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Understanding How and Under What Circumstances Parental Advocates Support Parents to Participate in Decision-Making: A Scoping Review

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Abstract

Objective: This scoping review aimed to map the extent and nature of evidence on parental advocacy programmes within children's social care and their role in supporting parental participation in decision-making.

Introduction: Though parental advocacy programmes aim to empower parents navigating complex child welfare systems, the breadth of evidence has not yet been synthesised.

Inclusion criteria: Literature from 2002–2022 on parental advocacy programmes related to child welfare decision-making, encompassing various models.

Methods: Academic databases, grey literature, and reference lists were searched in September 2022. Screening and data extraction utilised standardised forms. Analysis incorporated summary and thematic methods.

Results: 57 studies were included, exhibiting a predominance of qualitative methods. Peer advocacy was the most common model. The review reveals a proliferation of peer support initiatives aiming to enhance parental empowerment through shared experiences

Conclusions: Parental advocacy programmes demonstrate promise for improving family experiences and participation in child welfare systems. However, more rigorous evaluation is needed to elucidate the connections between specific program elements and outcomes. The review maps the current evidence landscape, while underscoring needs for implementation research and inclusive participation paradigms.

Keywords: Child welfare; child protection; parental advocacy; family engagement; decision-making; peer support.

Introduction

Child protection systems are often viewed as challenging and stigmatising by parents (Diaz, 2020; Smithson & Gibson, 2017). Officials (e.g. social workers) may be perceived as judgemental, contributing to disenfranchisement (Cleaver et al., 2007; Corby et al., 1996). In response, parental advocacy (PA) programmes have emerged, with experienced parents guiding peers (Tobis et al., 2020). Advocates posit parental advocacy collaboration, enhanced involvement and child-centred strategies (Berrick et al., 2011).

A shift towards recognition of systemic issues in child welfare has driven increased focus on PA initiatives as a means to reform adversarial structures (Diaz et al., 2021). Trends towards family empowerment, inclusion of experience, and mitigating bias have situated parental advocacy models as a bridge for fostering participation and resilience (Bohannon et al., 2016). Specifically, the past decade has seen attention in peer support due to its perceived compassionate, collaborative potential in the face of criticism of systems that are seen as paternalistic and disenfranchising.

Limited research methodically synthesises the parental advocacy landscape. Consequently, this review maps the broader research on varied advocacy models. Scoping studies chart fundamental concepts in domains lacking exhaustive reviews (Mays et al., 2001, p. 194). Despite abundant evidence rooted in the US, emerging UK research recognises child protection often fails to adequately support or engage parents in processes (Haworth et al., 2022). Connections between US and UK findings remain unclear, as does the relative impact of professional versus peer models.

Study design

A scoping review methodology was optimal for mapping the parental advocacy programmes in children's social care. For this review, current Joanna Briggs Institute (JBI) guidance (e.g. Levac et al. 2010; Peters et al. (2015, 2020)), with Arksey and O'Malley's (2005) guidance enabled comprehensive mapping relating to the reviews research questions.

Protocol

The review protocol aligned with JBI and PRISMA-ScR scoping guidance (Tricco et al., 2018). While not pre-published, using these frameworks upheld rigor (see PRISMA-ScR checklist, Appendix I). The aim was mapping international evidence on varied parental advocacy models supporting child welfare participation (2002-2022). Search methods used child protection, advocacy and engagement terms. Screening and standardised data extraction adhered to pre-defined criteria, summarising study designs, samples and outcomes. Thematic analysis involved summarising patterns.

Review question(s)

The present systematic review aims to synthesise evidence on parental advocacy programmes within children's social care. Specifically, this review seeks to address the following questions:

(RQ1) What types of advocacy programmes are currently available in children's social care?

(RQ2) What are the common features of effective parental advocacy programmes in supporting parents to participate meaningfully in decision-making?

(RQ3) What are the barriers and facilitators to effective parental advocacy programmes in children's social care?

(RQ4) What is the impact of parental advocacy programmes on children's social care outcomes and parents' experiences with the decision-making processes?

The research questions for this scoping review closely align with the PCC (Population, Concept, Context) framework, recommended for scoping reviews.

Keywords

The following keywords were selected to facilitate indexing and discoverability: child protection; parental advocacy, family engagement; decision-making; peer support. These terms summarise the core content on parental advocacy programmes and child welfare systems.

Eligibility criteria

Participants

The review includes parents/caregivers of children in child welfare, encompassing biological, adoptive, foster parents, grandparents or other relatives. It is inclusive regarding gender, ethnicity, socioeconomic status or other demographic factors. Participants have involvement in some form of advocacy programme relating to children's social care.

Concept

The key concept is parental advocacy (PA) programmes within child welfare systems and decision-making, defined as any initiative designed to empower and support parental advocacy. This may include peer parenting, family engagement, leadership training or other interventions building advocacy capacities.

Context

The context is PA programmes implemented regarding child welfare systems and forums internationally. This encompasses contexts like child protection conferences, care planning meetings, foster systems, family court proceedings or related decision arenas.

Types of sources

The review considered primary research, reviews, opinion papers, reports and grey literature, encompassing experimental and quasi-experimental studies such as randomised trials, as well as other designs such as narrative and systematic reviews. Search parameters aimed to comprehensively scope relevant literature within feasibility constraints. No geo-graphic restrictions were imposed, given the paucity of parental advocacy evidence. However, child welfare settings were prioritised over medical or educational settings. Included sources spanned 2002-2022, a timeframe deemed sufficient to capture current relevant parental advocacy programmes.

Methods

Guided by Peters et al. (2015), this scoping review adopted the Joanna Briggs Institute methodology.

Search strategy

Published and grey literature were searched to maximise evidence. Databases included Scopus, Child and Family Social Work, Children and Youth Services Review, British Journal of Social Work, and Journal of Youth Studies. Sources from 2002-2022 - in English - were included. The full search strategy is available in Appendix III.

Study/Source of evidence selection

Citations were collated, duplicates removed, with titles/abstracts screened for eligibility. Of 914 initial studies, 138 duplicates and 78 pre-2002 records were excluded. The remaining 698 underwent title/abstract/conclusion review, with 57 meeting inclusion criteria. Screening adhered to a stepwise process with independent duplicate review to minimise bias. Identification, screening, eligibility and inclusion adhered to PRISMA-ScR guidelines (Figure 1). Reviewers undertook pilot testing, to ensure consistent application of criteria. This process helped ensure all relevant sources were identified for inclusion per the defined eligibility criteria.

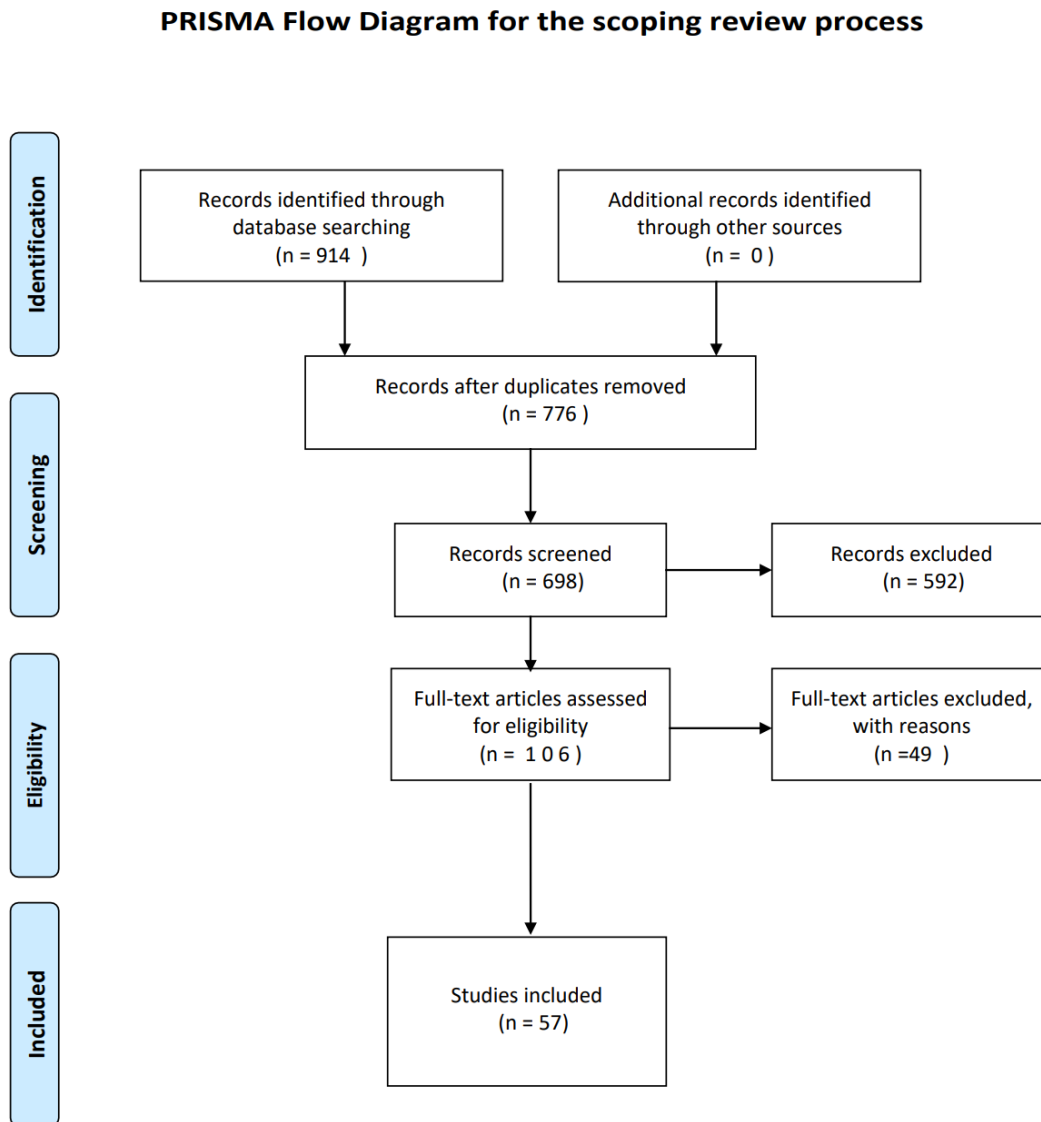


Fig. 1 Illustrates the screening and selection process in a PRISMA flow diagram adapted from Moher et al. (2009) and the JBI Reviewer's Manual (The Joanna Briggs Institute, 2015)

Table 1. Key elements of research questions.

RQ	CONCEPT	CONTEXT
RQ1:	Types of advocacy programmes	Children's social care
RQ2:	Features of effective programmes, Meaningful participation	Decision-making processes
RQ3:	Barriers and facilitators	Children's social care
RQ4:	Impact, Outcomes, Experiences	Children's social care, Decision-making processes

Data extraction

Two reviewers independently extracted data using a piloted standardised form, aligning with the scoping questions. Data were extracted from the 57 included papers (Appendix I).

Details included: publication details, location, aims, sample, methods, findings, programmes, implementation, and limitations. A thematic analysis identified subsequent key themes.

Risk of bias assessment

Consistent with JBI guidance for scoping reviews, no risk of bias assessment was conducted (Peters et al., 2015).

Results

Data analysis and presentation

The findings are structured to map the literature according to the key elements of participants, content and context. Tables and charts visually present distributions of source characteristics and variables (e.g. Table 2. Characteristics of Included Studies). A narrative summary describes the significance and implications of the tabulated results in relation to the scoping review objectives.

Study location

The dataset has a strong geographical bias, with the United States (US) contributing to the majority of the articles, accounting for 70.2% (n = 40). The United Kingdom and Australia are also represented, although to a lesser extent, with 21.1% (n = 12) and 7.0% (n = 4) of the articles, respectively. Of the countries where studies are included, Israel is the least represented within the dataset, with only one article (1.8% (n = 1)).

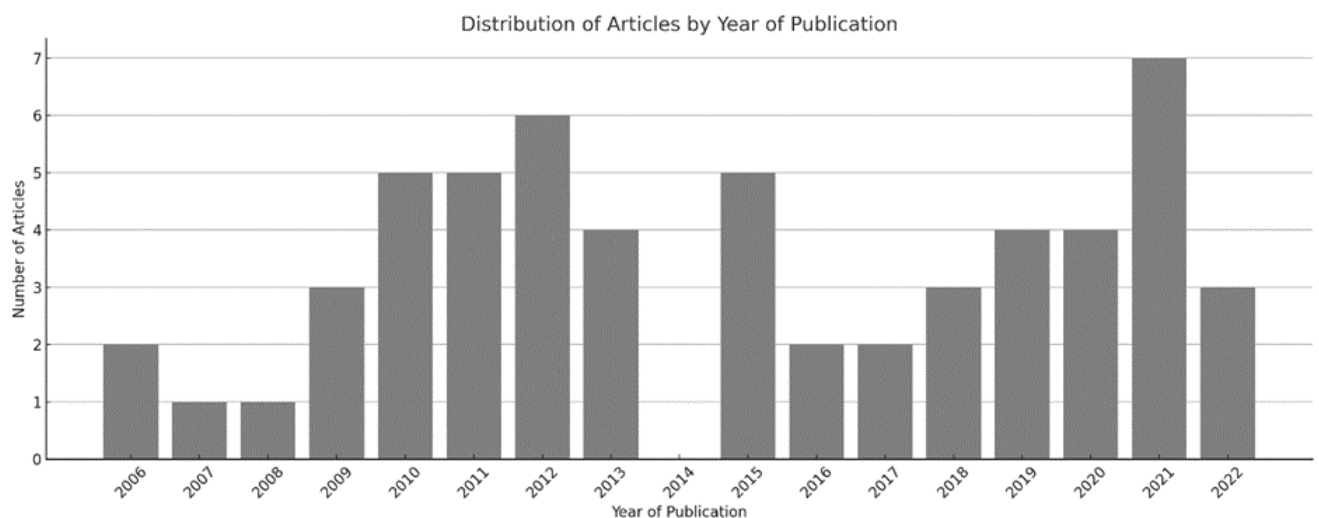


Fig. 2 Frequency of articles (Year of publication)

Year of publication

The dataset spans 17 years, from 2007 to 2022 (Figure 2), exhibiting a multimodal distribution with noticeable peaks around 2021, 2012, and 2015. The most recent period from 2020–2022 represents the highest concentration of articles, comprising 29.8% of the literature. However, the period from 2010–2013 also contained a sizeable concentration, accounting for 26.3% of articles. This indicates surges of research attention on this topic during these two timeframes. The number of publications peaked in 2021 at 12.3% of the dataset. In contrast, the years 2007–2008 have minimal representation, with only one article each. Overall, the distribution shows expanding focus on parental advocacy programmes and implementation in child welfare contexts over the past decade.

Study designs

The dataset exhibits a range of research methodologies utilised to investigate parental advocacy. Qualitative methods predominate, comprising 44% ($n = 25$) of the literature. This indicates a priority towards qualitative and in-depth inquiry. Mixed methods are also well represented at 19% ($n = 11$). Approximately 12% ($n = 7$) applied quantitative techniques, while 12% ($n = 7$) used quasi-experimental designs for evaluation. Less frequent were descriptive studies (5%, $n = 3$) and literature reviews (4%, $n = 2$). The single randomised controlled trial and systematic review each constituted 2% ($n = 1$) of the literature. Despite the emphasis on experiences, few studies overall were evaluative designs. In summary, the distribution illustrates the diversity of empirical approaches relating to parental advocacy, with a focus on qualitative and mixed methods (Figure 3).

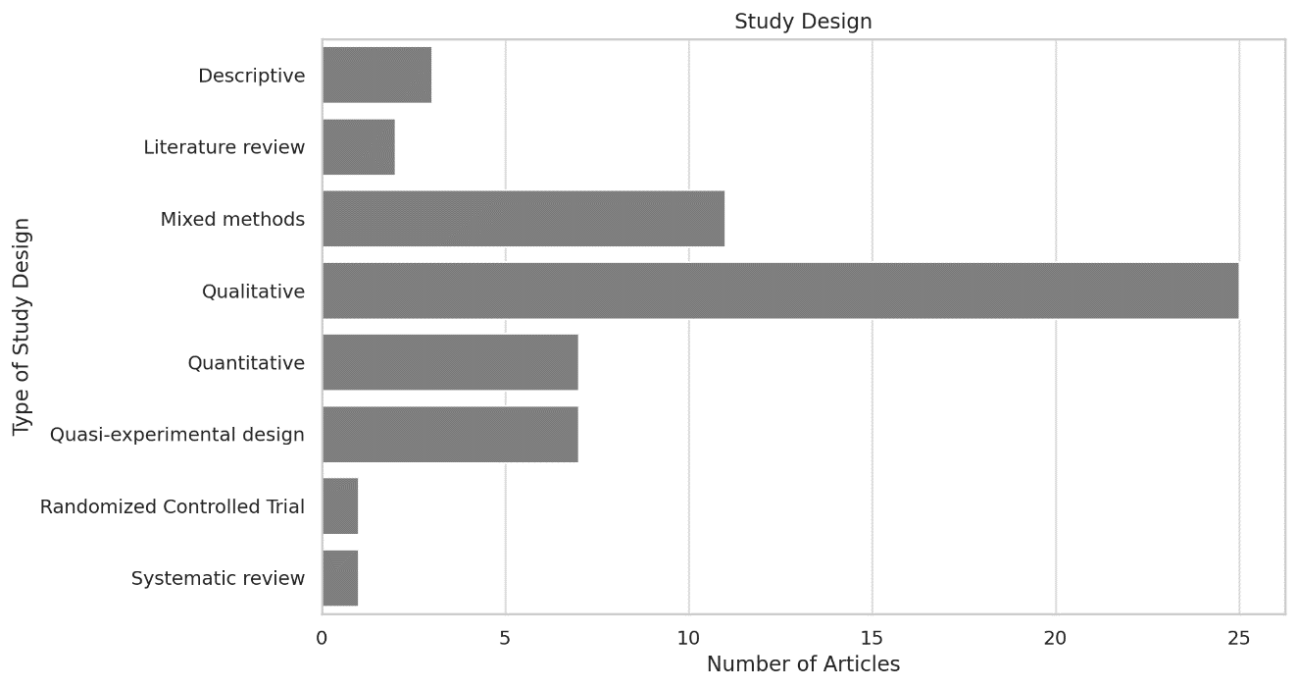


Fig. 3 Distribution of publication by year and frequency of study design

Sample size

The included articles exhibited a wide range of sample sizes, reflecting diversity in research questions and methods. Nearly half (44%, $n = 25$) involved smaller samples of up to 50 participants. This aligns with the prevalence of qualitative studies pursuing in-depth inquiry. In 16% ($n = 9$) of articles, sample size was not applicable, indicating theoretical or review papers. In the 500 + range, there were 5 studies utilising large datasets (1,000 to over 18,000) enabling generalisable, quantitative findings. Mid-size samples of 51-100, 101-150, 201–300, were minimal, representing 1–2 articles each. The variability reflects the breadth of inquiries addressed by the literature, spanning exploratory qualitative studies to large-scale quantitative analyses (Figure 4)

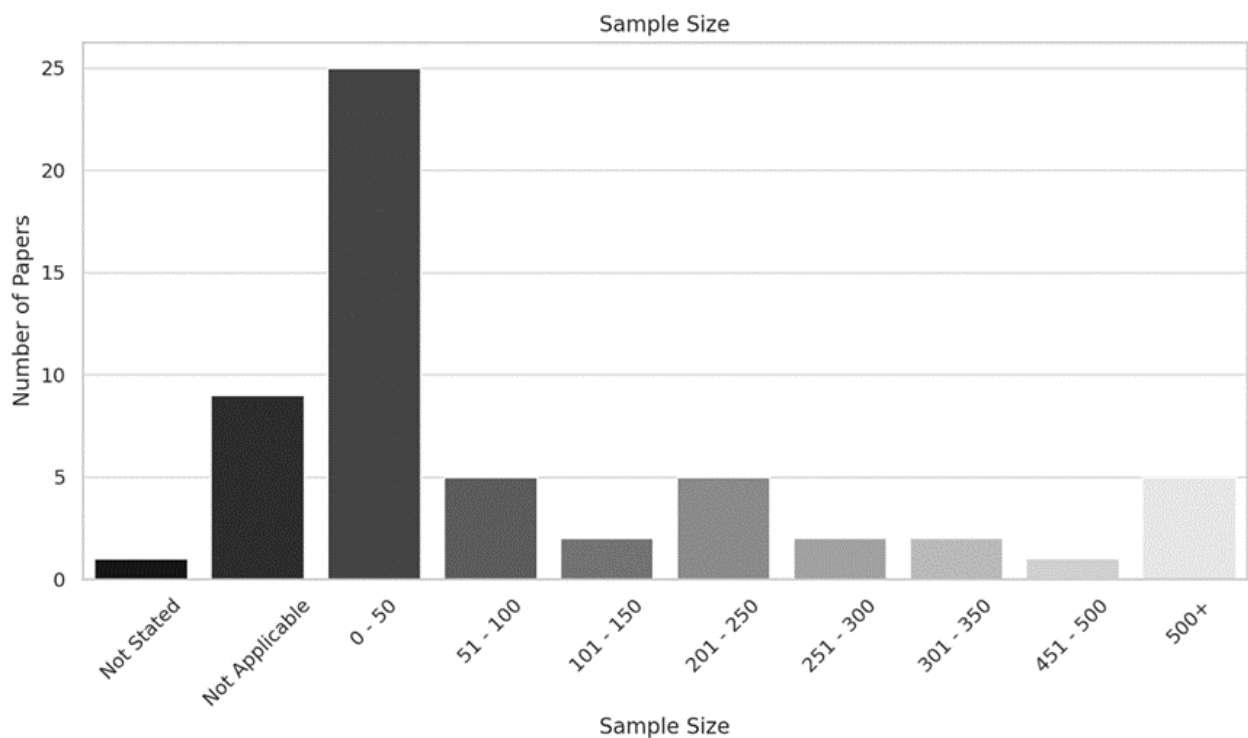


Fig. 4 Distribution of sample size

RQ1: Models of Advocacy (n = 57)

The dataset presents variety in terms of advocacy models available in children’s social care (Figure 5) Peer advocacy emerges as the predominant (59.6%, n = 34). This type of advocacy is concerned with empowering parents through the provision of resources—such as peer mentors with similar experience(s), and support to participate effectively in decision-making processes affecting their families. Articles such as those by Anthony et al. (2009), Berrick et al. (2011), Cohen & Canan (2006), Enano et al. (2017), Frame et al. (2006), Lalayants et al. (2021), Leake et al. (2012) and Munson et al. (2009), explore the facets of peer advocacy (see Appendix IV).

Professional advocacy is also well represented (N = 9 articles), denoting models where professional advocates are trained to represent parents in meetings and throughout pro-cesses involving social services. Articles such as those by Atkin and Kroese (2022), Douglas and Walsh (2009), Douglas et al. (2009), Featherstone et al. (2011), Featherstone and Fraser (2012) and Tarleton (2013) are examples in this category. Legal advocacy is the focus of fewer articles (5.3%, n = 3), including Alfandari (2019) and Holt et al. (2013) that address the legal components of advocacy in the context of children’s social care. The “Peer/Professional” and “Peer/Professional/Legal” categories, with 6 and 4 articles respectively, indicate a hybrid approach that combines elements of peer, professional, and

legal advocacy. For example, Gerber et al. (2019) discuss a model that incorporates all three types of advocacy. The dataset also includes one article that discusses “Various” types of advocacy models (Corwin, 2012)

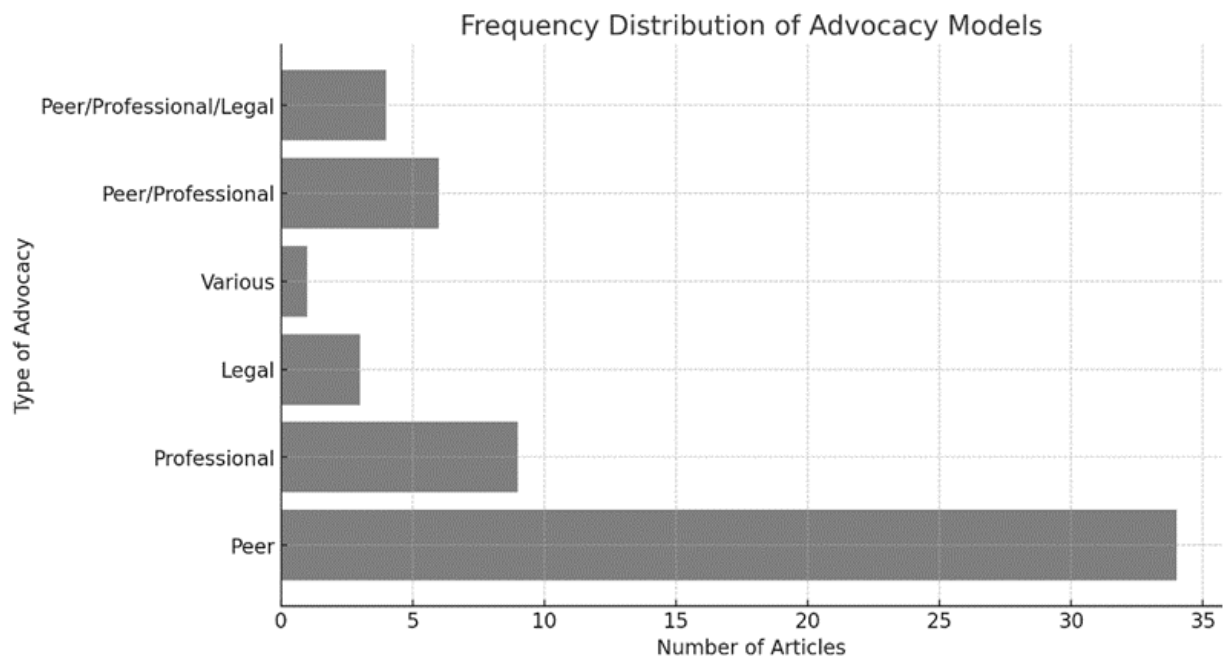


Figure 5. Models of advocacy.

Peer advocacy (N = 34)

Recent expansions in peer parental advocacy centre shared experiences to empower parents (Berrick et al., 2011; Table 2). The literature displays a recent expansion of research primarily based within the US context (Table 2). Peer advocacy leverages the experiential wisdom of parents that have prior experiences navigating the child welfare system, to empower and guide those newly introduced to the system. Peer advocacy typically

Table 2 Characteristic of Included Studies

Document Characteristics (n = 57)		Count (%)
Year of Publication	2007-2010	10 (17.5%)
	2011-2015	14 (24.6%)
	2016-2020	16 (28.1%)
	2021-2022	17 (29.8%)
Country	USA	40 (70.2%)
	UK	12 (21.1%)
	Australia	4 (7.0%)
	Israel	1 (1.8%)
Study Design	Quantitative	7 (12.3%)
	Mixed Methods	11 (19.3%)
	Qualitative	25 (43.9%)
	Quasi-experimental design	7 (12.3%)
	Descriptive	3 (5.3%)
	Literature review	2 (3.5%)
	Randomised Controlled Trial	1 (1.8%)
	Systematic review	1 (1.8%)
Sample Size	Not Stated	1 (1.8%)
	Not Applicable	9 (15.8%)
	0 – 50	25 (43.9%)
	51 – 100	5 (8.8%)
	101 – 150	2 (3.5%)
	201 – 250	5 (8.8%)
	251 – 300	2 (3.5%)
	301 – 350	2 (3.5%)
	451 – 500	1 (1.8%)
	500+	5 (8.8%)
Advocacy Type	Legal	3 (5.3%)
	Peer	34 (59.6%)
	Professional	9 (15.8%)
	Various	1 (1.8%)
	Peer/Professional	6 (10.5%)
	Peer/Professional/Legal	4 (7.0%)

centres shared experiences, to empower parents through emotional support, insider knowledge, motivational guidance, and facilitating participation (Berrick et al., 2011). Core activities encompass relationship building and practical assistance across individual or group approaches underpinned by compassion (Anthony et al., 2009; Baginsky, 2020). Varied programmes such as the Parent Partners, Parents Anonymous, and Parents for Parents, engage former child welfare clients as mentors, leveraging lived experiences to provide responsive guidance and reunification support through mutual understanding (Anthony et al., 2009; Berrick et al., 2011). Peer mentoring offers motivation to engage services (Bohannon et al., 2016). Sources emphasise advocates' multifaceted roles as mentors, guides and support pillars, using "experiential wisdom" to empower parents (Baginsky, 2020; Cohen & Canan, 2006). Veteran parents' guide newcomers, aiming to enhance outcomes via shared experiences and role modelling in initiatives like "Parent to Parent" (Summers et al., 2012).

Mutual support groups based in collective leadership, attempt to bring parents together to share challenges, successes and strengthen families (Burnson et al., 2020). These forums serve to build communities, by reducing isolation and enhancing skills and/or self-efficacy through the principles of mutual aid (Frame et al., 2010; Lalayant set al., 2015). Related peer support typologies recruit specially trained parents as individual mentors to promote treatment engagement and model positive behaviours using relatable experiences (Marcenko et al., 2010).

Other models directly involve experienced parents representing families in conferences and/or hearings to ensure meaningful participation and prevent unjust removals (Lalay-ants, 2012). Parent coaching approaches offer individualised guidance and motivational support based on prior experiences (Lalayants, 2020). Ultimately peer advocacy provides multifaceted, empathy-based assistance through shared experiences (Berrick et al., 2011a).

However, more rigorous evaluation of effectiveness is warranted (Williamson & Gray, 2011). Overarching aims encompass engagement, education, empowerment and expedited permanency, to reshape combative systems via compassionate collaboration. (Haworth et al., 2022). However, the literature also notes challenges around role clarity, boundaries, and resources (Drabble et al., 2016)

Professional advocacy (n = 9)

The literature presents diverse professional advocacy approaches but lacks implementation details and analysis. Rights-based, specialist disability, and crisis advocacy models are put forth (Atkin & Kroese, 2022; Collings et al., 2018; Tarleton, 2008). Though diverse professional advocacy approaches exist, details enabling impartial, sustainable implementation require development (Atkin & Kroese, 2022; Collings et al., 2018; Tarleton, 2008). Advocacy appears to facilitate participation and service engagement (Douglas & Walsh, 2009; Tarleton, 2008). However complex loyalties likely challenge actualising consistent support. Rights-based concepts also necessitate grounding in lived realities across transitory and enduring models (Featherstone & Fraser, 2012).

While professional advocacy encompassed rights-based, disability, and crisis models (Atkin & Kroese, 2022), analysis of assumed benefits, including detailed impacts, was lacking. Legal advocacy aimed to uphold parental rights through guidance and complex system navigation (Alfandari, 2019; Holt et al., 2013). But examination of inherent tensions between rights and duties across contexts requires elucidation.

Legal advocacy (n =3)

The literature presents legal advocacy as upholding parental rights, but models and contexts vary (Alfandari, 2019; Dickens et al., 2015). Comparative analysis reveals challenges integrating legal and social service perspectives within decision-making systems (Alfandari, 2019). Specific initiatives like the START model or pre-proceedings legal counsel are showcased (Dickens et al., 2015; Holt et al., 2013). Collectively, legal advocacy provides guidance through complex systems and advocates parental rights (Alfandari, 2019; Holt et al., 2013). However, critical examination of inherent tensions between rights and duties is lacking. Approaches focus narrowly on legal support, absent are holistic needs.

Hybrid advocacy models (n = 11)

Peer/Professional advocacy (n = 6)

The literature distinguishes independent professional and lived experience peer models, while underscoring that both can be situated across entities (Fitt et al., 2023). Fitt et al. (2023) explore two dominant models of non-legal advocacy in child protection: the independent (or professional) advocacy model and the peer (or parent) advocacy model. The former seeks to redress power imbalances and challenge poor practices, while the latter is led by parents with firsthand experience in the child protection milieu. The article underscores that such advocacy can be channelled via legal entities, multidisciplinary agencies, or generic non-profit institutions.

A series of articles (Hall et al., 2015, 2021; Huebner et al., 2018, 2012; Sears et al., 2017) elaborate on the Sobriety Treatment and Recovery Teams (START) model. This integrative strategy aligns child protection services, with family recovery mentors—namely those with a history of substance (mis)use and child welfare involvement. The overarching intent, is to bolster sobriety, enhance parental capabilities, and promote familial well-being, while aiming to prevent child maltreatment recurrence and unnecessary out-of-home placements.

Tobis et al. (2020) delve into parental advocacy in child welfare as a conduit to augment parent participation and champion children's rights. The article presents an array of advocacy programmes emphasising both parent-led and supported frameworks on both national and international scales. While collaborative partnerships are championed, critical examination of assumed benefits is lacking. Power dynamics between professionals and service users warrant analysis, even in peer models. Details on translating theoretical systems reform, to on-the-ground practice transformation are scarce, while "Western-centric" assumptions underpinning both system structures and participation imperatives require potential unpacking. While the literature here conceptualises complementary expertise, actualising integrated advocacy, requires implementation research grounded in lived experiences.

Peer/ professional/ legal Advocacy (n = 4)

A minority of articles, focused on interdisciplinary teams to collaboratively represent families within child welfare systems (Gerber et al., 2019; Rauber, 2009; Sankaran et al., 2015; Stephens et al., 2021). Gerber et al. (2019) present a comparative analysis of the solo-attorney model versus the interdisciplinary law office (ILO) approach, comprising holistic teams, who aim to unify families and expedite permanence. Sankaran et al. (2015) propose a similar multidisciplinary model to engage parents, contrasting adversarial representation systems. Rauber (2009) outlines diverse models across jurisdictions, sharing aims such as the prevention of removal and furthering reunification, despite variability in activities and evaluation. Finally, Stephens et al. (2021) spotlight the unique role parent advocates with lived system experiences play in the Family Court setting. While not delineating specific models, the article emphasises the unique insights. Though complementary expertise shows promise, achieving coordinated advocacy requires scrutinising assumptions and on-the-ground realities. Further research can support translating diverse knowledge into practices that reform systems to match such conceptual ideals.

Various models (n = 1)

One PA article presented an exhaustive review of diverse parental advocacy models in child welfare (Corwin, 2012). Ranging from structured therapies and meetings, to comprehensive parent mentoring programmes, with this model collectively aiming to amplify birth parent involvement, collaboration, and leadership in the child welfare domain. However, the report is not intended to provide an exhaustive list of child welfare programmes that focus on birth parent participation. The report also acknowledges the need for more rigorous evaluation of the effectiveness of the programmes and strategies reviewed.

RQ2: Core features of programmes implementation

The literature describes various strategies, with common elements (Appendix IV) including: recruitment and training of peer advocates; engaging and referring parent participants; providing support; accompanying parents; representing parents in decisions; referrals to services; and collaborating with agencies (Anthony et al., 2009; Berrick et al., 2011).

Frequently cited programmes were Parent Partner (Anthony et al., 2009; Berrick et al., 2011; Cohen & Canan, 2006), Child Welfare Organising Project (Lalayants, 2012, 2013, 2017, 2021), and Parents Anonymous (Burnson et al., 2020; Polinsky et al., 2010,

2011). Other commonly referenced initiatives included the Iowa Parent Partner Programmes, Parents for Parents, and the Sobriety Treatment and Recovery Teams (Chambers et al., 2019; Bohannon et al., 2016; Hall et al., 2015). Over 20 distinct programmes were highlighted, demonstrating proliferation of models (Table 3, Appendix IV).

Parental advocacy models exhibit common operational features including strategic recruitment and training of peer advocates with lived child welfare experience (Berrick et al., 2011a; Huebner et al., 2018). Extensive skills training and ongoing supervision enable advocates to provide relationship-based support through emotional, informational, and practical assistance (Anthony et al., 2009; Frame et al., 2010). Core activities encompass meeting accompaniment to offer guidance, representation of parent perspectives, and facilitation of participation (Atkin & Kroese, 2022; Lalayants, 2013). Models assist with service referrals, provide direct services, engage in specialised legal roles, and build systems capacity (Chambers et al., 2019; Sankaran et al., 2015; Tobis et al., 2020). Considerable variability exists regarding programmes context, integration, and funding (Lalayants, 2013; Walsh et al., 2019). However, consistent aims involve empowering parents through tailored advocacy rooted in empathy, availability, compassion, and lived experiences (Berrick et al., 2011a; Frame et al., 2010). Key strategies include relationship building, delivering support, representing families, and enhancing participation across policies and practices (Lalayants, 2012; Tobis et al., 2020).

RQ3: Facilitators and barriers to effective advocacy

Parental advocacy programmes face various barriers and facilitators that can hinder or enable their effectiveness. A comprehensive review of the literature reveals numerous facilitators that contribute to efficacy and positive outcomes (Table 4; Appendix IV). Facilitators include shared lived experiences, building trust and motivation (Anthony et al., 2009); collaboration enabling integrated support (Chambers et al., 2019); tailored, approaches aiding relationship development (Lalayants, 2013); and adequate resourcing (Tobis et al., 2020). However, pervasive stigma and distrust impedes openness (Lalayants, 2012); punitive mindsets further marginalisation (Collings et al., 2018); power differentials engender resistance (Lalayants, 2017); recruitment challenges constrain capacity (Chambers et al., 2019); insufficient training and support lead to ineffective practices (Sankaran et al., 2015); workforce instability disrupts continuity (Hall et al., 2021); and resource deficits restrict sustainability (Hunter-Moffett, 2011).

This review synthesised evidence across diverse parental advocacy models including peer, professional, legal, and integrated approaches. However, the issue of whether barriers and facilitators manifest distinctly between these model types remains unknown given limitations in current studies. As evidenced by the summary of key strategies and challenges, common themes emerge, but future research must further explore variabilities including analysis by advocacy model. While peer advocacy is most extensively studied with clearly delineated implementation factors, sufficient data does not yet exist examining professional, legal and hybrid models separately regarding relative barriers and facilitators influencing efficacy across settings. As evidence continues to accrue on parental advocacy outcomes, more focused inquiry on the relationships between advocacy model type, contextual implementation variables, mechanisms of impact, and resultant family and systems effects would enrich the knowledge base considerably. In summary, barriers intertwine across societal, programmatic, emotional and practical dimensions—embedding biases, straining limited capacity, isolating families within unresponsive systems, and ultimately hindering empowerment aims. Alleviating these challenges will require concerted efforts that target prejudicial attitudes and legal philosophies; bureaucratic rigidity; instability; insufficient resources and combative infrastructures with collaborative partners.

RQ4: Impact and Outcomes (n = 48)

Several studies document impacts on reunification rates (n = 17) permanency timelines (n = 1) and recurrence of maltreatment (n = 1). Parent mentors are noted to increase the likelihood of reunification (Berrick et al., 2011), while also shortening foster care stays and expediting permanency (Gerber et al., 2019; Marcenko et al., 2010). Reduced recurrence of child welfare referrals and placements are also evidenced across the included literature (Burnson et al., 2020; Haworth et al., 2022; Huebner et al., 2018; Huebner et al., 2018; Sankaran et al., 2015).

Outcomes also encompass increased parental engagement, participation, and empowerment (n = 20). Parents demonstrate higher levels of involvement with services, visitation compliance, and court attendance (Bohannon et al., 2016; Rockhill et al., 2015). Enhanced communication, transparency, preparation, and navigation of systems is noted (Diaz et al., 2021; Featherstone & Fraser, 2012; Stephens et al., 2021) with parents describing feelings of trust, support, understanding, and being heard (Summers et al., 2012; Tobis et al., 2020; Trescher & Summers, 2020). Several studies illuminate psychological and relational benefits. Parents indicate gains in self-esteem, coping abilities, as parents, and parent-child relationships (Atkin & Kroese, 2022; Damman, 2018; Tarleton, 2008). Family relationships and recovery outcomes are noted to improve markedly (Hall et al., 2021; Haworth et al., 2022; Huebner et al., 2018), with con-current stigma reduction and inclusivity within systems as additional benefits (Damman, 2018; Douglas & Walsh, 2009).

The issue of substance abuse and sobriety is explored in 8 articles. Frame et al. (2010) explored the pivotal role parent mentors play in engaging substance-abusing clients in treatment. Hall et al. (2015) also highlighted the positive outcomes associated with parental representation in cases involving substance abuse, emphasising the reduction in rates of children placed in state custody. This theme is further elaborated upon by other research articles. While many studies utilise self-report data, some link advocacy to administrative child welfare indicators. Increased reunification and discharge rates are repeatedly evidenced, along with placement stability improvements (Chambers et al., 2019; Huebner et al., 2018; Marcenko et al., 2010; Saeteurn et al., 2022). Cost savings from averted placements and services are also highlighted (Fitt et al., 2023; Hall et al., 2015; Huebner et al., 2018).

However, limitations around study designs, representative samples, and challenges isolating advocacy effects are noted. More rigorous evaluation is needed to clarify connections between advocacy programmes, implementation factors, and outcomes (Hunter-Moffett, 2011). Overall, the breadth of evidence indicates potential for parental

advocacy models to improve family experiences, empowerment, relationships, participation, and tangible child welfare indicators. But continued research is vital for elucidating how specific programmes components may influence specific outcomes.

Discussion

This scoping review reveals several key insights regarding parental advocacy in child welfare systems. Peer advocacy models predominate, emphasising shared lived experiences as foundational for building trust and providing relevant support (Anthony et al., 2009; Berrick et al., 2011a). Strategic recruitment, training, and ongoing mentoring facilitate effective peer advocacy programmes (Berrick et al., 2011a; Huebner et al., 2018) with early voluntary outreach, flexibility, availability, and compassion aiding engagement (Frame et al., 2010; Lalayants, 2012). Core activities include emotional encouragement, practical assistance, motivational coaching, and meeting participation (Chambers et al., 2019; Lalayants, 2013).

While professional and legal advocacy models are presented, specifics on impartial, rights-based support require further elaboration beyond principles (Atkin & Kroese, 2022; Sankaran et al., 2015). Shared experiences, collaboration, tailored approaches, independence, and adequate resources facilitate advocacy aims (Lalayants, 2013; Tobis et al., 2020). However, stigma, underfunding, power imbalances, and systemic rigidity impede potential (Fitt et al., 2023; Lalayants, 2021). Outcomes encompass increased engagement, expedited permanency, enhanced skills, and select improvements (Berrick et al., 2011; Haworth et al., 2022). Yet more rigorous evaluation is needed regarding the causal impact of advocacy programmes on these outcomes (Hunter-Moffett, 2011).

Limitations

This scoping review has several limitations to consider. The English-language search excluded non-English studies. Most studies originated from Western contexts, chiefly the USA, constraining transferability where child welfare systems and cultural values may differ. As standard, individual risk of bias was not appraised, but this precludes evaluating the methodological rigor underlying specific findings. Evidence strength for models and outcomes could not be determined given qualitative, observational predominance unable to infer causality. Moreover, concentration on peer advocacy indicates gaps around professional and legal models—warranting further investigation. The geographic restriction

omitting research findings from Canada, New Zealand, and Ireland constrains perspectives and transferability. Legal aid pro-programmes linking advocacy and social work represent a further gap in understanding. Moreover, details on Indigenous community-led parental support models would enrich cultural responsiveness. Concentrating on localised contexts and inclusive paradigms would mitigate biases ingrained in Western-centric, paternalistic foundations requiring elucidation. Overall, diverse socio-cultural traditions and evolving systemic innovations remain underexplored, indicating needs for inclusive research on bespoke, equitable reforms.

Conclusion

The findings reveal tangible positive impacts of parental advocacy models on reunification, permanency, and select child welfare outcomes. This suggests such programmes warrant consideration for broader implementation. However, barriers regarding stigma, legal philosophies, resources, and workforce capacities must be addressed through coordinated efforts across systems, policies, and infrastructures to enable sustainable uptake. Specifically, practice frameworks, training curriculums, and organisational cultures could integrate compassionate, strengths-based paradigms valuing inclusive partnerships. Ultimately, participatory research on bespoke, compassionate practice—within supportive bureaucratic ecosystems—offers potential to progress from theoretical ideals towards meaningful reform.

Given variabilities across models, further research should explore if barriers and facilitators manifest distinctly between peer, professional and legal advocacy approaches. Additionally, findings underscore needs for supportive infrastructures embracing diverse expertise through tailored practice and policies fostering inclusive participation

Additional files (Appendices)

Additional files (See Appendices). Further data files may be provided upon request to the corresponding author(s).

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