



Evaluation Technical Assistance Brief

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Parent Experiences in the Regional Partnership Grants Program: Findings from an Exploratory Study

Introduction

Because knowledge of participants' needs and experiences is essential in the design and operation of effective child welfare programs, participants should have opportunities to provide feedback on the services they receive from those programs (Children's Bureau 2019). Within Regional Partnership Grants (RPG) projects, child welfare organizations, substance use treatment providers,¹ judicial, and other systems work collaboratively to deliver services to families with complex needs to improve child well-being, family functioning, and adult recovery outcomes.

In 2023, the RPG cross-site evaluation team conducted an exploratory study to provide a preliminary understanding of what parents enrolled in RPG projects reported about (1) the factors that led to their substance use issues and child welfare involvement and (2) their experiences with RPG services. The study, which used a life course perspective to learn about parent experiences (as shown in Exhibit 1), aimed to build a knowledge base about parents with a substance use disorder and the services that improve the well-being, permanency, and safety of children. The study also allowed the evaluation team to pre-test data collection tools and processes for a future large-scale study of parent experiences.

Who should read this brief?

The Children's Bureau in the Administration for Children and Families, U.S. Department of Health and Human Services, funded the study discussed in this brief. The brief is designed for groups that receive a Regional Partnership Grant (RPG) and for other agencies that serve families that have experienced substance use and involvement in the child welfare system. This brief describes findings from an exploratory study conducted as part of the [RPG cross-site evaluation](#) to provide a preliminary understanding of what parents reported about (1) the factors that led to their substance use issues and child welfare involvement and (2) their experiences with RPG services.

This brief describes the findings from in-depth interviews and focus groups conducted with parents enrolled in services provided by two RPG projects. The study data collection and analysis methods are described in Exhibit 2. The brief first describes parents' experiences and circumstances from childhood to adulthood and how these factored into their substance use and child welfare involvement as parents.² Next, it describes parents' experiences in RPG services and what they received. Finally, it describes the key service components parents named as necessary to improve family outcomes.

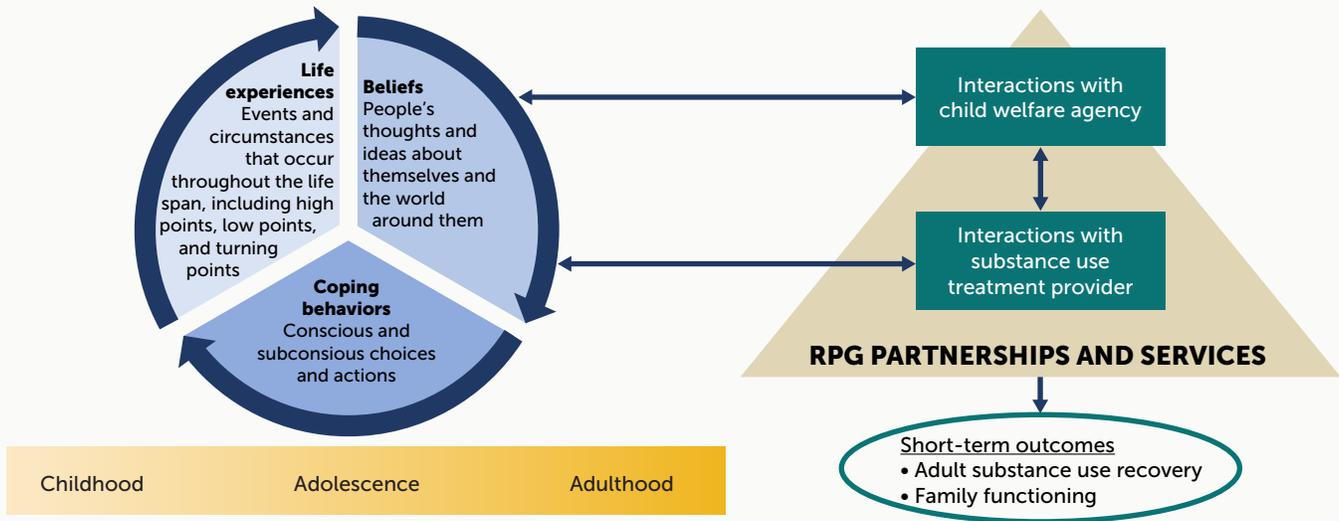
¹ This study uses a broad definition of "substance use treatment provider" for the entities collaborating with child welfare agencies and courts in RPG projects. The two organizations that participated in this study were RPG grant recipients that led their respective RPG project. Outside of their RPG services, they provide behavioral health services—such as case management, peer support, and relapse prevention—that supplement substance use treatment services delivered by separate providers.

² Throughout the brief, we use pseudonyms for the in-depth interview participants to protect their privacy.

Exhibit 1. Conceptual framework for the RPG participant experiences

The study used a life course perspective to gather detailed insights about parents’ experiences within and beyond RPG services. This perspective recognizes that a person’s view of their past experiences and significant turning points contributes to their beliefs about themselves and the world and may shape their present life circumstances, including their behaviors and interactions with others (Bernardi et al. 2019; Giele and Elder 1998; Mortimer and Shanahan 2003; White and Wu 2014). This perspective helps explain the complex lives of individuals who use substances (Harris and Rhodes 2018) and those involved with the child welfare system (Fedock et al. 2018), including how childhood adversity can influence outcomes in adulthood (Dunn et al. 2018; Fong 2017).

The diagram below depicts how the life course perspective is used in the RPG participant experiences study. It builds on the RPG cross-site evaluation framework.* The blue circle displays the recurring process that a parent’s life experiences play in shaping their beliefs and coping behaviors, and the yellow bar below it shows that the process unfolds throughout the stages of life. The bidirectional arrows in the middle of the framework demonstrate that life experiences, beliefs, and coping behaviors influence how the individual responds to the child welfare system and the substance use treatment provider. In addition, the services the two entities provide, separately and in partnership, aim to have a positive effect on participants’ life experiences, beliefs, and coping behaviors and thus improve two RPG short-term outcomes: adult recovery and family functioning.



* See Figure I.1 and accompanying text in the RPG Cross-Site Evaluation Design Report (D’Angelo et al. 2024).

Exhibit 2. Overview of the RPG participant experiences study

- **Eligible participants.** Parents who (1) were either enrolled in or had recently exited from their RPG project and (2) had a current or previous open child welfare case. Data collection occurred from February to April 2023; participants received RPG services sometime between late 2020 and early 2023.
- **Study sites.** Two RPG projects (one in the Midwest, one on the East Coast).
- **Data collection methods.** In-depth interviews to understand factors that led to parents’ substance use and involvement in the child welfare system and their experiences in RPG services (*n* = 8) and focus groups centered on parents’ experiences in RPG services (*n* = 8).
- **Data analysis.** Data analysis was carried out in two phases: (1) transcripts were thematically coded in NVivo and (2) detailed analytic coding was conducted in Excel to inform the subthemes.
- **Study limitations.** Parents recruited for the study represented a small portion of the total population served by RPG projects, including at the two projects in this study. These preliminary findings are descriptive and not generalizable. The study does not seek to determine causality for adult, family, or child outcomes from participation in RPG.

Factors that led to parents' substance use and involvement in the child welfare system

The in-depth interviews explore four areas within the conceptual framework: parents' (1) formative experiences and significant turning points, (2) fundamental beliefs, (3) coping behaviors, and (4) interactions with the child welfare system.

Formative experiences and significant turning points

Parents' formative experiences in each stage of life affected them in multiple ways and contributed to challenges at each stage.

Chronic adversity occurred across the life span: *"If you want to know the real struggles, it started [when] I was 3."* Parents described a pattern of adverse experiences that began in their early childhood and paved the way for chronic adversity into their adulthood.³ Although they reported a wide range of adverse experiences throughout their lives, the most common concerned their housing, relationships, and substance use. Notably, parents often reported that adverse housing and relationship experiences in childhood and adolescence were connected to custody changes within their family. Exhibit 3 describes their experiences in these three areas and how they often occurred at the same time and influenced each other.

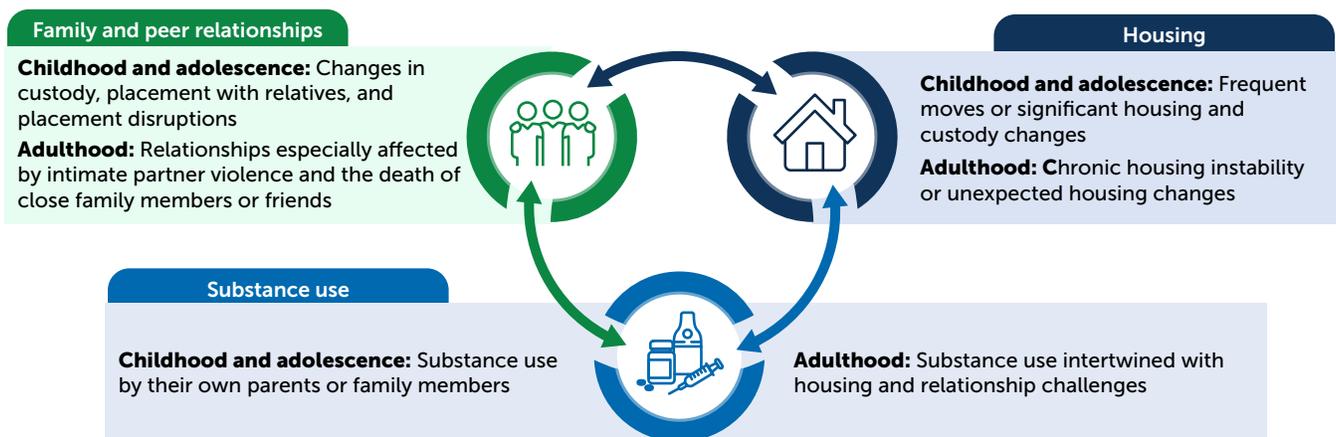
Turning points often made circumstances worse: *"I chose to sink instead of swim."* Parents often described significant negative events that added to their existing adversities and sometimes set in motion a prolonged period of hardship. Many parents described how even positive events were frequently overshadowed by negative ones. As a result, the low points, high points, and turning points throughout their lives were deeply intertwined.

Loss factored prominently in turning points: *"I had to kind of deal with it alone."* Sometimes parents experienced a physical loss, such as the death of a family member; other times they described an emotional loss, such as the absence of or abandonment by their caregivers in childhood. For all parents, their loss was intertwined with a lack of supportive relationships, which meant parents had to grieve their loss alone. Having to grieve alone and manage difficult circumstances at the same time left many parents reporting they felt overwhelmed and abandoned.

Jane's experience

Jane tried to make a positive transition in her early adulthood by returning to school and preparing for employment. However, the death of her mother abruptly halted her progress and led to several adverse experiences that resembled those of her childhood—unstable housing, disrupted family relationships, intimate partner violence, a lack of social supports, and regular exposure to substances. The pattern continued into her middle adulthood.

Exhibit 3. Common formative experiences among parents enrolled in RPG



³ Adverse childhood experiences (ACEs) are traumatic events—such as abuse, neglect, and family economic hardship—that occur in childhood and can have long-term negative effects on a person's health and well-being (Felitti et al. 1998). ACEs have been linked to an increased risk of substance use, mental health conditions, and chronic health problems (U.S. Centers for Disease Control and Prevention 2024; Felitti et al. 1998).

Fundamental beliefs

Parents described two fundamental beliefs about themselves: (1) feeling alone, abandoned, and unheard; and (2) needing to stay strong for others. Every parent described elements of both of these beliefs, which suggests that one reinforces the other, although parents did not always directly connect the two.

Feeling alone, abandoned, and unheard is common: *“I felt lonely. I feel lonely now. I feel lonely all the time.”* For most parents, this belief took root during their childhood in response to emotional separations from their own parents or caregivers. These separations often compelled them to search for ways to be with their family, even when their family homes and relationships were unstable. In adulthood, their families often continued to be a source of rejection, stress, or conflict. Some parents reported being treated like an outcast by their family, and others said their family hindered their efforts to reunify with their children. While navigating difficult circumstances, many parents said that service systems ignored their needs or did not recognize their efforts to improve their lives, which they reported left them feeling unsupported and unable to ask for help.

Staying strong for others is meant to prevent further adversity: *“I wanted to be, in some ways, the protector.”* Despite experiencing profound loneliness, many parents viewed themselves as strong and as a protector. In childhood, they cared for their siblings when their caregivers were neglectful or intoxicated. In adulthood, they tried to stay strong to ensure their children’s well-being and safety. But despite good intentions, their actions often worsened situations and contributed to a relapse or child welfare involvement.

Coping behaviors

Parents described negative and positive behaviors, stemming from their fundamental beliefs, that they used to help them navigate and cope with life’s challenges.

Aimee’s experience

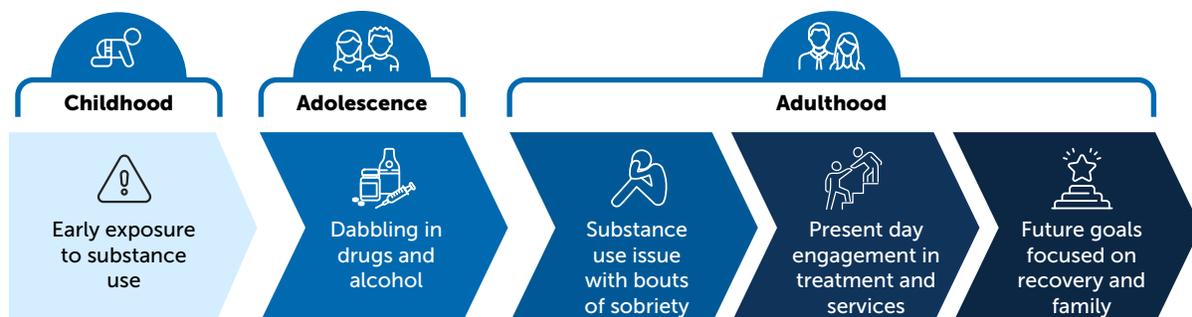
Aimee reflected on how she coped with disappointment on her own. She reached a breaking point upon learning about reduced visitations with her children while they were in an out-of-home placement, even though she had completed an in-patient treatment for her substance use. Out of frustration, she stopped engaging in services and experienced a relapse. Although she viewed handling adversity like this on her own as a sign of strength, she recognized that it was harmful to herself and her children.

Using substances to cope: *“I’ll just drink it away.”* Most parents said that their first experiences with drugs or alcohol occurred because of their early exposure and easy access to them, not because they wanted to be intoxicated. Most parents tried substances in childhood or early adolescence with their family members, such as siblings and cousins, which may have normalized substance use early in their lives.

Parents’ casual substance use continued into early adolescence and, for some, until their early adulthood. But as parents faced a life full of relentless challenges, their substance use worsened as they tried to cope with their overwhelming feelings of loneliness, abandonment, and needing to stay strong. As adults, drugs or alcohol featured prominently in parents’ relationships with their peers or romantic partners. At first, substance use helped them feel connected to others and cope with their loneliness, but then substance use increasingly contributed to conflict in their relationships, which worsened their substance use and led to other challenges such as housing instability and unemployment. Exhibit 4 highlights the common progression of substance use the parents described, as well as their participation in treatment and their future goals.

Bottling everything up: *“I bottle everything up ‘cause that’s how I was raised.”* Parents often internalized their emotions to cope with chronic adversity and low points in their

Exhibit 4. Common progression of substance use, treatment, and recovery over the life course



lives. For some parents, this behavior was seen as a sign of strength. For others, it was connected to their persistent feelings of loneliness and abandonment. By keeping their struggles to themselves, many parents reported that they did not receive the support they needed for their substance use and other challenges.

Taking charge and persevering: *“I can work my way to the top.”* Even when parents struggled with substance use or life challenges, they tried to find ways to persevere and protect and care for their children. Parents often cited their own difficult family experiences as their motivation to do things differently for their family. They were proud of the times they accomplished their goals, especially goals related to their employment, education, relationships, and sobriety. These efforts did not always prevent their family’s involvement with the child welfare system, but parents’ motivation to create a better life for themselves and their families helped them persevere through challenges.

Interactions with the child welfare system

Parents understood why their substance use factored into their involvement with the child welfare system, but they thought the system imposed additional hardships that made it difficult for them to maintain sobriety.

Perceptions of good parenting: *“My kids are before anything.”* Parents noted that the child welfare system did not do enough to recognize (1) their willingness and capacity to be a good parent and (2) that not all people with substance use issues are abusive or neglectful. Parents also said they wished that the child welfare system would do more to help them develop positive parenting behaviors in the face of other chronic challenges in their lives.

Misalignment between parent recovery needs and child welfare requirements: *“Taking an addict’s kid away isn’t going to make them sober.”* Parents reported that the child welfare system’s requirements and timelines created additional pressure that interfered with their sobriety, even when they knew that their sobriety was essential to maintaining custody of or reunifying with their children. Some parents noted that the initial opening of a child welfare case, regardless of whether the children were removed from the home, may worsen substance use issues

Delana’s experience

Delana began “a downward spiral” in response to the risk of her child’s removal, even though her child ultimately remained in her care. A lack of social supports, the external pressure to stay sober, and the extra steps required to close her case contributed to her relapse after a long period of sobriety.

because parents fear reaching out for help. A few parents also said their efforts to meet the child welfare system’s requirements went unnoticed.

Many parents described being caught in a vicious cycle—as they struggled to stay sober, the system separated them from their children, even as the stress of child welfare involvement worsened their substance use issues. The longer they were separated from their children, the more the parents grew discouraged and the greater the threat to their sobriety.

Parent motivation is key to sobriety: *“I’m very determined in the path I’m taking.”* Parents viewed their own motivation as more important to their recovery than child welfare and court requirements. They said the child welfare system needed to better acknowledge relapse as part of the recovery process and empower parents to admit mistakes. Parents talked about their earlier periods of sobriety, often before their involvement with child welfare, and believed they could get sober again. They drew on their internal strength and confidence for motivation, and they believed the child welfare system could do more to help boost that confidence and motivation to achieve goals and make positive changes.

Parents’ experiences in RPG services

Parents described the RPG services offered by the substance use treatment provider as essential to their recovery journey and their capacity to make positive changes. They reported overall positive interactions with RPG program staff in these provider agencies, saying that the staff genuinely cared about their well-being; however, they also noted a few challenges.

Elise’s experience

Elise was initially hesitant about participating in RPG services because she was referred by her child welfare caseworker. As she spent time with RPG program staff and participated in a recovery group with other mothers, however, she began to see personal improvements and became more engaged in services:

“I really reflected on where I started at to where I was at that point and I was like ... I’m a lot better than I was when I started. I know a lot more. I feel a lot more confident. I’m doing better at work, at home.”

Referrals and enrollment processes

Referrals to RPG services depended largely on whether the parent was involved with the child welfare system at the time of the referral. Most parents reported that a child welfare or related agency referred them to RPG services or encouraged their participation. For some parents, their child welfare caseworker’s referral made enrollment in RPG

services seem mandatory, despite being voluntary, though they reported staying in services because they found them beneficial. Several parents said they wished they had been referred sooner so they could have benefited earlier in their recovery path and child welfare case.

Parents described the process for enrolling in RPG services as mostly quick and easy. They appreciated that RPG program staff contacted them quickly upon referral, but sometimes eligibility requirements caused delays. Many parents were overwhelmed by the amount of intake paperwork and lengthy assessments; they appreciated it when RPG program staff tried to reduce the burden by breaking the process into manageable segments over several sessions.

Essential program components

Because RPG projects design their services to meet the unique needs of their focal populations, services can vary across projects. However, parents identified three program components that they thought were most important in helping them reach their goals, regardless of the specific services or evidence-based programs that were implemented: (1) tailored support with needs and goals,

(2) emotional support, and (3) coordination between the child welfare agency and the RPG substance use treatment provider. Exhibit 5 discusses how RPG program staff delivered these three program components and how parents benefited from those components.

In both RPG projects, parents consistently reported that they received tailored and emotional support from RPG program staff in the substance use treatment provider agency offering RPG services. Many of them noted that this differed from the limited support they received from the child welfare agency. But parents' experiences varied with the extent to which the child welfare agency and the RPG substance use treatment provider coordinated on their custody case and recovery goals. Parents who did not experience this coordination wished there was more communication between the entities so that child welfare staff and the courts better understood the parents' substance use treatment progress. Without this coordination, some parents worried about their cases lingering in the system too long, which made it harder to maintain their sobriety because their frustration with the delay added to their already challenging life circumstances.

Exhibit 5. Essential RPG program components and how they helped parents

Component	How did RPG program staff deliver the component?	How did parents benefit from the component?
 <p>Tailored support with needs and goals</p>	<ul style="list-style-type: none"> • Helping parents and families with multiple needs simultaneously • Addressing each parent's circumstances and goals while also addressing needs of the whole family • Organizing services around parents' schedules and delivered them in the home or community 	<ul style="list-style-type: none"> • Learning they could turn to others for help • Experiencing small and frequent wins that built their confidence • Viewing RPG staff as supportive teammates who challenged and motivated them • Achieving goals they thought increased their chances for reunification
 <p>Emotional support</p>	<ul style="list-style-type: none"> • Providing consistent and nonjudgmental support • Meeting regularly with parents • Responding to texts and phone calls even during unscheduled times • Providing peer support by relating to parents' experiences 	<ul style="list-style-type: none"> • Developing positive beliefs about themselves and others • Feeling like someone was listening to them and they did not have to have face challenges alone • Persevering in their recovery and dealt with life's challenges • Achieving the goals they deemed important
 <p>Coordination between childwelfare and the RPG substance use treatment provider</p>	<ul style="list-style-type: none"> • Aligning parents' recovery goals and child welfare requirements to help cases advance • Communicating with child welfare staff or the court about parents' sobriety and RPG participation • Providing access to urine analysis tests • Helping with unsupervised visits to support reunification 	<ul style="list-style-type: none"> • Feeling child welfare staff and the courts better understood their progress • Working on steps that matched the caseworker's expectations • Experiencing less frustration by knowing their case was progressing

Key takeaways to support adult recovery and family functioning

Parents' experiences highlighted the intergenerational nature of chronic adversity and how that contributes to ongoing challenges for families enrolled in RPG projects. Parents often said they were trapped in a vicious cycle stemming from their overwhelming circumstances and emotions, substance use, and child welfare involvement. However, parents' stories also showed their strength, hope, and resilience when they had strong supports and relationships with others. Parents believed in their ability to take control of their circumstances and to care for their families, but they knew that getting help from others was necessary for their long-term success.

Parents identified several ways that RPG services could further support better adult recovery and family functioning outcomes:

- Develop child welfare system requirements, timelines, and practices that account for relapse as part of the recovery process.⁴
- Train child welfare staff to understand the underlying circumstances that contribute to parents' substance use, so that parents—knowing the staff understand their life experiences and challenges—are empowered to reach out to staff when they need support.
- Include substance use treatment services that provide emotional support, peer support, and therapeutic services for the entire family; connect families to community resources; and assist parents with setting goals and building their confidence to achieve their goals.
- Provide individualized coordination between the substance use treatment provider and the child welfare staff on each parent's case.

The participant experiences study highlights parents' formative experiences which led them to enroll in RPG projects, and it describes their feedback for improving the effectiveness of RPG services for adult and child outcomes. The findings from this exploratory study offer a preliminary understanding of parent experiences which will be expanded upon in a future large-scale study. Current RPG projects and adjacent child welfare-focused programs can use the exploratory study findings to help inform and shape their own service offerings.

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⁴ The Adoption and Safe Families Act (ASFA) of 1997 attempted to shorten the time children spend in foster care and to promote quicker adoptions. Parents' mention of short child welfare agency timelines compared with recovery timelines may be attributable to agencies' efforts to adhere to ASFA timelines.