



LEADERSHIP LESSONS

# STRONG FAMILIES

## How can child protection agencies authentically engage with parents?

**Q&A with Kimberly Mays, birth parent and social services worker with the Washington State Office of Public Defense, and Timothy Phipps, birth parent and parent mentor with Morrison Child and Family Services in Oregon<sup>1</sup>**

Parents with lived expertise are well positioned to offer unique insight into what works, based on their personal experience. In this Q&A, David Sanders, executive vice president of systems improvement for Casey Family Programs, interviews Kimberly Mays and Timothy Phipps to learn more about why engaging parents is so critical to child welfare practice and advancing systemic change. They offer strategies on how child protection agencies can better engage with and leverage the expertise of parents.

Mays and Phipps also had an opportunity to interview Sanders to hear his perspectives on how child welfare agencies can engage with parents. To read that interview, please see: [How can child protection agencies deepen partnerships with birth parents to advance systems change?](#)



# How can child protection agencies authentically engage with parents?

## How would you describe your experiences with your caseworker?

**Phipps:** My past experiences with homelessness, substance use, and incarceration contributed to a lifestyle and an environment that my children lived in day after day, rather than one single crisis incident where they were not safe. When my daughter was removed and I began to engage with the caseworker, I realized that she was genuinely curious about my role as a parent and wanted to help me address the underlying issues that brought my daughter and me to this situation.

It made a difference that I was dealing with an individual, and not a system. Her approach wasn't about what I needed to do to have my child returned. Instead, she helped me outline some goals about who I wanted to be as a parent and helped identify how the agency could support those goals. It was neither directive nor punitive. It was framed in a way that I understood it as an opportunity to address longstanding issues in my life and the life of my family.

**Mays:** The way my caseworker engaged with me was as if my worth and value as a human being was not separate from my situation or the behavior that brought my kids into care. I felt I was talked at and about but not talked to. What motivated me was when a judge told the agency to stop focusing on my past mistakes and instead focus on and celebrate my current successes. That gave me hope for the first time that I was part of the solution for my family.

## Could anything have been offered sooner to prevent the removal of your children?

**Phipps:** The short answer is yes. It is interesting that the inpatient treatment center I ended up attending was three blocks away from my home, yet I never knew it existed. I had been dealing with addiction for decades, but there was a lack of public information about access to treatment. This is what I had been trying to do by myself for years and years, and was not successful. The removal wasn't what was needed. What was needed was an opportunity for me to change.

**Mays:** I think that answer is on a continuum. A lot of parents want to change but the resources are not available. Or they are put on a list for a treatment bed and they're still using because they can't get into treatment. For some parents, it's not the threat of removal, but the conversation about their child not being safe that makes the difference. Then the choice is either the child needs to be removed or there is a readily available inpatient treatment facility the parent can go to with their child.

## What are your feelings about separating children from their parents?

**Phipps:** One of my frustrations with the system is that my daughter wasn't able to go with me to inpatient treatment services. Lots of learning and healing happened for me in the year I was there, but my daughter experienced trauma, doubt, and fear during that time because she was not placed with me or with a relative. We weren't able to start some of the healing together or to reestablish some of that trust. Family-based treatment would have allowed us to learn how to heal and reconnect, and would not have driven such a wedge in our relationship.

**Mays:** We need to heal together. When children are removed to save them from being around the substance-using parent, we traumatize them more by placing them with strangers.

## What could family treatment mean for children and families?

**Mays:** It would be much more cost effective, less traumatic, and more healing to have parents go straight to treatment with their child. Parents need to heal together with their children. If 80% of the families involved with child welfare have a substance use issue, and we don't build some infrastructure for that, the child welfare system is not serving families. We could reduce the length of time children spend in care and build places for families to go for treatment together. Mom and Dad go to their breakout sessions, and the children go to daycare or school, and they come back together at night for family time and bedtime.

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## How have you used your voices to advocate for systems change, and what was the outcome?

**Mays:** When I first started this work as a parent ally for [Parents for Parents \(P4P\)](#), I was only allowed to work with families at their first court hearing. I was not allowed to talk to the other 10 or 20 parents in the courthouse, whether they were struggling or not. I kept advocating for that, but nothing changed. Then I was hired as a P4P grant coordinator for King County and had a different voice. Within three months, the model changed and was I able to connect with every parent I saw in court. When I was involved with child welfare, help during the first 72 hours was not what I needed — I needed it at the five-month marker and the 11th-month marker and 17th-month marker. Now P4P is in every county in Washington, reaching every parent in court, and is being implemented in other states.

**Phipps:** When I was in inpatient treatment, I was allowed one visit with my child per week for about one-and-a-half hours. But there was no dedicated space for us to be together for family visits. My daughter was 12 at the time, and the only place to spend time together was a small office in the corner with a desk and a couple of chairs. After my case was closed, I co-founded the Fathers Advisory Board in Multnomah County, Oregon. We are a group of fathers, former consumers of child welfare and substance use services, who help other fathers who are currently in treatment to have meaningful, relaxed visits with their children.

In the entire state of Oregon, there are currently only 18 beds in inpatient treatment facilities that allow

fathers with children. We've worked with all of the inpatient treatment facilities in the Portland area to create dedicated visitation spaces for fathers to be able to have their children in calm environments, with carpeting, toys, and electronics. The fathers in the facility maintain the spaces and determine how to share them. We have advocated for them to be sustainable, and the facilities are committed to maintaining these dedicated spaces for fathers and their children.

## How can the child protection agencies better utilize parents with lived expertise?

**Mays:** To create generative capacity, agencies should hire former constituents, holding onto the cream of the crop, and utilize them in a working capacity within the system. For example, we have two former constituents in our office who are case-carrying social workers, and another one who is becoming a dependency attorney.

Birth and resource parents and foster youth should bring their expertise to all local, state, and national initiatives. They should be involved not only in the planning, development, implementation, and evaluation processes of child welfare, but also in the offices of the Attorney General and court staff, Court Appointed Special Advocates, and Guardians ad Litem. That way, everyone's perspective is involved, and everyone has a piece in the success or failure of a case. Right now, we're operating in silos and we need to bring the entire system to the table at every stage of the process, from the planning process to the reevaluation process. Constituents can help to think through all the unintended consequences in new programs and initiatives.



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## How can we engage with constituents in the community?

**Phipps:** Child welfare agencies, to some extent, have driven a wedge between themselves and the community, either by default or by metamorphosis. When an agency takes the full responsibility for child safety on itself, it takes responsibility away from the parents and the community, shifting it to somewhere it doesn't belong. If we could integrate child welfare into the values of a given community and take a collaborative approach as opposed to one that is top-down or punitive, the outcomes are going to be better for everyone involved. My experience working with frontline workers is that feeling ultimately responsible for the safety of children is an incredibly

daunting load to carry. They would love for families, parents, and communities to be able to share in that responsibility.

**Mays:** The state agency is taking on the role of the community and the parents as far as overseeing what that family needs. We can set up central places in communities for families to access support. A key factor will be taking some of the investigations away from CPS, those that are not the serious maltreatment cases, and leverage community partners to intervene with the family first. For example, the family could be screened in and signed up for mental health services or some interventions along a continuum, and then provided support in their home. That's my thinking from working hands-on with families for 15 years.

1 Adapted from an interview with Kimberly Mays and Timothy Phipps on March 28, 2019.

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