

# Promoting Peer Support in Child Welfare



**Peer support programs are crucial for children and families**, particularly when children are removed from their parents, whether or not it is through the formal child welfare system. For children, youth, parents and the caregivers that support them, the ability to turn to individuals in their communities who understand what they are going through is a vital lifeline. Peer support programs offer services and support delivered by individuals who have been through similar experiences - such as navigating the child welfare system or caring for relatives. However, despite their demonstrated efficacy and their unique ability to build trust with children and families, most peer support programs serving families in and around child welfare cannot access the key funding and support opportunities available to other programs. Still, grassroots peer support programs across the country must attempt to leverage community resources and a patchwork of funding to support families during the most difficult times of their lives.

## **To improve the well-being of children and families, we must substantially invest in growing and scaling peer support programs. Providing needed resources to peer support programs will:**

- **Amplify lived experience.** Peer support programs inherently recognize the critical expertise of people who have been through the child welfare system or cared for a child who cannot be raised by their parents, elevating them equal status with professional service providers.
- **Build capacity** for peer-to-peer delivered services in communities, including workforce development.
- **Combat Isolation.** Child welfare system involvement inherently isolates children and families, harming their well-being. Peer support programs offer connections to people with similar experiences because people are more likely to thrive when they don't feel alone.
- **Enhance family well-being.** Connecting youth and families to existing services and supports and increasing their knowledge of how to traverse the child welfare system and related systems improves well-being, reduces the time children spend in out-of-home care, increases the likelihood of reunification, and ensures youth who cannot reunify remain connected to strong families and communities.
- **Build evidence.** Emerging evidence for peer support shows that peer support programs are profoundly effective, but research is limited. Investing in building evidence for peer support programs in child welfare will improve peer support practices and can open the pathway for more sustained funding through the Title IV-E Prevention Program and other sources.

Grassroots organizations, groups, and collaborations that provide peer support programs often do not have the infrastructure to apply for and receive substantial funding from philanthropic and government sources. Allowing funding for entities that partner with groups or organizations with a mission of prioritizing connecting those with similar lived experiences is one way to support peer support programs. A substantial portion of funds must be passed through to the lived experience entity.



"As a parent partner, it's really not my job to save people from themselves. It's my job to help them figure out how to help themselves. And to walk alongside them, to guide them, to give them tools, coach them, and help them learn how to advocate for what they need."

**Toni, Parent Partner**

## What does peer support look like in child welfare?

Peer support occurs when people provide knowledge, experience, and emotional, social, or practical help to each other. In the child welfare system, these services are delivered by youth and young adults, parents, and kinship caregivers with experience in the system to individuals facing similar circumstances. Peer-delivered services can take shape through many activities:

<b>Mentoring</b>	Peers can provide support, inspiration, and encouragement through 1:1 mentoring.
<b>Resource Navigation</b>	Peers can often provide improved and more trusted resource navigation and research indicates that peers are more effective than degreed professionals at connecting kin caregivers to available benefits.
<b>Support Groups</b>	Peers can lead support groups in providing reflection and connection to resources and to each other.
<b>Training</b>	Peers can provide training for individuals experiencing the system or for stakeholders providing services within the system.
<b>1:1 Coaching for navigating systems and processes</b>	Peers may provide one-on-one coaching to individuals experiencing the system, specifically on how to successfully navigate bureaucracy, processes, procedures, and complex systems, including the court process, while experiencing difficulties and challenges.
<b>Advocacy</b>	Peers may serve as advocates for individuals who are currently involved in the child welfare system.
<b>Outreach</b>	Peers may be able to provide outreach to connect individuals experiencing the system with resources, services, and opportunities to become peer leaders themselves.



"When I first entered care - it felt like everything I knew was being taken away. I wanted to talk with others who have been through similar situations and I was denied. Years later, when I entered a leadership program for individuals who experienced foster care, it was the first time I was surrounded by people with similar backgrounds who were trying to navigate adulthood and heal, just like me. I finally felt safe and not alone."

**Yesenia, Former Foster Youth & Peer Leader**

## Why peer support?

Peer support programs are founded on the understanding that people with lived experience in our systems are uniquely prepared to help others manage the mental and emotional toll and navigate the complex bureaucracies that are inherent to the child welfare system. Because they can draw from their own experiences and because they are not seen as part of the system, peer mentors are uniquely positioned to empathize with those they work to support and are able to build trusting relationships in a way that child welfare professionals cannot. Peer support program mentors have a demonstrated track record of success in their communities driven by their passion, resourcefulness, robust commitment to outcomes, and strong community ties and trust.

Peer support programs have been standard practice in mental health and substance use treatment for decades, with extensive research showing their efficacy. The Centers for Medicare & Medicaid Services (CMS) deemed peer support services to be an evidence-based practice, and, therefore, a reimbursable service for states that choose to incorporate them into their state Medicaid plan in 2007. The history of these programs being formalized in child welfare is much shorter. However, peer support reflects long-standing informal practices of how people involved with the child welfare system have sought insight and support from trusted members of their own communities who have been through this before. Involvement with child welfare is a frightening and isolating experience, and parents, children, and kinship caregivers have turned to peers for connection, guidance, and support that is non-judgmental and free of stigma. Doing so has been very helpful, but has largely relied on informal networks of support.

In recent years, more jurisdictions have begun to invest in peer support as part of the service array—including Washington and Iowa, who have financed statewide peer-support programs using state funds—based on the understanding that trust and connections are crucial to any journey toward healing and to keeping children, parents, and caregivers engaged and motivated. By facilitating peer support, they have helped to ensure those involved with child welfare can traverse the system, connect with existing services and that they are able to do so alongside individuals who truly understands what they are going through.

Unfortunately, despite their effectiveness and critical role in communities, peer support programs often do not have access to the same educational, training, or funding opportunities made available to child welfare professionals.

Investment in peer supports helps to address systemic inequities in foster care, recognizing the intrinsic strengths, resiliency, and value of children, families, and communities impacted by the child welfare system. Peer support programs shift power in the system, increasing the representation of demographics and identities that are impacted by the child welfare system.



“I was literally in tears because you think you’re all alone. You can only cure that by hearing similar stories. It’s isolating until you meet other families like your own. Telling your story brings light to the people who don’t know about kinship and to families that are in the dark.”

Victoria, GRAND Voice

## What is the evidence for the effectiveness of peer support?

Peer support programs have been extensively studied in mental health and substance use treatment. The U.S. Substance Use and Mental Health Services Administration (SAMHSA) determined that peer support is a crucial complement to the traditional service array<sup>1</sup>, citing evidence that peer support models recovery and offers hope<sup>2</sup>, increases self-esteem, confidence, and sense of control<sup>3</sup>, contributes to improved social support and social functioning<sup>4</sup>, and is effective for supporting recovery from mental health and substance use conditions<sup>5</sup>.

Although research about peer support programs specifically in child welfare is still emerging, early results are extremely promising. Studies have shown peer support programs yield extraordinary results for young people, parents, and kinship caregivers.

- An evaluation of the Better Futures model found that it was extremely effective in promoting increasing participation of foster youth in post-secondary education by improving youth’s resilience and perception of self-determination<sup>6</sup>.
- Evaluations of the Sobriety Treatment and Recovery Teams (START) program in Kentucky found that children in the program were about half as likely to enter foster care as non-participants and that they were significantly less likely to experience recurrence of abuse or to re-enter foster care<sup>7</sup>.
- A study of the Iowa Parent Partner Program found that involvement with the program reduced re-entry rates within 12 months by more than 40% and significantly increased the likelihood of reunification.
- According to FosterClub, there is emerging evidence that peer support not only benefits the individual(s) receiving services, but also benefits the peer support with lived experience. (Self-Determination theory)
- A study of peer to peer work in kinship navigator programs found that peer navigators are roughly three times as successful as traditional navigation professionals at helping kinship caregivers apply to (75% vs. 26%) and enroll in (53% vs 16%) services and concrete supports<sup>8</sup>.
- A 2020 evaluation of the Parents for Parents Program in Washington found that parents in the program had a better understanding of the system and participation was associated with a 32% increase in reunification.

Studies also show that investment in peer support interventions make fiscal sense. A study of KY START found that a \$1 investment in peer support saved the state \$2.22 in out-of-home care costs. Informal review of lived experience programs providing peer support found that programs maximized funding resources to effectively serve a high number of community members.

This information has been combined by a committee made up of the organizations listed below, and was informed by other key stakeholders including child welfare leaders through consultation with the American Public Human Services Association (APHSA).

For more information, contact Chelsi Rhoades: [crhoades@gu.org](mailto:crhoades@gu.org)



FosterClub



- 1 SAMHSA (2017). Value of Peers. [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tac/s/value-of-peers-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/s/value-of-peers-2017.pdf)
- 2 Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 11(2), 123–128. <https://doi.org/10.1016/j.wpsyc.2012.05.009>; Davidson, L., Chinman, M., Sells, D., & Rowe, M. (2006). Peer support among adults with serious mental illness: a report from the field. *Schizophrenia bulletin*, 32(3), 443–450.; Ratzlaff, S., McDiarmid, D., Marty, D., & Rapp, C. (2006). The Kansas Consumer as Provider program: measuring the effects of a supported education initiative. *Psychiatric Rehabilitation Journal*, 29(3), 174–182
- 3 Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J. K. (1999). Peer support among individuals with severe mental illness: A review of the evidence. *Clinical psychology: Science and practice*, 6(2), 165–187.; Salzer, M. S. (2002). Consumer-Delivered Services as a Best Practice in Mental Health Care Delivery and The Development of Practice Guidelines: Mental Health Association of Southeastern Pennsylvania Best Practices Team Philadelphia. *Psychiatric Rehabilitation Skills*, 6(3), 355–382.; Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World psychiatry : official journal of the World Psychiatric Association (WPA)*, 11(2), 123–128. <https://doi.org/10.1016/j.wpsyc.2012.05.009>
- 4 Kurtz, L. F. (1990). The self-help movement: Review of the past decade of research. *Social Work with Groups*, 13(3), 101–115.; Nelson, G., Ochocka, J., Janzen, R., & Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part 1—Literature review and overview of the study. *Journal of Community Psychology*, 34(3), 247–260.; Ochocka, J., Nelson, G., Janzen, R., & Trainor, J. (2006). A longitudinal study of mental health consumer/survivor initiatives: Part 3—A qualitative study of impacts of participation on new members. *Journal of Community Psychology*, 34(3), 273–283.; Trainor, J., Shepherd, M., Boydell, K. M., Leff, A., & Crawford, E. (1997). Beyond the service paradigm: The impact and implications of consumer/survivor initiatives. *Psychiatric Rehabilitation Journal*, 21(2), 132–140.; Yanos, T. P., Primavera, L. H., & Knight, E. L. (2001). Consumer-run service participation, recovery of social functioning, and the mediating role of psychological factors. *Psychiatric Services*, 52(4), 493–500.
- 5 Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry*, 11(2), 123–128.; Chinman, M. J., Weingarten, R., Stayner, D., & Davidson, L. (2001). Chronicity reconsidered: improving person-environment fit through a consumer-run service. *Community mental health journal*, 37(3), 215– 229.; Forchuk, C., Martin, M. L., Chan, Y. L., & Jensen, E. (2005). Therapeutic relationships: From psychiatric hospital to community. *Journal of psychiatric and mental health nursing*, 12(5), 556–564.; Min, S. Y., Whitecraft, J., Rothbard, A. B., & Salzer, M. S. (2007). Peer support for persons with co-occurring disorders and community tenure: a survival analysis. *Psychiatric rehabilitation journal*, 30(3), 207–213.
- 6 Phillips, L.A., Powers, L., Geenen, S., Schmidt, J., Wings-Yanez, N., McNeely, I.C., Merritt, L., Williamson, C., Turner, S., Zweben, H., Bodner, C. Better Futures: A validated model for increasing postsecondary preparation and participation of youth in foster care with mental health challenges (2015) *Children and Youth Services Review* 57 50–59
- 7 Casey Family Programs, “Appendix: How do parent partner programs instill hope and support prevention and reunification?” (2021) <https://www.casey.org/Appendix-A-Research-Parent-Partner-Programs/>
- 8 Littlewood, K., Averett, P., Cooper, L., McCrae, J., Strozier, A., Rosenthal, M., Hernandez, L., Pandey, A. (2016). Peer-to-peer compared with professional helpers in KIN Tech RCT federal demonstration project. *Society of Behavioral Medicine*, S C147a.