

IFPS Guide to Father Involvement



National *Family*
Preservation Network

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Introduction

The National Family Preservation Network (NFPN) has been a leader for the past 12 years in developing training and resources on father involvement. The *IFPS Guide to Father Involvement* is NFPN's seventh publication on this issue. In the Guide NFPN seeks to provide a framework and best practice for Intensive Family Preservation Services (IFPS) therapists to engage and involve fathers in their children's lives. While the content is designed primarily for use with the brief, intensive services of IFPS, NFPN believes that the content is also applicable to all short-term services to families. It may be applicable to longer-term services as well because studies show that involving fathers generally takes place early in the provision of services or not at all.

In the Guide, “father” means a biological father and one who is often not residing with the child. However, that does not limit the IFPS therapist from involving other fathers (grandfather, step-father) based on the family's wishes and as appropriate. The professional who provides the IFPS services to the family is referred to as a “therapist” in order to differentiate this person from others who also work with the family.

This Guide is intended for use after therapists have received basic training on father involvement. For training resources, visit: <http://www.nfpn.org/fatherhood/>

Current State of Father Involvement in the Child Welfare System

The current state of father involvement in the child welfare system can be assessed nationwide through findings from the second round of the Child and Family Services Reviews (CFSR). The most recent review of all states' child welfare agencies was conducted from FY 2007-2010. The accompanying chart shows that no state agency achieved the goal of providing adequate assessments of fathers, services to fathers, or involving fathers in case planning. Caseworkers also did not ensure that visits between fathers and children were sufficient or that caseworkers had sufficient visits with fathers.

Items	Common Challenges	# (%) of States
Item 13: Visiting with parents and siblings in foster care	The agency did not make concerted efforts to ensure sufficient visitation with fathers.	41 States (82%) n=50 States
Item 13: Visiting with parents and siblings in foster care	The agency did not make concerted efforts to ensure sufficient visitation with mothers.	31 States (62%) n=50 States
Item 13: Visiting with parents and siblings in foster care	The agency did not make concerted efforts to ensure sufficient visitation with siblings.	18 States (36%) n=50 States

Items	Common Challenges	# (%) of States
Item 17: Needs and services of child, parents, and foster parents	The agency did not provide adequate assessments and/or services to fathers.	52 States (100%) n=52 States
Item 17: Needs and services of child, parents, and foster parents	The agency did not provide adequate assessments and/or services to mothers.	51 States (98%) n=52 States
Item 17: Needs and services of child, parents, and foster parents	The services available in the community were insufficient to meet identified needs.	33 States (63%) n=52 States
Item 17: Needs and services of child, parents, and foster parents	The agency did not provide adequate assessments and/ or services to children.	25 States (48%) n=52 States
Item 18: Child and family involvement in case planning	The agency did not make concerted efforts to involve fathers in case planning.	52 States (100%) n=52 States
Item 18: Child and family involvement in case planning	The agency did not make concerted efforts to involve mothers in case planning.	44 States (84%) n=52 States
Item 18: Child and family involvement in case planning	The agency did not make concerted efforts to involve children in case planning.	42 States (81%) n=52 States
Item 19: Caseworker visits with child	The caseworker visits with children did not focus on issues pertinent to case planning, service delivery, and goal attainment.	52 States (100%) n=52 States

Items	Common Challenges	# (%) of States
Item 19: Caseworker visits with child	The frequency of caseworker visits was not sufficient to meet the needs of children.	49 States (94%) n=52 States
Item 20: Caseworker visits with parent(s)	The caseworker visits with fathers were not of sufficient frequency and/or quality.	49 States (94%) n=52 States
Item 20: Caseworker visits with parent(s)	The caseworker visits with mothers were not of sufficient frequency and/or quality.	40 States (77%) n=52 States

However, based solely on this chart, it could be argued that states performed almost as poorly with mothers and children as with fathers. A different chart from the same source clearly shows that in every measurement more goals regarding services were achieved with mothers than with fathers.

Item	Comparison	Mother	Father
Item 13	Frequency of Visits With Child	83.3%	62.4%
—	Quality of Visits With Child	85.7%	73.7%
Item 16	Relationship With Child	68.4%	52.2%
Item 17b	Assess Parental Needs	75.8%	50.3%
—	Provide Parent Services	67.9%	43.5%
Item 18	Efforts to Involve Parent in Case Planning	71.0%	46.8%
Item 20	Frequency of Visits With Caseworker	66.9%	41.1%
—	Quality of Visits With Caseworker	68.6%	52.1%

Source: *Child and Family Services Reviews Aggregate Report: Findings for Round 2, FYs 2007–2010*

Current State of Father Involvement in IFPS

NFPN conducted an online survey of IFPS programs in the spring of 2012 aimed at exploring the extent to which IFPS therapists involve fathers. There were 30 responses from IFPS programs nationwide.

The first portion of the survey looked at how frequently IFPS therapists identify, locate, and contact the fathers and if they involve the fathers in case planning, services, and connecting with the child. The response categories were broken down by percentage of time for each activity with 75% or more of the time considered the highest level of practice.

The following chart shows that IFPS therapists identify the biological father (at rate of 75% and above) half the time, know the father's location 30% of the time, contact the father at least once 27% of the time, involve the father in the case plan 17% of the time, and involve the father in services and connecting with the child 23% of the time.

1. Approximately, how much of the time do IFPS workers in your agency:
(30 Responses)

	100%*	75%*	50%	25%	< 25%	N/A
Identify the biological father	16.7% (5)	33.3% (10)	26.7% (8)	13.3% (4)	3.3% (1)	6.7% (2)
Know the father’s location (address)	3.3% (1)	26.7% (8)	23.3% (7)	33.3% (10)	6.7% (2)	6.7% (2)
Contact the father at least once during the intervention	6.7% (2)	20.0% (6)	33.3% (10)	13.3% (4)	20.0% (6)	6.7% (2)
Involve the father in the case plan	6.7% (2)	10.0% (3)	33.3% (10)	10.0% (3)	33.3% (10)	6.7% (2)
Involve the father in services	13.3% (4)	10.0% (3)	26.7% (8)	13.3% (4)	30.0% (9)	6.7% (2)
Involve the father in connecting with the child	10.0% (3)	13.3% (4)	26.7% (8)	10.0% (3)	33.3% (10)	6.7% (2)

Following this portion of the survey, the next question was what factors serve as barriers to involving fathers. A variety of responses were provided and the following chart shows that the most frequently checked response was “mother reveals identity of father, but does not want him involved.” Next in line was that the referring agency does not require the father’s involvement. Only 20% of the respondents felt that there was insufficient time during the brief intervention to involve the father. And only 10% of

the respondents indicated that a lack of training or awareness of resources were barriers to involving fathers.

2. What factors serve as barriers to involving fathers? (check all that apply)
(30 Responses)

	%	#
Mother reveals identity of father, but does not want him involved	76.7%	23
Referring agency does not require father’s involvement	66.7%	20
Father has too many problems of his own that prevent him from being a resource to child	46.7%	14
Mother refuses to identify father	40.0%	12
Even if contacted, the father is not interested in child	33.3%	10
IFPS workers feel there is insufficient time to involve father during the brief intervention	20.0%	6
IFPS workers lack training on father involvement	10.0%	3
IFPS workers are unaware of local resources (support groups, etc.) that assist with father involvement	10.0%	3

Where Things Stand with Involving Fathers

While it's difficult to make direct comparisons between the first round of the CFRs (FY 2001-2004) and the second round (FY 2007-2010), there are no indicators that father involvement has improved over the past decade. The majority of states included father involvement in their Program Improvement Plan (PIP) in the first round but none of the indicators for father involvement show improvement in the second round. The IFPS survey also shows a lack of father involvement. For both the child welfare system as a whole and for IFPS, there appears to be adequate knowledge of the importance of fathers. What is missing is implementation of father involvement. How can the gap between knowledge and implementation be bridged? We now focus on implementing father involvement in IFPS programs.

Implementing Father Involvement in IFPS Programs

In IFPS, implementation of father involvement begins with the mandates of the referring agency, usually a public child welfare agency, and the mandates may be stated in a contract or policy language. NFPN's survey of IFPS programs indicates that the majority of referring agencies do not require the father's involvement. That may help to explain why child welfare agencies are not showing improvement over time in father involvement since IFPS referrals are included in CFSR case reviews. Even if child welfare agencies do not require father involvement that does not mean that referring agencies prohibit father involvement or do not regard it as important.

Best practice dictates that IFPS programs engage and involve fathers. The state child welfare agency in Kansas listed increased father involvement in its Program Improvement Plan (PIP) following the *second* round of CFSRs. A contracted provider in the state of Kansas, DCCCA, dramatically improved its rankings on father involvement measures through establishing performance benchmarks, training workers, and holding itself accountable for outcomes to its own agency, the referring child welfare agency, and CFSR nationwide standards.

One way to increase father involvement is for the referring agency to require it. But rather than viewing father involvement as a compliance issue, IFPS programs could establish father involvement as best practice and set performance standards as was demonstrated in Kansas. IFPS program administrators can meet with public agency administrators and inform them that they would like to involve fathers in services to the greatest extent possible. Then, ideally, both parties will mutually agree to policies on father involvement. At the very least, the public agency could approve the IFPS program's stated intent to involve fathers.

Perspective of IFPS Therapists

Policies and requirements are implemented by direct service staff, not administrators. Thus, it is important for therapists to examine their own perspective regarding father involvement.

Here are some questions that IFPS therapists can ask themselves when a family is referred for services:

1. Who is the father of this child and what are his strengths and weaknesses from the point of view of the mother?
2. What does the child say about the father? Does the child have or desire to have a relationship with the father?
3. Could the father (or father's family) be included in the safety plan to ensure safety of all family members?
4. What can the father (or father's family) contribute to help the child?

5. Whatever the father's situation, would I provide assistance to the mother if she were in that situation?

6. What can I do in the short term to help connect the father and child that will have the most benefit for the long term?

If IFPS therapists approach every family from the perspective that the father is an integral member of the child's family, then it will naturally follow to find ways to help the father fulfill his role and function in the family.

Message to Moms

The largest barrier to father involvement according to IFPS programs is the mother's refusal to either identify the father or to identify him but not want him to be involved with the child. The mother is thus fulfilling the role of gatekeeper. And, this role is certainly appropriate in situations where the father is abusive towards the mother or child. In other situations, it would be more beneficial for the child if the mother were in the role of facilitator. That is because there are numerous benefits for the child and mother if the father is involved in the child's life. Here is a list of some benefits:

- A father who has a close relationship with his child is more likely to have positive communication with the child's mother.
- If the father and mother have a cordial relationship, fathers help sons learn to respect women and decrease the potential for boys to become violent. These fathers also show girls how to interact with men.
- A father who has a close relationship with his child is more likely to provide economic support for the child.
- Fathers and mothers contribute different things to a child. By 8 weeks of

age, infants can tell the difference between a male or female interacting with them. Infants respond in different ways, thus learning to relate to both males and females.

- Children attached to their fathers at age 5 show more self-confidence and less anxiety than children who are less attached to their fathers.
- Children whose fathers play with them form closer, more trusting relationships later in life. Playing with the child is one of the most essential things that a father can do.
- Fathers encourage children to become independent but also set firm limits, thus encouraging self-control. Through “roughhousing” boys learn from fathers a balance between timidity and aggression. Girls develop greater self-esteem and self-confidence through their interaction with fathers.
- Fathers talk to children in a more brief and direct way than mothers, thus helping the child to understand and respond to different styles of communication.
- A father’s positive influence continues into adulthood as expressed in the children’s social networks, psychological well-being, and educational achievement.

(Source: The Importance of Fathers in the Healthy Development of Children (Rosenberg and Wilcox, 2006). <http://www.childwelfare.gov/pubs/usermanuals/fatherhood/fatherhood.pdf>)

Very early in the case the IFPS therapist needs to discuss with the mother the importance of father involvement and how it can benefit both her and the child. The mother's support is key to the father's involvement and to the child having access to and a relationship with both parents.

Helping Fathers

After addressing the mother’s reluctance to involve the father, the IFPS therapist may ask the mother for the father’s location. The next barrier to address is the father’s own issues that may prevent him from being involved with the child. At this point the therapist will contact the father and arrange a face-to-face meeting with him. If that’s not feasible then a phone call is an alternative. It’s critical for the therapist to assess the father and his level of involvement with the child. Here is an assessment form that can be used for that purpose.

Assessing Father Involvement

1. Has paternity been established?

- Yes No

If no, what efforts have been made or are underway to establish paternity?

2. Is the father’s location known?

- Yes No

If no, has child support enforcement been contacted for assistance in locating the father?

- Yes No

Check any of the following that apply to the father’s location, if known:

- Lives in same general area as the child
- Lives too far away for frequent face-to-face contact with the child
- In jail or prison
- Deceased

3. Is the father the alleged perpetrator of abusing or neglecting the child?

- Yes No

4. Does the father currently have any contact with the child?

- Yes No

If yes, what is the frequency of contact?

- Daily
- Weekly
- Bi-weekly
- Monthly
- Other (please specify) _____

5. Do any of the father's extended family members have any contact with the child?

- Yes
- No

If yes, list the person(s) and relationship to the father/child:

What is the frequency of contact? _____

If no contacts, what are the barriers? _____

6. Does the father provide direct care for the child?

- Yes
- No

If yes, list the type of care provided:

- Child stays at father's home on regular basis
- Father baby-sits child
- Father takes child to activities
- Other _____

7. Does the father appropriately discipline the child?

- Yes
- No
- Don't know

8. Do the child's mother and father communicate regularly about the child?

- Yes
- No

Describe the type of interaction between the child's mother and father:

9. Is the father employed?

- Yes
- No

If yes, list the type of employment:

- Occasional or seasonal
- Part time
- Full time

If the father has less than full time employment, has he been referred to an employment program?

- Yes
- No

10. Does the father provide financial support for the child?

- Yes
- No

If yes, list the type of support:

- Child support payments made on regular basis
- Occasional child support
- Occasional gifts or cash

11. Is the father involved in the child's case plan?

- Yes
- No

If yes, are there specific requirements for the father to fulfill?

- Yes
- No

12. Have services been offered to the father?

- Yes
- No

If yes, list the services offered:

13. List any male-oriented programs that the father has been referred to (fatherhood program, gender-specific counseling, social, recreational).

14. Is placement being considered with the father?

Yes No

15. Is placement being considered with the father’s family?

Yes No

After completing the assessment, the therapist will have a better understanding of the father’s strengths and weaknesses and a basis of comparison with the information provided by the mother. The therapist can identify services that the father needs and also address barriers to his involvement.

Fathers who have had little or no prior involvement in the child’s life may express reluctance to become involved. This reluctance may cause the therapist to conclude that the father is not interested in the child. Rather than disinterest, there are generally two underlying issues that may be the cause of the father’s reluctance: the father’s lack of knowledge of the child’s

developmental needs and the father’s lack of knowledge of the child’s daily life. Let the father know that there is no shame in not knowing . . . yet.

There are many resources available on developmental stages of a child’s life. One comprehensive online resource is available at <http://www.kidsgrowth.com/stages/guide/index.cfm>. The developmental stages for each age range include such information as behavior, parenting tips, discipline, health, nutrition, sleep, safety, and immunizations.

A simple way to help the father plan activities to do with the child is to provide a list from which to choose. Here’s a list that includes activities for fathers who live close by the child and for fathers separated by distance (or other factors) from the child:

Activities for Fathers and Children Who Have Little or No Face-to-Face Contact

- ❑ E-mail, phone, write letters
- ❑ Exchange photographs
- ❑ Read to the child on tape while child looks at the book
- ❑ Make things to send to each other
- ❑ Exchange journals
- ❑ Exchange videotapes of events the child or father is involved in, the child at school, or the father at work
- ❑ Find and share information about a topic of mutual interest

Activities for Fathers and Children Who Have Face-to-Face Contact

- ❑ Read to the child, listen to the child read, take the child to the library
- ❑ Attend a church service
- ❑ Go for walks, go for a drive
- ❑ Visit local landmarks, historical places, museums, ancestral homes of family members
- ❑ Tour local industries
- ❑ Plant/harvest from a community garden or go to the local farmer's market
- ❑ Attend county fairs, rodeos, auto racing events
- ❑ Look at tools at the hardware store
- ❑ Have a game night
- ❑ Build something together
- ❑ Toss a ball or frisbee
- ❑ Attend a play or musical production
- ❑ Go grocery shopping
- ❑ Cook
- ❑ Do a craft
- ❑ Go to a playground

Be sure to ask the father about his family and encourage him to enlist their support and assistance for his involvement in the child's life.

Following assessment of the father, providing information and resources on developmental stages and on activities with the child, it's now time to arrange a visit with the father and child if there has been little or no contact. The therapist will need to help prepare the father for the visit and debrief with him afterwards. For a more detailed description of all the elements to consider in visits, please read this report: http://www.nfpn.org/images/stories/files/father_child_visits.pdf. During this phase, it's critical for the

therapist to share with the father the importance of being respectful to the child's mother if he prefers her to be in role of facilitator rather than gatekeeper. Also, explore with the mother how the father can be a resource: providing regularly scheduled childcare, providing transportation for the child, participating in pre-school/school activities, etc.

Offer services to both parents. Especially critical services for fathers are employment, child support, and father support groups. A father's involvement with his child is often related to the father's ability to earn a living and pay child support. Support groups build a father's confidence in his roles as nurturer, protector, provider, etc.

Include the father in the case plan. Assume that the father will be involved unless ruled out for legitimate reasons. Although his role may not be fully known at the time that the case plan is written, include whatever role is feasible and allow for expansion of his role.

Challenging Fathers

There are fathers who present additional challenges and these include fathers who are involved in domestic violence, incarcerated fathers, and substance abusing fathers. Here are information and resources to assist in working with challenging fathers.

The previously segregated fields of marriage strengthening, responsible fatherhood, and domestic violence were melded together in 2006 with the federal funding of Healthy Marriage and Responsible Fatherhood programs. Healthy Marriage and Responsible Fatherhood grantees were required to consult with Domestic Violence experts. Bridge-building among these different fields was the topic of a conference that year with an excellent summary available at: http://www.clasp.org/admin/site/publications_archive/files/0208.pdf.

Futures Without Violence created the National Institute on Fatherhood and Violence in 2008 and has developed programs for batterers as well as visitation centers: <http://www.futureswithoutviolence.org/content/features/detail/803/>

An evidence-based curriculum on domestic violence is the Duluth Model in Minnesota. Information on a curriculum for batterers is available at: <http://www.theduluthmodel.org/>.

For incarcerated fathers, the most widely-used curriculum, *Inside/Out Dad*, is in 22 states and used by some of the federally-funded responsible fatherhood programs. Information on the curriculum is available at: <http://store.fatherhood.org/c-27-insideout-dad.aspx>.

There are few evidence-based programs that have been identified for fathers who are substance abusers. Recent unpublished findings from the Supporting Father Involvement Program (<http://www.supportingfatherinvolvement.org/research.html>) indicates that fathers participating in a couples' group curriculum showed a decrease in substance abuse.

Six-Week Work Plan for Father Involvement

The first half of the IFPS intervention will focus on identifying, locating, contacting the father, arranging or otherwise supporting contact between the father and child, and assisting the father to meet the child's needs and interests. The second half of the IFPS intervention is focused on expanding the father's role, as appropriate, by arranging or supporting additional time for the father and child to be together, strengthening the cooperative parenting roles of the father and mother, and connecting the father to the child's support system such as day care, schools, recreational programs. Along the way, the IFPS therapist will discuss with the father what additional services and resources he may want to fulfill his role.

Prior to case closure, the therapist will reassess the father's involvement and need for post-IFPS services (use the same assessment form as at the beginning of services) and connect the father to any additional services. The IFPS therapist will also want to encourage the father's long-term involvement with the child and the importance to the child of a consistent and healthy relationship with the father.

In summarizing all of the steps above, the following is a suggested work plan for father involvement over the course of a six-week IFPS intervention.

Week 1

- ❑ Identify the father of the child
- ❑ Obtain a physical address for the father
- ❑ Share with the mother the benefits of father involvement
- ❑ Contact the father: schedule face-to-face meeting

Week 2

- ❑ Complete assessment form on father's current involvement
- ❑ Explore with the father how he can be a resource to the child
- ❑ If father is a limited resource, ask if his extended family could be a resource for the child
- ❑ Identify services and resources that the father needs
- ❑ Arrange a visit between the father and child

Week 3

- ❑ Provide information and discuss with the father the developmental stage/needs of the child
- ❑ Suggest activities that the father and child can do together
- ❑ Discuss with the mother what the father's involvement with the child can do to help her (child care, co-parenting, respite)
- ❑ Connect both parents to services and resources that include addressing their co-parenting roles
- ❑ Include the father in the case plan

Week 4

- ❑ Assist the father with scheduling a visit to the child's school (pre-school, nursery)
- ❑ Discuss with the father how services and resources are helping him to become more involved in the child's life
- ❑ Ask the child (if appropriate age) what his father's involvement means to the child

Week 5

- ❑ Discuss with each parent (or arrange a meeting with the father and mother) their view of the father's involvement, assist with setting up a schedule for the father's time with the child, and help establish methods/frequency of communication between the parents
- ❑ Explore with the father what other services and resources are needed for him to maintain involvement in the child's life

Week 6

- ❑ Complete the assessment form on father involvement to determine progress and areas still needing improvement
- ❑ Explore the need for post-intervention services with the father
- ❑ Connect the father to any additional needed services
- ❑ Explain to the father the importance of and benefits to the child of the father's ongoing and permanent involvement

Interview with Mom

To complete this Guide, a mom gets to have the last word.

Sabra Jackson is a Parent Advocate with the Child Welfare Organizing Project in New York City. Sabra has both professional and personal experience with father involvement in the child welfare system.

The following interview was conducted by phone on July 30, 2012. The interviewer is Priscilla Martens, Executive Director, National Family Preservation Network (NFPN).

What do you think about father involvement in general in the child welfare system?

Fathers should always be identified. The caseworker needs to assess how the father should be involved on a case-by-case basis. For example, if there is domestic violence, the father could be involved through supervised visits with the children. The outcomes are different when fathers are involved. A woman can become discouraged because of her past relationship with the child's father and refuse to identify the father. But the caseworker may

discover that the child and the father have a good relationship. Fathers are not given the support that they deserve. In a case of domestic violence, if the father wants to change there may only be band-aid services such as anger management or there may be expensive services or no services at all. In New York, there has been a shift in holding the child welfare system accountable for involving fathers. This shift is referred to as “front-loading, not railroading.” Caseworkers ask at the first contact about the father. Judges ask in court if the father has been identified.

Could you explain further about the different outcomes when fathers are involved?

A mom who has custody of the children may need more time to make changes in her life. Fathers are stepping up to the plate to help with the children and sometimes offer to take custody. They do this not because they want to get out of paying child support or retaliate against the mothers but because they want their children to have healthy, wholesome lives. It can be heart-warming to observe fathers doing this.

What is your view of the mom as gatekeeper?

In some cases, such as domestic violence, the mom needs to be the gatekeeper. The caseworker has to assess the reason for the mom’s responses about the

father. The caseworker has to help the mom understand the child's need for the father's involvement. While there have been improvements, there is still not a level playing field for fathers.

How can fathers be engaged during brief services such as Intensive Family Preservation Services?

In East Harlem, the Child Welfare Organizing Project is involved in a child safety conference prior to a decision being made about removing the child from the home. This conference provides a good opportunity to involve the father in the safety plan. Also, the conferences have resulted in fewer children being placed. In addition, fathers can also be referred for services such as employment, medical, and food stamps.

What message do you want to share with mothers?

Leave the emotional biases at the door. Determine what is best for the child. Even if there is distrust, you can develop an amicable relationship with the father for the sake of the child. Don't say negative things about the father.

What is your personal experience with the child welfare system?

My son's father was emotionally abusive. I used drugs to cope. I was ashamed and hid the situation from everyone, including my daughter's father. I finally shared with him what was happening. He was very supportive and wanted

to help. He got involved with both of my children and became my son's godfather. He knew that I was a good mother and would regain custody of my children and he's still involved with them today. He did what was necessary for the children.

What is your passion now?

I work in the area of prevention and policy making within the child welfare system. I'm mostly involved in domestic violence issues, racial disproportionality, and advocacy. I'm asked to speak in the U.S. and internationally and recently spoke in Beirut, Lebanon. I help families navigate the child welfare system.