your use of alcohol and other drugs affected your family and impaired your ability to parent your children? If yes, how so?

- Yes. You can’t take care of your kids when you’re not taking care of yourself.
- When you’re using you’re not paying attention to your children.
- Being up for too many days and passing out.
- By letting dealers, guns and drugs in my house I completely ignored my children because the drugs were more important.
- I was involved with bad people that would not hurt you; but others you loved.
- I allowed drinking and parties that were a potential for violent behavior and my child could have gotten hurt.
- Allowing my kids to become dealers so drugs were more accessible.
- Yes, the first two times I understood. This time I don’t. The first time my usage did affect my parenting. This is my third time being involved.
- Yes, I neglected my children by not cleaning and not sending them to school regularly. My children became like little adults in the home. I was “screwing my kids up.”
- Yes, we experienced a lot of homelessness. My children saw me with multiple partners, and they were beginning to experiment with drugs
- The kids were pushed aside. My family started to fall apart while the kids watched. The kids developed inappropriate behaviors. The kids were in the way of what I was doing (drug use).
- Alcohol kept me from visiting my child when my baby needed me in another city. I didn’t care who I drank with. I was irresponsible. I was enabled by my friends and family. It took me almost two years to get my children back from my people. At that time I didn’t want to be a mom. I didn’t want to take care of my sick baby or rub lotion on their scabies so, I medicated.”
- Kids were taught to be dishonest with the social worker. They would cover up what was occurring in my family. We would stick together in lies because we were using together.
- I always put drugs in front of my kids. I left my 12 year old to be responsible for my 8 year old. I made them feel responsible for maintaining the household. I did not see the safety concern of the drugs in my home and around my children.
- Yes, involvement was needed. The kids were dealing and using with me (teenage kids). My youngest child was not being nurtured and my home was not safe.
- Yes, they [drugs] impaired me. I thought I was doing good. I have a child with special needs. I used drugs to stay up all night to watch child (scared of SIDS). I convinced myself it was a good thing to use drugs to stay up.

During your involvement with the child protection system, do you agree?
your use of alcohol and other drugs affected your family and impaired your
ability to parent your children? If yes, how so? (continued)

- Yes, because when I used drugs and alcohol I didn't care about anything else.
- Yes, during the whole period while I was drinking and smoking and [with] my frustration with system, I continued to use. It impaired my ability to parent.
- At the time I didn't think so. I was unable to know how it affected my ability to be a mother. I needed drugs to get out of bed.
- I didn't pay attention to my child unless I was high.
- My whole family had addiction issues. (parent, step parent, brothers, children's father) It was "normal" for me.
- Feeding and changing my child was at mom's schedule (around drug use), not necessarily at the time the child needed.
- Yes, I would originally buy diapers clothes, etc. but I would take them back to the store if I wanted drugs and needed money.
- Family activity was limited and when it did happen it was not really at the children's needs.
- Safety was not ever thought to be an issue although there were times that they were left alone. I thought we were being safe when we cooked the Meth outside and not in the house.
- Yes, even though I thought I was a good parent, drugs made me lose value of self and family
- At one time I would have done anything for my kids. At the end of my addiction, I would have done anything for drugs.
- There was a role reversal. I became the kid and the kids became the parent. I am now in the process of reversing back to the role of parent.
- I was told often that I was a functional addict by treatment providers, so I got accustomed to doing the things I needed to do to get by, but never getting any real help.
- I had to prostitute to maintain my addiction. Although I know that it took years for my addiction to progress to the point of losing my family, for me it seemed that things changed in 3.2 seconds.

2. What services and support, if any, were provided by the child protection system that worked well for you in dealing with your recovery?

- Connections to treatment programs. Chemical Health wouldn't pay for another stay at treatment, so it was written into my case plan and it was court ordered.
I had already been to treatment 25 times and kept getting kicked out
- Connections to treatment. It has helped me connect with groups of people who have helped me a lot.
- Cultural specific child welfare worker knew of programs designed for Native Americans.

What services and support, if any, were provided by the child protection system that worked well for you in dealing with your recovery? (continued)

- My child welfare worker was very helpful. She offered constant support and encouragement to reunification. She offered my family financial resources and transportation resources. The Guardian *Ad Litem* has been helpful and supportive.
- Support to Pear Lake Halfway house.
- I got foster care while I was in treatment, but it was once I left treatment that the respite care really helped so I could stay in touch with the recovery community.
- No services were provided. I was not recognized as a potential caretaker by child welfare. I addressed my alcohol and other drug issues through MADD DADS .
- I was referred for assessments, AA, anger management, and treatment. I didn't want to do it on my own. I was ready when child welfare gave me the services.
- No services were provided. They wouldn't listen to me. They would ask me questions like "Are you and the mother fighting?" or, "Are you trying to get back at the mother?" How do you advocate for your children? How do you (dad) get child protection involved when there are safety issues?
- The constant monitoring worked well for me.
- My worker was able to find resources to help me find housing and assisted in obtaining household items.
- Maintaining visits has been helpful.
- Both me and the father had supervised visits and that helped. They also provided transportation to see the kids.
- Child protection services gave info for assessment and worked with me to get things done. I had access to treatment when it was available. I give credit to child welfare worker for my children's short stay in foster care.
- Visits with children were good, but I had my assessment done in jail with no help from the child welfare worker
- Resources for getting into treatment. Resources for everything were in the same building so didn't have a difficult time getting to the places.
- The child welfare worker made sure that children would be in placement together (after they were first removed and separate for a few days).
- Connections to parenting groups.
- Connections to recovery classes. Transportation help to see my kids while in treatment.
- Depending on county and worker you get a difference in services.
- Referrals to rule 25.
- Bus Card (transportation vouchers).
- Furniture vouchers.
- Intervention services - I have a child that has a history of disruptive behavior and instead of child protection coming in to remove my children, I ha access to in-home crisis services to youth. They would come out and counsel us when needed.

3. What would have been helpful to you in your recovery that was not provided by the child protection system?

- More positive attitude from child welfare workers. If they could celebrate successes with clients even if they are small.
- Child welfare workers seem to always address negatives instead of positives.
- I think they set you up for failure. They give you a long list of things to do and then don't provide the assistance to do them.
- Support in case plan. Stop giving you a list of ten things to do followed by another list of things to do.
- Clarifying and being honest about court proceedings and be through in explanations.
- Better follow through. Create more opportunities for success for families.
- Lose the attitude and the power struggle. Instead of being against helping the parent.
- If child welfare worker could be more compassionate in circumstances.
- Provide child welfare workers that are seasoned and not 21 year old college graduates.
- If child welfare workers would stop provoking bad performance from clients. They make statements like, "Your children deserve to be where they are." or "What is wrong with you? Don't you want to do better?" Then when you speak up for yourself they document you as being defiant and uncooperative.
- Enforce the visitation with the foster family. I did not have a vehicle, and I was the one responsible for the visits when they were in different parts of the state. Explain to the foster parents that visits are important to help with recovery.
- Location differences and transportation issues were not enforced by anyone.
- Help parents to meet the requirements.
- I had been in treatment and clean for two months when my baby was born. Child protection opened a case and they took the baby based mostly on past history. I was very angry because I was the one who called to get into treatment. It was discouraging. It almost made me sorry I had called. I do not understand why they took my baby now.
- Social workers need to inform and provide more information to parents (court proceedings, requirements, etc...). Return the parents' calls. Be more readily available to parents.
- Doing parenting classes with my family (children).
- Support groups in the same location, not necessarily the same room with my children so they could feel like we were all part of recovery.
- Keep parents better informed about why children are moved to different foster homes. Keep parents informed about where kids are.
- Child welfare needs to explain the placement plans in general. The workers go over plan too fast.

What would have been helpful to you in your recovery that was not provided by the child protection system? (continued)

- It would be helpful if you know early on who the permanent child welfare worker is. The permanent child welfare worker was not the original person. You get mixed information when this happens. For example, when I found housing the original worker said the house was okay for older son. Then when I moved there and was assigned a permanent worker, the sheriff came to take the child. There was no social worker with them for the removal of the children and the worker didn't say anything to me about the issue.
- Explain the adoption processes. No real resources were offered to me to answer questions. I had no idea about what can happen after the consent to adopt was signed. I was isolated from system once I signed the consent to adopt, I was no longer informed about anything to do with my child.
- After self-reporting, I was told that child welfare would find treatment for me where I could take my child. Then a CHIPS Petition was started. I had a voluntary placement a year before and when I completed treatment I got no continued support. When they removed my child from my care it was like a "slap in the face."
- Spirituality. Information about churches/faith-based treatment providers.
- An advocate for men (fathers) right away. No advocate for fathers is provided until the end.
- Personal development services (teaching us to be a man, and then be a father).
- Male mentors.
- Legal services/assigned attorney.
- Father's in Minnesota have no rights, create some opportunities.
- More culturally specific services would be helpful.
- Information about programs that embrace the whole family. Children and parent together.
- Treatment facilities that have dual disorder programming. MI/CD at the same time.
- A buddy system. Someone that has been in the system and is now out. If I had known that I wasn't the only one going through this it might have been helpful."
- More compassion from workers in understanding addiction and how it works.
A worker said to me, "Why aren't you doing better? Don't you want your children back?"
- A network of women who understands addiction and recovery.
- Remember that in the midst of addiction to leave me incentives to get better. My children were taken away. I couldn't see them, I didn't know where they were and all I had to turn to was using. Parents have to be able to have contact with their children and know where they are.
- When there is a positive tox screen on infants at birth and protective custody is needed, use better judgment and send someone (parent partner) along that can comfort the parent.

What would have been helpful to you in your recovery that was not provided by the child protection system? (continued)

- Child is sometimes taken right at birth even if the child and parent test negative for drugs. Past history is used - should use current information.
- Some type of therapy should be offered to mom when the baby is being taken. Give mom support at this time (in the hospital).
- Think about the trauma to the child as well as the safety of the child. Give family members a chance to provide care to the child. I was told that there were no other options, my child had to go to foster care.”
- The removal process is too dramatic. Too many police were involved with the removal of the children from the home. Children are left with bad experiences which affects them later in life.
- Offer support to moms right away (Parent Partners).

4. How can the child protection, court system and alcohol and other drug use areas improve on engaging families better?

- Parents need the opportunity to live and breathe even with having to meet expectations of child welfare.
- Stop the “power struggle.” Professional relationships should not affect personal concerns or matters.
- Evidence or lack of evidence should fit the interaction with parent. “I was treated as if I had physically or sexually abused my children. I was told that I could not have any contact with my children.”
- Abuse of authority is an issue. Workers should have training on how to interact with parents. Training is needed for worker in the field who has not experienced drug abuse.
- Do more thorough investigations before accusing families.
- Match workers with clients due to needs, experiences and backgrounds, culturally and linguistically. “I find it hard to understand what my worker is saying. He is Asian.”
- Workers in the court system and child welfare, need to come in and spend time in the program, observe what’s going on—see the process from the beginning to graduation.
- Don’t impress your beliefs and values on the client.
- Don’t always go by what is written. Sometimes there is a misprint.
- Ask the clients how they are feeling. Put the human quality back into your work.
- Consider the requirements. Make them realistic so client can attain them.
- Attention should be given to family recovery and not just dirty urine analysis (UA’s).
- Don’t use my questions and concerns against me. “Don’t pencil-whip me.”
- Child welfare expectations need to be realistic.
- Provide recognition for achieving next level of services (accolades, graduation ceremonies, etc.).

How can the child protection, court system and alcohol and other drug use areas improve on engaging families better? (continued)

- Let parent speak for themselves. Judge could be a little more involved than ordering services. The judge should be able to have some ongoing interaction with family throughout the process besides the court interaction. Get to know the parent instead of relying solely on report.
- Educate African American community on getting rid of the stigma surrounding mental illness issues.
- Listen to non-custodial father.
- The three systems need to talk to each other.
- Provide more accurate information to community partners about child welfare.
- There should be different consequences for honesty/self reporting. Consequences should not be punitive.
- Keep family together during treatment/family treatment.
- Role playing and training for child welfare, court system, chemical health staff members to explore what it's like to be an addict.
- Use current information. Because of my past I am being made to do things I don't need. (I've been sober for two years)
- In seeking community resources, information was used against me when I asked for help.
- Community resources are not available unless you are involved with child protection. They cater to those involved in child protection cases.
- Providing practical supports like use of telephone and setting up appointments at child welfare worker office.
- [Usually] the primary goal is reunification with the mother. But, what about when dad is involved? Pay attention to the issues about what is going on with him. [Sometimes when] reunification with mom [is the focus], it puts an end to follow-up with dad. Better to have it be both parents [reunification with both parents] regardless of marital status.
- Court forms need improvement. Someone has to be able to explain them if not they are not changed.
- Need attorneys that explain the system better. The attorney does not necessarily appear to understand child welfare any better than parents.
- Would like an unbiased advocate to fill in blanks for questions regarding how to comply with child welfare and be resourceful.
- Help with forms, with what case plan is and how to achieve it.
- Conflicts with job, treatment, expectations of services and reasonable explanation regarding what would happen if not able to meet expectations. Example: parent had issue with conflicting times of job and parenting group and informed worker; worker OK'ed job priority and then used failure to go to parenting group as evidence of failing to meet requirements of the case plan.

How can the child protection, court system and alcohol and other drug use areas improve on engaging families better? (continued)

- Boils down to how involved child welfare worker wants to be with the parent.
- It would be helpful to have someone explain that the child welfare worker is there to help and is not the enemy.
- Help with providing housing resources.
- Do more reuniting instead of tearing apart.
- Do therapeutic visits with entire family.
- Listen to children's wants and needs to see parents.
- Stop acting like parent is going to hurt children and allow parents to see them.
- More interaction with children for parents (sooner) because it is important for parent and children to see each other.
"I haven't seen my children in 6 months."
- Child welfare can be more informative of laws and their reason for being in your life.
- Recognize that addiction is a family disease and the whole family should be treated in a residential setting.
- By being more honest – client is getting misinformation.
"I was told that there was going to be a routine hearing and I didn't need to be there for it. I found out later that the CHIPS Petition was filed that day."
- County should fund parent support group/organization to inform parents, teen moms, etc. of resources.
- By doing things with families earlier to prevent CHIPS Petitions, such as, extensive intervention – spiritual support. Put finances into other forms of support to families.
- Be more informative to families about what is going on.
- Try to see the complete picture instead of picking out what they consider wrong.
- Child welfare workers could share and speak hope to family – don't just share negatives.
- Engagement in what? The term itself is vague.
"Do you mean engagement in cooperating with child protection?"
"Do you mean engagement in the recovery process?"
- In engaging families you have to know if they believe in themselves and if they can get/do better?
"Maybe there seems to be passivity from parents because of the messages being received from the system. How are the parents being approached?"
- Engage the family and [take the focus off] the need of the position of worker's responsibilities of the job title and its duties, such as, paperwork, meeting quotas, producing reports.
- Engage the family and not the personal agenda of the social worker
"When parents and workers don't see eye to eye on issues the social worker might tend to usurp authority at the expense and relationship of the family and hinder the recovery process and timely reunification."

How can the child protection, court system and alcohol and other drug use areas improve on engaging families better? (continued)

- Engage the family and do not create separation and strife (family & extended family).
“Sometimes the social worker tells the parent one thing and the foster parent or caregiver another. This creates confusion between family members and care givers and causes more harm than good on behalf of the children and the family unit at large.”
- Provide interactions and services to family that encourages entrance itself.
- Parents need to talk to another parent that has been through the process.
- Stop the “Call Back Tuesday.” Parents are not assisted right away and are frequently directed to call another number or call at a later date.
- By providing more strength based decision-making models.
- Be prepared to meet the need when it arises.
- Do prevention to reduce intervention
- Do not penalize parents for needing help
- Engage family in addition to the child safety measures.
- Provide a permanent worker right away. Sometimes it takes too long.
- Educate family on issues, concerns and procedures of child welfare.
- Provide services that encourage, enhance and diminish the stigma behind needing help.
- Create some kind of therapy to where both parent and child are together.
- Address family with the reality that it will take longer than 28 days (inpatient treatment) for measurable changes to occur.
- Give the families not only what they think they need, but what are available as alternatives (such as information on faith-based treatment models, Metro Hope Ministries, Healing House, Ethel Gordon Community Shelter and Housing, Spiritual Empowerment).
- Look at community, economic, moral, housing, poverty and spiritual factors in developing case plans.
- Get to know the client and what has happened to them.
- There needs to be more halfway houses where you can have your children with you.
- Child welfare workers sometimes embellish reports or leave out details that clarify.
- I felt like I was being attacked, like I wasn’t any good. I didn’t like it. I hated it. They came out and told me, “I’m going to take your kids.” It would have been helpful if more family counseling inside the home would have taken place. It’s not just fixing the mom, it’s everyone in the family.
- More Native American social workers. My last worker didn’t have kids and was not Native American.
- “Through my therapy I have become culturally competent. I had trouble with my identity. I had been in 24 foster homes by the time I was 16 months. When seeking tribal representation I was asked “How many pow wows have you been to?”

How can the child protection, court system and alcohol and other drug use areas improve on engaging families better? (continued)

- Every time I've had an ICWA worker they have not been Native (person of color).
- I think there should be regularly scheduled conferences with all of the people involved – treatment people, child protection, etc. “If I don't take the initiative, we don't coordinate or meet together.”

5. What do you feel is an overlooked necessity for services to children?

- Realizing that ethnicity matters. Culturally specific training for foster parents/child protection workers. Culturally specific placement/services.
- More family involvement (before removing children from home.)
- Foster parents should follow family's and parent's values. Take a look at long term affects of decisions foster parents make concerning children.
- Keep positive supports in child(ren's) lives even if they are in foster homes.
- Be informed about Fetal Alcohol Syndrome and Fetal Alcohol Effects (FAS/FAE)
- More immediate communication with the children about what is going on “Children feel alone and vulnerable. Children understand more than we give them credit for.”
- Children should be educated about addiction while in foster home. Kids need to know addiction is disease and they are not to blame.
- Children should be better informed on intervention of child welfare services.
- Children should not be put in foster homes where there is known alcohol use. “My child was in a foster home were foster parents drank. The child had difficulty understanding why the foster parents could drink, but when mom drank it was bad.”
- Counseling services for children should be local and readily available.
- Counseling should be mandatory for children.
- Be careful of conflicts of interest and situations were the child welfare worker is related to the foster parent.
- Children's loss of privileges should not be loss of seeing parent
- Provide mentor for children (big brother, sister).
- Involve children with treatment goals right away
- I've had bad experiences with kids in foster care. The kids don't know how to verbalize what they need. They are scared and don't know what is going on.
- There are a lot of good foster parents but there are also [poor foster parents]. Better background checks, more frequent and random visit to foster parents should be done. “Kids are already traumatized as it is.”
- Even if they do place kids with non Native foster parents, they should continue with cultural activities. My son is a dancer and doesn't get to stay involved [while in foster care].
- Have youth partners for children like you would have partners for parents.

What do you feel is an overlooked necessity for services to children? (continued)

- There are too many social workers and different view points being communicated to the children.
- Child welfare workers should see children and talk with them about their feelings.
- Child welfare should not take the account of foster parents as truth concerning children.
- Do thorough background checks and in-home, random checks on foster parents.
- Get a foster parent that wants to be an extended family member instead of someone that just wants to receive a paycheck
- Foster parent had too much power on decision making for children even before the consent to adopt.
- Therapy services for separation issues and emotional issues not addressed.
- Parent involvement and parent concern about placement is not followed- up on.
- When parents request screenings for children while in foster care, parents don't receive any information related to findings in assessments.
- The timelines for children under six are too short. Longer timelines would be helpful.
- Treatment services for youth and kids that are in protective custody. "Sometimes older kids are using and when they come home their problem has gone untreated and causes difficulty in the family recovery process too."
- Parents should not have to locate services for children on their own. "All the services my child got when he was in foster care, I initiated them."
- Some fun things for kids. Activities. When kids return home, have funds available to families for doing things that are fun. (Kids came back from Ain Dah Yung having had many activities. I couldn't give them what they had gotten used to.)
- Don't overlook parent's and family's values when child(ren) are in foster care (religious beliefs, ethnic backgrounds, recreational outlets, etc.).
- Don't forget that the parents still need to have a part in parenting their children.
- Mothers need more hands-on, practical learning experiences with family (supported and supervised parenting with family).

Children Age 11 and under

- There needs to be IMMEDIATE emotional and mental health services.
- Remember that children understand more than we think they do.
- Children ages 11 and under need help with answers on how to deal with serious issues of using drugs, they need to talk about and have someone really listen to their feelings.
- Provide services that address breaking the cycle of abuse and neglect (at their level).
- Give kids more credit by engaging them in the recovery process.
- More support groups for kids. Groups like "Children are people too".

What do you feel is an overlooked necessity for services to children? (continued)

Adolescents age 12 and older

- Who is engaging or providing services to and for them? Do they look like, play like, talk like, etc? Is it someone that can earn their trust and friendship as opposed to someone doing a job?
- Produce Mentorships (peer to peer relationships and activities)
- Create safe environments for them to share.
Adolescents are probably more reluctant to share because they feel like they have to protect the parent and if they share their feelings the parent or the family will in some way be harmed.
- Realize that children would rather be home with parent than in foster care.
- Do not use child(ren) sharing of their feelings as an opportunity to build a case against parent.
- Create opportunities to help them to become part of the community.
- Foster parents or child welfare should be required to bring child(ren) when parent is in treatment and involved in family group sessions.

6. What suggestions do you have to improve recovery when leaving or treatment or transitioning to another service?

- Stop the revolving door!
“When parents don’t make outlined goals, the process starts all over again and it may not be necessary to start all over again, but add some extra supports to help regain focus.”
- Try habilitation instead of rehabilitation.
“Treatment and social services are often looked upon as rehabilitation services. Meaning helping to rebuild what was already there. Unfortunately, some of these families have had nothing to rebuild. The improvement would be to look at helping families to build.”
- Programs (Treatment) kicks people out for mistakes and errors.
Include supports when there is relapse or failure to reach outlined goals.
- Form new relationships with each transition or level of care
“Past information and concerns should be just that, and participants should not have to relive old experiences over and over again, especially when it is not appropriate for the new level of care.”
- Address the missing link, “God, spirituality, religion”.
- Workers need to be more abreast of community resources or support needs when client leave treatment program.
 - Furniture vouchers
 - Bus cards (transportation vouchers)
 - Child and infant services (tangible supports, clothing, diapers, etc)
 - Service networks, support groups (specifically for moms after child protection)
 - Housing (sober, transitional)
 - Prostitution recovery services

What suggestions do you have to improve recovery when leaving or treatment or transitioning to another service? (continued)

- Change housing and neighborhoods or city after treatment is completed.
“I left everything to go into treatment and I never wanted to go back to where I left.”
- There are other kinds of support besides AA or NA – praying, meditation. Culture and spirituality must be a part of recovery. Encouragement to move forward in education and employment are so helpful.
- Housing. “When I got out of treatment, I had to live in a structured environment. I ended up in a battered women’s shelter, and I took a bed that someone who was battered could have used. I was on many waiting lists. I took whatever I could get.”
- We need funding for safe, sober, supportive housing.
- Aftercare about recovery and relapse.
- Better and more accessible aftercare programs that deal with things other than AA – type groups. (other recovery and relapse issues should be dealt with).
- Provide some recognition of accomplishments.
- Don’t baby-sit families in the program. Endorse responsibility to every aspect of services.
- Follow up with positive reinforcements.
- Acknowledge that attempts are being made even if meeting expectations is not achieved.
- Do not use threats of removal of children if not achieving outlined plan.
- Remember that things are easier said than done for parents.
“Requirements are very difficult.”
- Social Workers need to be clearer on expectations and information regarding what can happen when plan is not met, even if attempts to comply are made.
- Create hotlines to talk to people that have been in system and recovery.
- Provide more supported housing like Project Clean Start.
- Self-esteem classes are really needed in these treatment programs.
- Child welfare workers need to stop enabling. Use fairness in treating the client in comparison to other clients (educational levels, skill level, ability to articulate, etc.).
- Provide aftercare connections and financial resources for rent, phone and driver’s license... “Life necessities that don’t seem important but help you get back on your feet.”
- Provide services for after Aftercare!
- Time to adjust to less structured setting.
- Provide services to transition children back into home, like transportation and counseling for children that are using.
- The three systems should come together to do some type of clinicals with client.
- Provide some type of referral process to other community resources so clients can move from mandated to self-help.

What suggestions do you have to improve recovery when leaving or treatment or transitioning to another service? (continued)

- Make treatment referrals specific to level of addiction and other abuse history.
“Don’t send me to a 10 day treatment program when there are issues of other abuse in my life. I need time to address other issues too.”
- Child welfare needs to understand that a trigger for some parents is sending them back to their using environment. It will be hard to stay sober when they are around the same people, places and things.

7. How can the child protection, court system and alcohol and other drug areas improve on engaging in involving fathers?

- Listen to the fathers from the beginning.
- Make things easier for non-custodial parents (when the father is not in the household they do not receive information right away).
- Responsible fathers should have equal rights.
- For non-custodial fathers circumstances seem to be stacked against them.
“They are the last to know and they get no court representation”.
- Make statutory changes concerning fathers.
- Through community involvement and outreach to fathers through organizations like MADD Dads, Father’s Resource Center, etc.
- By making sure fathers are sober and clean.
- By giving fathers continued support in after care services after treatment.
- By making them aware and letting them decide if they want to be involved.
“Fathers should do what they need to do to see the children. Fathers won’t comply sometimes because they are not listed as party to the petition”
- The same requirements that apply to mom should apply to dad
- Fathers are not given support! Fathers don’t feel like they have a voice, place or responsibility to the child when it comes to the courts and child welfare.
- Offer the same supports for fathers as moms.
- If they’re not involved in paying child support they shouldn’t be involved
- Even with domestic violence, there should be a way to involve the father.
- Involve fathers in couples and family counseling.
- Have social services arrange visitation and transport babies/children to see fathers if they are incarcerated.
- When my child’s father is brought to court (from prison) nobody listens to what he has to say.
- Preserve relationship between father and child even if the father and mother can no longer have a relationship due to domestic violence.
- Don’t involve them if there are safety issues (sex offenders, known violence against children or mom, and drug trafficking).
- It seems that father is not able to get the support to be involved even if he wants to be involved.

How can the child protection, court system and alcohol and other drug areas improve on engaging in involving fathers? (continued)

- Father had to initiate his own visits after being released from jail. “I was in jail in a different county from mom. She was able to get visits, but I wasn’t.”
- Both parents lived in the home and when mother worked her case plan, father was not required to get on same plan.
- Incarcerated father had no voice and no services, but he was brought to the court hearings.
- Parent was in court but not allowed to hug child or display any gestures of affection towards child.
- Public defender does not represent both parents.
- Mandate father involvement when father has been reporting drug use of other parent.
- Court order fathers to be involved like child support model. Suspend the father’s license if necessary.
- Expand our definition of father. Provide resources to those men who may serve as fathers, even though they are not the biological father.
- Create and provide the same resources to fathers that you do for moms (job training, housing, therapy, transportation, etc.).
- The consequences for both parents should be the same when the father is incarcerated.
“ My children’s father is in prison and he told me that his attorney said that when he is released he can get custody of children even though I am in recovery.”.
- Provide a case plan for the father that works for everyone else in the family too.
- Raise the bar for expectation of involvement to/for fathers.
Fathers want to be involved in their child’s life, but because of past experiences with law enforcement, absenteeism, requirements of other programs and services offered to and for the mom and the child, fathers have somehow gotten the message that the child would be better off without them being involved.
- Start seeing fathers the same way we see and address mom; as part of the child’s life development.
- What cost will this be to the father?
“Will his past mistakes become the focus or will his willingness to become involved be the focus?”
- Create more peer to peer male relationship models (like African American Men’s Project, The Father’s Registry, etc.).
“Men want to talk to men about matters of this nature, not women.”
- Create economic and social supports for fathers
- Find a way to “Repair the breach” between the father and the child(ren).
- Provide parent(father) with documents and or statues that pertain to fathers rights.

8. What would you suggest to improve communication and information sharing among child protection, court system and chemical health staff that would make things better for the parents and children?

- Have an arbitrator that holds every party accountable.
- All interested parties meet with parent at once.
“There are so many agencies and requirements to deal with that there is not enough time for parent to concentrate on recovery and keeping family safe. There are just too many appointments.”
- Each agency should understand requirements of other to help alleviate stressors for parent. Getting everyone together regularly. It depends on how well you get along with the worker.
- Many times I get court reports right before I go into court. There could be things wrong in the report. Need court reports ahead of time. Other reports beforehand too.
“A lot of misunderstandings can happen when all of the people involved are not present. I keep a copy and a file of everything I got.”
- Engage the client more in the process instead of giving a list of requirements.
- When the child welfare worker meets with the parent, have a list of questions you want answered instead of showing up and fishing for answers and concerns.
- All must work together on behalf of the family, not just the parent or the child.
- Involve the parent and break it down so that they understand.
“I didn’t know the systems worked together.”
- The Release of Information worked well. It let me know who would be talking to whom about what.
- When all concerned parties have a staffing (child welfare worker, chemical health case worker, and halfway house treatment providers). (Stearns County resident).
- Get everybody together and put resources and appointments in one location.
- Provide parents with the information that they are requesting.
- Give more thorough explanations of court proceedings, terminology and all the people in the courtroom.
- The three systems should do focus groups together.
- Provide a parent partner or advocate to inform the parent and family during the process.
- Six months is not enough time for someone to get their life together!
- Provide cultural services for all cultures.
- Have team meetings with parent before big hearings.
- Make sure concerned parties are informed of releases of information and adhering to them.
- Promote system accountability and prevent the run around that parents get from social services.
“They should do their damn jobs, social service workers at times are not very sociable and they don’t always provide the service.”
- There needs to be ongoing assessments at each level.

What would you suggest to improve communication and information sharing among child protection, court system and chemical health staff that would make things better for the parents and children? (continued)

- Know your boundaries and expertise. Child welfare should not make recommendations for alcohol and other drug treatment or offer a mental health diagnosis. Courts do not make recommendations for social services when you are not well informed. Alcohol and other drugs do not offer mental health diagnosis when you are not qualified.
- Give families more time to work on recovery.
“It took more than six months to get them to this point it will take longer than six months to get them past it.”
- Provide and create supports and relationship with those that can provide health and nutrition services and other activities to families.
- Mandate education for court staff and judges on addiction and recovery.
- Provide and create supports in the treatment process for ongoing health and dental care that are not covered by MA.
- Families should not have to jump through hoops to get services or supports.
- Child welfare needs to understand better the process of addiction and recovery.
“Relapse doesn’t constitute complete failure.”
- Have someone who is able to answer questions regarding the adoption process after the consent to terminate is done.
- Adoption process is very confusing and needs better explanation even after the consent to adopt is signed off.
- It is suggested that there be an addition to the three systems: an independent component made available to parents if they want it. (like the police department has a chaplain, so maybe convening a group of religious and community leaders to offer spiritual partnership to families like ministers, Hmong clan leaders, Somali leaders, in the treatment phase of recovery).

9. A key goal of the Children’s Justice Initiative is to facilitate more parent involvement in the project. What things could be done to make it easier for parents to participate?

- Ask them. Send an invitation that is more inviting. Maybe the envelope could contain notes on the outside that states things like, “We need your help”, etc.
- Outline incentives for participation in the invitational letter (paid or reimbursed child care and transportation, gift certificates, meals, pens, cups, hats, t-shirts with project logo saying “I participated”, etc.).
- Produce public service announcements (PSA) for parents by parents.
“There are PSA’s about needing foster parents, why not PSA’s asking for parents to get involved in mentoring parents?”
- Make Reality TV a reality

A key goal of the Children's Justice Initiative is to facilitate more parent involvement in the project. What things could be done to make it easier for parents to participate? (continued)

“Programs like Super Nanny and Nanny 911: distribute them to parents or produce such videos that speak to parent's needs and dilemmas in raising and nurturing kids.”

- As part of the parent mentoring component, recruit mentors and not judges. Pair up individuals that have similar backgrounds and experiences.
- Parents need to know that their opinions and input counts. Produce reports, brochures, etc. that include statements from parents.
- Make involvement a professional enhancement. Offer certificates, CEU's or some type of recognition to employer on behalf of participant.
- Make environment safe to express feelings and concerns without scrutiny.
- Open up the ability for parents to recruit other parents (personal connections).
- Create a forum for a comfortable conversation.
- Dialogue not lecture.
- Schedule events and workshops at times that give working parents the ability to participate.
- Do more community outreach. Post information at churches, treatment centers, employment groups and schools.
- Offer stipends for participation.
- Provide parent training about systems.
- More groups like this. Groups where parents can share their concerns and experiences
- Create forums for parents to say what they have to say.
- Post advertisements in newspapers.
- Go to communities instead of asking communities to come to you.
- Reassure parents that their involvement will have a positive effect on other families.
- Present invitation as an honor
- Send reasonable notice to give parents time to schedule and plan effectively.
- Child welfare, alcohol and other drug and court administration should be involved in these forums with parents.
- Offer more community support.
- Support parent involvement groups (fellowship of parent going through court system with children).

10. Based on your experiences with the child protection, courts, alcohol and other drug use systems, what would you like those who work in these three systems to know about the process of recovery?

- Recovery is a lifetime change. It's a lifestyle change. It comes in stages.
- “It's hard.”
- Learn to see recovery as a process like life and learning.

Based on your experiences with the child protection, courts, alcohol and other drug use systems, what would you like those who work in these three systems to know about the process of recovery? (continued)

- Treatment doesn't necessarily work the first time.
"Don't give up on us."
- Recovery is a commitment.
- Treatment programs have been teaching stages in some people lives.
"My mother died when I was very young, so I parented myself through my teen years. I didn't have a mother to teach me how to parent, but it doesn't mean that I can't learn to parent and be successful at it."
- It takes time.
- It a life long process.
- People can change. If other people can believe in you it makes it easier to believe in yourself.
- It's one day at a time or five minutes at a time. Whatever an individual needs.
- Added stress can be a trigger.
- Child welfare makes you feel like you're going backwards even when doing something right.
- Everybody needs to understand recovery is a process.
"Courts and child welfare don't seem to understand at times that it is a process when asking you to do something."
- Addiction is a disease.
"It takes effective treatment like any other disease."
- They need to have an open mind.
- Recovery is about follow-through and not a list.
- "Child welfare workers, do not continue to bring up client's past because they are trying to let it go".
- Recovery is one step at a time.
- Recovery takes more than a week.
- Educate yourselves on recovery.
"Just because you made bad choices in the past doesn't mean you're a bad person today."
- Need to listen to person and not information from discoveries and investigations
- "Don't forget I'm a human being."
- "It's a long hard road."
- Learn to understand the difference between empowerment instead of enabling.
- Everyone is different. Individualize recovery plans, based on each parent's and family's needs.
- Provide treatment and recovery supports for the child(ren) (fun activities and age appropriate workshops).
- Get to know person not the problem.
"Forgive me if I get crabby. It's not easy."
- Better informed about addiction.
- Addiction is a generational disease.

Based on your experiences with the child protection, courts, alcohol and other drug use systems, what would you like those who work in these three systems to know about the process of recovery? (continued)

- There will be relapses. Treat me with dignity and respect.
“It’s a process. I didn’t become an addict overnight. I will not change overnight.”
- Addiction is a family disease and it will take the family to recover
- It’s a discovery process to a better life.
- Being able to have supports in the Native American community was a very important to me.

11. During your involvement with the child protection/courts/alcohol & other drug treatment systems, were you assigned a tribal representative? If so, how were they helpful in assisting you?

- Yes. My tribal representative from the South Dakota tribe is not helpful. My representative from Mille Lacs is helpful and involved.
- Yes, it was helpful. I pretty much know all of the people at the Indian Center and they know me. Knowing people all these years helped.
- In some ways they are helpful and some ways they are not. I’ve had them not from my tribe. It was very confusing. Communication was very poor. They misspelled my tribe’s name by one letter and contacted the wrong tribe.
- You’re not assigned a tribal representative unless you ask.
- Yes, my representative was helpful in closing my case.
- Not really. Money seems to play an important part of how families receive services.
- Services are not appropriate and seem political at times.
- During court sessions, county workers and tribal representatives argued in the hallway.

12. What recommendations do you have that would improve the assistance and help provided by tribal representatives for families involved in the child protection/courts/alcohol & other drugs systems?

- If tribes could have their own social service, court, child protection system.
- More education and training systems for tribes.
- If tribal representatives could display more professionalism on job.
- In smaller communities confidentiality is an issue.

End of parents’ responses.

Appendix Two – The Five Clocks

1. TANAF

- Work must be found within 24 months, when benefits cease.

2. Child Welfare System

- Six month reviews of parent’s progress towards becoming a safe caregiver of children who have been removed from their home
- A court hearing at 12 months and a petition to terminate parental rights if the child has been in out-of-home care for 15 of the prior 22 months.

3. Recovery Process

- Often takes longer than substance abuse treatment funding allows
- Good outcomes are contingent on adequate length of treatment (this may be incompatible with child welfare deadlines)
- The recovery timetable can be summarized as “one day at a time, for the rest of your life.”

4. Child Development

- According to research on brain development, the developmental timetable that affects children, especially younger children, as they achieve or fail to achieve bonding and attachment during their first 18 months of life is critical
- A child’s sense of time is different than an adult’s sense time. For children, the “clock” runs much slower.

5. Agency and Staff Response - Agencies and their staffs need to remember:

- The clocks never stop
- The new child welfare and TANF time limits, combined with what is known about child development and child attachment and bonding demand a more “best interests of the child, parent and family centered practice” than ever before
- Priorities must be made for the permanent funding of programs and resources for timely assessment and intervention for prenatal exposed and children who are exposed daily to the environmental and familial effects of alcohol and other drug use.

At the end of her summary of the focus group discussions, Ms. Farley added a Sixth Clock: **A parent’s heart never forgets.**

Appendix Three - Partners Assisting to Make the Focus Groups Happen

Sarah Family Ministries
919 Armstrong
St. Paul, MN
(651) 292-1965

RS Eden (Women's Program)
1025 Portland Avenue South
Minneapolis, MN
(612) 338-2158

North Point Community Services
African American Men's Project
Minneapolis, MN

Hope House of Itasca County
Pear Lake Halfway House
2086 Ridgeway Drive
Grand Rapids, MN
(218) 327-9944

Northland Recovery Services
Helping Moms Program
1215 SE 7th Avenue
Grand Rapids, MN
(218) 327-1105

Beholding and Becoming Program
7201 36th Avenue North #223
Crystal, MN 55427
763-535-5196

Minnesota Indian Women's Resource Center
2300 15th Avenue South
Minneapolis, MN (612) 728-2013

Leech Lake Women's Service
6530 US 2 NW
Cass Lake, MN 56633
218-335-8200

Appendix Four - Resources (for complete copies of the following contact):

**IDTA Scope of Work and Detailed Work Plan and
Statement of Shared Values and Guiding Principles**

Contact: Carole Johnson, Child Protection Response Consultant
Child Safety and Permanency; DHS
444 Lafayette Road North
St. Paul, MN 55101
651-297-4124
Carole.Johnson@state.mn.us

Invitation letter for focus groups

Contact: Ruthie Dallas, Women Services Consultant
Chemical Health Division, DHS
2284 Highcrest Road North
Roseville, MN 55113-3823
651-582-1834
Ruthie.dallas@state.mn.us

And When You Fall (video)

The Dan Jansen Story

CRM Films
A California Limited Partnership
1-800-421-0833

The Five Clocks

Contact: Nancy K. Young, PhD
National Center on Substance Abuse and Child Welfare (NCSACW)
ncsacw.samhsa.gov

For additional copies of this summary

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