Lessons From Contra Costa County’s Parent Partner Program

Paul Dunaway

Executive Summary

Many parents going through the child welfare system feel lost, isolated, and disconnected. They don’t trust the system or their social worker. Sonoma County Family, Youth and Children’s Services struggles to meet the standards for reunification within a twelve-month period and maintain moderate reunification rates, while facing continued budget restrictions. Implementing a peer support system, such as a Parent Partner program, in child welfare equips the system to better address barriers faced by social services working with parents in family reunification.

Parent Partners can provide extra support to parents by spending time with them, sharing their experiences and helping parents navigate the child welfare system. A partner can also bridge the parent’s connection with the social worker, community and service providers. Engaging parents in the process is key to successful transformation. Since parents are consumers of child welfare services, Parent Partner can also help them to understand exactly what is expected of them.

Contra Costa County started a Parent Partners with a grant in 2005 and has since experienced an increase in reunification rates and a reduction in recidivism. The pressure for counties to improve outcomes will not subside regardless of increased demands for services. Parent Partners has shown to improve outcomes and to provide better experiences for clients and Human Services. Implementing Parent Partners in Sonoma County would improve outcomes and benefit families.

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Introduction

Jessica, a 23-year-old mother of two small children, waits confused and scared outside of the courtroom about to enter a hearing where she is facing the loss of her parental rights. When she was 14, her boyfriend introduced her to drugs. She had her first child at 17 and her second at 22, and they were both removed from her one year ago. Her own parents were addicted to drugs and were never much support. She jumped right into residential drug treatment after having her kids removed. She had an attentive social worker who never missed a monthly visit. When she graduated from drug treatment, it didn’t take long for her to get sucked back into her old environment and drug use. Because she was so shy, she often found herself alone and did not know how to ask for help. In the end, she is still alone and confused about why she doesn’t have her children.

Jessica’s story is not unlike many parents going through the child welfare system. Professionals working with parents like Jessica often try to determine what went wrong or what was lacking. Social workers expend tremendous effort to provide exceptional service. Intricate case plans are developed to meet various needs. Clients are referred to professional service providers who have an immense breadth of abilities. One may ask, “What went wrong for Jessica? Did she get the best service available? Is it that she was isolated? Did she get the guidance that she needed, have trust in her social worker, or struggle to understand the system?” Whatever the case, it is evident that something is missing.

Peer support systems have been gaining popularity throughout various helping organizations, including child welfare agencies and adjunct services. A peer who is not the professional or the direct service provider, who works side-by-side with a client, helps him or her do whatever it is they need to do. It is someone who shares her experience, has navigated the same system, and can help steer around anticipated obstacles.

Parent Partners is a peer support model in child welfare that has proven to be successful in working with families. The goal of a Parent Partner Program is to provide a type of support to a parent that a social worker is unable to provide, no matter how good they are or how good the service provider is. By connecting people like Jessica to a role model who lives in their neighborhood, who is able to say things in a way that can be heard differently than if it is said by a social worker, and who successfully navigated the same system that she is going through, has proven to increase timely reunification and reduce recidivism.1

Background

Peer supports are not a new concept. Parents Anonymous, a mutual support group to share information about parenting, and Alcoholics Anonymous, a fellowship of men and women who share their experiences to solve problems with alcoholism, are two examples of early-established peer support groups. A study of Parents Anonymous indicated that the group had a promising effect; however, the evidence was based on self-reporting (Lieber & Baker, 1977).

A study on Parent Mutual Aid Organizations in Ontario, Canada, found that participants displayed less loneliness, greater enthusiasm, and increased self-esteem and confidence. Participants also relied less on social service professionals, had fewer out-of-home placements, and produced cost-savings for the agency (Cameron, 2002). The state of Illinois employed “recovery coaches” to augment their case management services in child welfare with the goal of improving service delivery and reunification rates. The findings were that “parents who were assigned a recovery coach were more likely to engage in substance abuse services, and they were more likely to access services more quickly than parents in the control group. Parents in the experimental group were more likely to achieve family reunification” (Anthony, et al. 2009).

If parents feel isolated, lonely and stigmatized, the parent partner will provide connection through a relationship that is based on mutual experiences (Budde & Shene, 2004). Peer supports may “aid treatment by decreasing stigma and increasing access to role models, ultimately promoting social integration and quality of life” (Anthony, et al. 2009). Parent mentors also have a unique connection in that they often live within the same neighborhoods and communities, unlike the social worker. They are able to connect parents with resources that are outside the scope of the social worker because of this (Budde & Schene 2004).

Jessica’s story is representative of a large number of parents who fail reunification and who lose their parental rights. In Sonoma County, 6 out of 10 children who enter foster care at any given time fail to reunify with their parents. The children either remain in out-of-home care or eventually exit to adoption, guardianship or emancipation. Of all children who entered care for the first time in Sonoma County between January 2006 and June 2008, 192 out of 466 youth had reunified at the 24-month mark. It can be assumed that services for the parents of 274 children who did not reunify are terminated at that point.

In Sonoma County between 1998 and 2009, an average of 2.4 children were legally free for adoption (i.e., parental rights were terminated) each year. In California, the annual average is 3,558 youth. Contra Costa County’s Parent Partner Program

Contra Costa County started their Parent Partner Program in 2005 with an “Improving Child Welfare Outcomes through Systems of Care” grant. The grant that originally funded the program was provided by the Substance Abuse and Mental Health Administration and expired in 2008. Since then, the program has been funded with Promoting Safe and Stable Families, HIV, and substance abuse treatment money.

Contra Costa County put a great deal of thought and planning into their implementation process. Program Manager, Neely McElroy, was the lead on the design of the program. Judy Knittel, who had a tremendous amount of child welfare experience on the east coast, joined the team. Judy’s role is to supervise the parent partners and to manage all of the program components. Given there was no child welfare model to copy from, they started their project with the mindset of building on what worked within their current system and what didn’t work. Neely and Judy attended individual unit meetings, where they introduced the idea and gathered feedback regarding what everyone would want from such a program. They also formulated a workgroup of ten workers and ten parents to discern what they wanted.

Based on an analysis of entry cohorts between October 1998 and September 2008. The actual average rate of successful reunification is 37%. The analysis looked at the exit status at 24 months of all children in all entry cohorts during this time period. Exit status at 24 months is significant because Family Reunification services do not typically extend beyond 18 months; therefore, it can be reasonably assumed that the parents of all children who did not reunify by 24 months had their Family Reunification services terminated.


The Structure of Contra Costa’s Parent Partner Program

Parent Partners were originally co-located in the Child Welfare Services office as independent contractors. Now, the program is contracted out to the Child Abuse Council, which is where Judy Knittel and the Parent Partners are housed. The program currently has four full-time partners who earn $15 per hour. The Child Abuse Council manages all of the payroll and personnel responsibilities. The county is no longer responsible for benefits or for working within a Memorandum of Understanding.

The Role of the Parent Partner in Contra Costa

Parent Partners have three main roles: they are mentors to parents, they are leaders in the community, and they are trainers. As mentors, they support new parents coming into the child welfare dependency system. They share their story and teach parents how to get the most benefit from child welfare. They share knowledge of how to navigate through the courts and child welfare and how to best partner with their child welfare worker. They are a coach and a guide, but they are not advocates who fight for them. Parent Partners are not a “service” for the parent. They are not a provider and therefore they do not teach parenting skills or provide counseling. As a leader and trainer, they sit on various advisory boards to speak as the voice of a parent and they may be asked to give presentations at events.

A good Parent Partner is someone who is passionate about helping someone newly entering child welfare. Contra Costa emphasizes two main goals of the partners who work with the parents: building support systems and learning how to trust again. Two of the biggest hurdles faced by parents in the dependency system are the lack of social support they receive and decimated trust in the people that can help them. Parent Partners offer someone to turn to in times of need who provide guidance and who have succeeded in the very struggle parents are facing. The Parent Partners’ relationship with their clients is protected by confidentiality. They are a support for the client, but are also mandated reporters who are required to report abuse. They do not have any other direct links to the social worker. To abuse this would compromise their role and ability to build rapport with the parent. They can talk with the worker on occasion, but only after being given expressed written consent by the parent. They also do not make any notes of their meetings.

Contra Costa County’s Process of the Parent Partner Program

Everyone coming into the dependency system is offered a parent mentor, with the exception of a few cases: those with significant abuse (often sexual abuse cases) and high profile cases. Judy Knittel, the supervisor of the program, is sent a copy of every petition that is filed with the court. Parent mentors attend the detention hearings and approach parents at the hearing to offer their services. There is no set script they use when they approach parents. They simply say “I’m so and so, would you like me to help you?”

Contra Costa County’s findings from using a Parent Partner Program

Findings in Contra Costa County include children spending less time in foster care by returning to their parents more quickly and decreased recidivism. Contra Costa County found that approximately 60% of families with Parent Partners experienced reunification within 12 months of removal compared to 26% of children not served by parent partners. In addition to improving outcomes, there have been notably better experiences by the parents and the social workers. Parents report feeling more supported and informed about their experience. Social workers report that Parent Partners are less likely to be perceived as an adversary because they are not part of the system. Social workers and other professionals also recognize trust is built more readily with parent partners. They translate information about the system in ways that a removed professional may not be able to do. They are able to break through many of the boundaries that social workers may otherwise struggle with. And finally, they feel that it is something that ultimately

A Parent Partner Program for Sonoma County

Sonoma County would benefit from a Parent Partner Program. It would increase Sonoma County’s 37% reunification rate, which is below the California average. It would also address the System Improvement Plan goal of increasing the reunification rates within twelve months, which the division has failed to meet thus far. During times of budget cuts, it would soften the burden on social workers who are experiencing increased caseloads and responsibilities. Finally, a Parent Partner Program would provide a better experience for parents through support and engagement.

The Role of the Parent Partner

Sonoma County’s Parent Partners will have two main roles. Foremost, they will mentor individual parents receiving services through the dependency system. Second, they will be leaders representing a parent’s perspective.

As a mentor, the baseline goal is to provide knowledge and guidance for clients to navigate the child welfare system and become informed consumers. Many parents going through the child welfare system get lost in the system and, as a result, lose focus on their case plan. A Parent Partner can redirect them back to the objectives of the case plan and toward what they can do to meet their goals. Parents also struggle with feeling disconnected from what they are being asked to do. They often feel that someone else is doing this to them and directing them as to what they need to do to fix the problem. As a mentor, the parent partners will actively work toward bridging the connection between the parent and the child welfare system, their social worker, service provider or community. Actively engaging parents in the process enables them to be a part of reconstructing their lives. Parents having a stake in what they need to do to become successful is a key component to change.

As a leader, the Parent Partner will participate as an advisor on various boards, in meetings or in program planning groups. For instance, in Sonoma County’s System Improvement Plan it is necessary to gather the perspective of various groups, including providers and stakeholders. A recipient of services is arguably the biggest stakeholder. Parent participation during the design of a program is essential to ensure a good fit between the program and client needs.

Parent Participation

Every parent who has had their child removed and placed in the dependency system in investigations or family reunification would be eligible for a parent partner at or soon after the detention hearing. Certain clients would be excluded from the program, such as cases with sexual abuse and severe physical abuse. Participation will be voluntary; however, it will be strongly encouraged given the belief that it will help families reunify. There will be no time period for the assignment, and termination will take place by the parents’ choosing or after a parent has reached his or her goals (e.g. successfully reintegrating back into society and rebuilding a natural support system). The frequency of parent partner contact with their clients will be loosely defined; however, they will be expected to have more contact during the first six months and less frequent contact as the partner transitions resources to the client’s natural community. The activities will also be loosely defined. Clinical supervision will guide activities toward engaging parents in their case plan and integrating into their community. Through all of the contacts, Parent Partners will connect with parents by sharing their stories.

Structure of the Parent Partner Program

Parent Partners will have a clinical supervisor who provides guidance, direction and support.

Weekly supervision is required to understand the direction cases are going and to brainstorm ideas for best meeting the goals of the clients. On April 14,

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5 Based on an analysis of entry cohorts between October 1998 and September 2008. The analysis looked at the exit status at 24 months of all children in all entry cohorts during this time period. Exit status at 24 months is significant because Family Reunification services do not typically extend beyond 18 months; therefore, it can be reasonably assumed that the parents of all children who did not reunify by 24 months had their Family Reunification services terminated.
2011, there were 182 parents receiving family reunification services in Sonoma County. Excluding the most severe cases and the parents who self-select out, it is anticipated that a caseload would consist of 60–75 clients per full-time employee equivalent.

**Next Steps**

Designing any new program takes thought and consideration. The following is a list to aid in the designing of a parent partner program for Sonoma County:

- Make a list of strengths that have contributed to the success of already-implemented programs. Consider how the program was designed, trained, and implemented.
- Meet with individual units to gather what everyone would want from the program. Also, meet with the court and with involved attorneys for the same purpose.
- Meet with several parents who are currently involved in the child welfare system, as well as graduates, to ask what they would like from such a program.
- Build a robust curriculum for training parent partners. Curriculum topics will include: learning how to talk with clients; presentation skills; and knowledge of resources, the court system and the child welfare system.
- Develop a mission statement and vision. Every component of the program should address the mission and vision. Designing rules, roles and boundaries is essential to equipping everyone on the team with consistent standards of practice.
- Work with a logic model to clearly identify what is trying to be accomplished and to find ways to objectively measure the results. It will define the problem, identify the objectives, delineate the activities, and clarify what the short- and long-term goals are.

**Staffing and Funding**

One clinical supervisor, one full-time parent partner, and two part-time partners would staff the Parent Partner Program. The purpose of having three partners is so the supervisor has greater options in matching assignments. At least one parent partner will be male to meet the needs of fathers who may struggle to connect with a female parent partner.

A Request for Proposal would go out to bid for the position to be staffed and managed outside of the county. This would limit the perceived conflict of interest for the parents that the partners are an extension of social services. Contracting this out would also dispose of the need for a Memorandum of Understanding and the need to manage payroll and personnel.

Resources to fund the program could come from SB 163 Wraparound Reinvestment Funds, PSSF, or Linkages. Linkages could be used because of its emphasis on reintegrating clients back into the community by becoming productive citizens. Linkages provides this support and clients would likely be dually served by both organizations. San Francisco County funds their Peer Parent Mentor Program through WRAP savings and through the Welfare to Work, CalWORKS Job Subsidy Program.

If Sonoma County experiences similar results to Contra Costa County (more than doubling their reunification rates within 12 months of removal), then the cost savings would come from those children no longer being in out-of-home care. The program can be modified to meet any budget; however, this program is designed as a gold standard based on evidence-informed practices that are intended to meet the needs of clients and the outcomes of the Family, Youth and Children’s Division.
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Bibliography


