



Parent Advisory Group (PAG)

Date: March 21, 2025

Time: 7:00 to 8:30 p.m.

Meeting Minutes

Welcome, Online Meeting Protocols and Introductions

PAG Executive Committee Members Christianna Clinton and Janel Waterman and DCYF Community Engagement Team Emily Morgan welcomed attendees and initiated introductions.

Meeting Slides

DCYF Legislative Updates

PAG Membership Structure | PAG Executive Committee and PAG members discussed the membership and Executive Committee structures of PAG.

PAG Vision Draft input:

- This makes sense and sets up realistic expectations for future PAG members.
- Would you consider adding "guidance" to the statement about what you add to DCYF? That's what I consider profiles to be.
- Also, because the State Legislature with our elected reps is kind of in charge of state agencies. So, we as constituents can only "help".
- Final vision: We believe that parents and caregivers are their children's first and most important teachers. The Parent Advisory Group (PAG) exists to ensure that the voices of parents and caregivers with lived experience can help shape the future of DCYF. By serving as a sounding board for decisions, ideas, guidance and policies, PAG helps create programs that are inclusive of the strengths, needs and experiences of families. Meaningful parent and caregiver involvement in decision-making leads to programs that are equity-centered and driven by real-life expertise, ensuring that children and families receive the support they need to flourish.
 - 17 votes for yes, 0 votes for no

Member Terms & Attendance input:

- Is there a term limit?
 - We haven't implemented one, this group has been meeting for almost 2 years so we're hoping to create a protocol for moving forward.

Original Date: May 29, 2025 |

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Parent Advisory Group (PAG)

- We'll complete a 2-year term and then reapply and only apply twice?
 - We're still defining all those pieces; we're hoping to bring new stories and perspectives. I was a kinship caregiver almost 14 years ago and a lot has changed since then. Hoping to bring new perspective and recent lived experiences so we can learn/understand the new situations.
 - We would need to have limited membership, around 25 members for compensation purposes as well.
- Thinking about a bio parent in the system and coming into this process/ advisory group can be really challenging for them (need for extra support/consideration). We might need to consider the percentage of bio parents for equity purposes.
- Peer-to-peer support has been helpful in other groups I've attended.
- My son no longer lives with me anymore, am I still considered a "parent" then?
- I feel like maybe this vote is postponed until we talk through the full structure behind recruitment and terms.
- My concern is for those of us who are bio parents end our terms at the same time and there hasn't been interest from other bio parents, it becomes an unequitable committee.
 - That was also kind of my concern.
- We (PAG members) can decide what we want this to look like - if we have 25 spots, how do we want the parent representation to look?
- Idk just to have back up plans - such as extend the terms/years for bio parents to cover the seats until they are filled. I'm sure others may have suggestions on back-up plans. I've been on many committees where certain parent population really struggle to be sustained. I'm not sure what it looks like for this group overall and I would hate to see a few bio parents vs. a lot of foster parents, if that makes sense.
- We did not have enough time to complete this discussion and will be reaching out to schedule an additional meeting between now and our July 17 PAG meeting.

Family Practice Model (FPM) | DCYF FPM Administrator Regina McDougall provided an update on Family Practice Model, practice profiles and guidance for DCYF workers and feedback and development. PAG members shared feedback related to the practice profiles.

Questions:

- Is this for social workers?

Original Date: May 29, 2025 |



Parent Advisory Group (PAG)

- Yes
- What is the desired outcome for this project?
 - These will be used guidance for how workers do their work.
- What stage in this in?
 - This is used for all stages of involvement.
- You might want to segment by stage. Pre Court, Mediation, Post Court Orders. Whether there are Family Peers, attorneys, Mediators involved.

Develop a shared understanding about the identified safety threat to create a plan- Feedback and Responses

- Social workers need to come in with an understanding that there's a reason for behavior. Seeking understanding about what the barriers are – there can be a list of things. Misunderstanding the situation, or a basis for what's going on. That needs to be explored.
- What are the barriers to the safety plan? My son is in the WISe (Wraparound with Intensive Services) program, and we have a safety plan. I don't like all of it, but we do them. It's about my son helping him.
- I don't remember anyone coming to me during an investigation process articulating a safety threat. In my experience they want to ask questions and investigate but they won't clearly identify what the safety threat is for the parent to be clear. Without that, parents don't have an opportunity to give their perspective. Families have different cultures, so perceptions can vary. I've had things like diet perceived as a "safety threat", but had my own perspective without a rational basis for a safety threat. There's a lot of opportunities for more transparency in this process.
- Depending on someone's personality, I have met some sassy social workers in my time that would take "explain that back to me" in a condescending tone that would escalate the situation. Social workers have a reputation that can be perceived as threatening and they need to keep that in mind.
- I've had a lot of difficulty in interviews trying to get information about what the perceived safety threat is.

Original Date: May 29, 2025 |



Parent Advisory Group (PAG)

- My son was disabled – autistic – he had a genetic condition that made him thin. He struggled to eat even when we had a household of food. When CPS visited, they weren't clear about the specific concerns – I had to figure it out and guess. They weren't forthcoming about why they were there. Additionally, I wanted real facts about why I was being investigated.
- Some kids and families have been rescued by these systems.

Include parent perspective in safety planning- Feedback and Responses

- The group really liked this section and suggested a few edits, but many of the concerns they had when reading the first portion were addressed here in the second area.
- They emphasized that this section of the profile is important.
- It makes me wonder if social workers have mobility mentoring training?

Be behaviorally specific in the plan-Feedback and Responses

- Making these goals with the family, need to have the buy in, person really must want the change. I took parenting classes because I wanted to make different choices than my mom made with me, but the other parent to my children did not.
- Tone at the beginning felt more professional than personal, maybe using human centered terms, instead of behavior specific maybe clearer actions.
- Do families have definitions for the words in SMARTIE? Not just the words that make up the acronym, but definitions for the words.
- Caseworkers might need more explanation of SMARTIE than what's laid out here.
- Making sure the case worker has the information easily readily available so they can answer questions from families.
- Attainable/measurable – at the family's level. What is attainable for this family? What is attainable for a girl struggling as a teen mom trying to get on her feet by herself? It will look different for each family – make sure to meet families where they are at. Has to be a clear definition, so they can discern how families can achieve the changes.
- Didn't notice strengths based, how can a family's strengths contribute to the process?

Original Date: May 29, 2025 |



Parent Advisory Group (PAG)

- This is kind of like a family Individualized Education Program (IEP) right? They are supposed to start with strengths – that gives you the confidence to scaffold from there, make sure the behavior changes can be something that strengthens their strengths.
- Compliance vs progress, adding more context to what it would look like.
- It feels like there needs to be an investment from the caseworkers, having trust that a caseworker is looking out for the best interest, it has to be a partnership – starting with their strengths and pulling from that.
- There's so much stigma to DCYF and Child Protective Services (CPS), dealing with that starts with trust, how can DCYF shift to a place where families come for help, not where it becomes a court case talking about weaknesses, DCYF isn't here to break up your family but here to help you find support services needed for your family – if any.
- I had a worker when I was going through a lot, instead of trying to support I felt like they tried to bring me down more, every time we went to court it was like she did all these things that are court ordered but that's not enough now, why didn't they bring up a parenting plan day 1 since it takes so long? They didn't see how hard I worked to be out of the relationship I was in, pulling myself out of houselessness - but they didn't see that or acknowledge the big steps I took. We asked for support when we needed beds, and they laughed in our faces. It is not easy to go and fight CPS and be there with or without your kids. I was able to see my kids, but the restraints were so traumatizing, and you bear so much burden the world is on your shoulders and you're under a microscope even after CPS leaves. Some parents can't take it and give up their rights because their efforts aren't even acknowledged.
 - Agree
- This shift matters because change takes healing and grace you must take back to square one and meet them where they are at, do it at their time, come back to something if it is upsetting or overwhelming – go back to where they are at, some families need more time than others.

Set parents up for success- Feedback and Responses

- This entry does not reflect my experience at all. I was told what to do - Plan was done and handed to me.

Original Date: May 29, 2025 |



Parent Advisory Group (PAG)

- It didn't have anything to do with why kids were removed - With DCYF because of Domestic Violence (DV).
- My case went from voluntary to involuntary but the plan that was given to me didn't relate to DV which is why I interacted with the system in the first place.
- Need to have rapport and familiarity to share vulnerability.
- Sit in survival mode and hard to focus on behavior change.
- Create a plan implies that worker "brings" a plan.
- Set the table so the process is collaborative from the beginning and driven by the family.
- Relationships need to be a focus. When they are developed, it helps with trust.
- Coercive control – power differential - Understanding DV and power is essential.
- Neurodiversity or other disability and workers have no idea on how to relate/engage when there are barriers. Get frustrated.
- Workers have check lists and focus on getting things done but not what individual needs.
- Reading comprehension – people appear "mad" and workers need to plain talk. Understand the unique needs and challenges of each person – this requires getting to know people.
- Worker called me a "liar".

Be human centered- Feedback and Responses

- In tense situations, staff should not take things personally. Anger is about bigger things. Never respond in kind.
- If the case transfers – make sure to transfer what you know works with the family.
- Keep in mind the family needs to build trust all over again with each transfer and new worker. It seemed like none of them knew anything about me or my family.
- Defensiveness can look like the behaviors described above. It's a result of people feeling attacked.
- Use education and awareness to show parents how the behavior (safety threat) cannot be normalized.
- That language might be a trigger and lead to defensiveness.

Original Date: May 29, 2025 |



Parent Advisory Group (PAG)

- That statement comes across as scolding. However, to produce results, parents must feel like the worker is an advocate and partner to promote growth.
- Center around child and family – goal is to build and empower family to be better than before.
- De not overlook the child and what your actions tell them about me. They can't see parents as the enemy. Workers need to consider the health of the parents because the child needs them. They are a critical net for safety.

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