

## Children's Justice Initiative Alcohol and Other Drug Project

# Summary of Parent 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", with the following guiding principles related to parents:

- **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 that 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?

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."*

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.