



Child Welfare Systems Change: NCWWI Advisory Board Recommendations

Introduction

For over a century the Children’s Bureau has led the nation in child welfare reforms and innovative developments. This includes providing funding for the Capacity Building Centers for States, Tribes, and Courts; the Quality Improvement Centers; and the National Child Welfare Workforce Institute (NCWWI). NCWWI’s purpose is to increase child welfare practice effectiveness through diverse partnerships that focus on workforce systems development, organizational interventions, and change leadership using data-driven capacity building, education, and professional development. Since 2008, NCWWI has focused on building the leadership and workforce development capacity of child welfare professionals and improving organizations’ ability to recruit, select, train, supervise, manage, and retain them. Information about NCWWI can be accessed on our website, www.ncwwi.org.

Workforce development in child welfare is multifaceted, requiring innovative thinking, idea generation, and diverse perspectives based on real-world experience and advocacy to move knowledge into practice. Realizing this agenda requires a national perspective with ideas and guidance from a broad group of constituents, a NCWWI Advisory Board (Board) was appointed, representing leaders in tribal, public, and private sectors including parents and youth as well as educators, elected officials, labor, and the media.

Board members were charged with providing guidance on all aspects of NCWWI’s work. In addition, the Board was charged to “reimagine” the child welfare system by focusing on promoting child and family well-being. Through their deliberations and recommendations, a “re-envisioning” document, **Child Welfare Systems Change**, has been generated to inform ways to build a child welfare system that is family-centered, anti-colonial, and anti-racist. In the three-tiered prevention approach, we encourage the mobilization of community stakeholders to guide child welfare system reforms, especially those with lived experience. Recommendations include the need to:

- Build family capacity to parent and eliminate removals of children due to poverty through the mobilization of concrete resources;

- Use active rather than reasonable efforts in all services, addressing proactively the needs of Black, Indigenous, and people of color (BIPOC) families and child welfare staff;
- Build more robust community-based kinship care practices and supports, including father engagement; and
- Create systems of family support through parent-led family resource centers, peer supports for parents, differential response systems, and the adoption of tribal practices, including peacemaking, and more relational and responsive practices addressing poverty.

The full set of recommendations that follow are offered as one vision for building a national child welfare system that fosters child and family well-being within strong communities. The Advisory Board continues to refine this document with elaborations on family-centered, anti-colonial, and anti-racist practices.

We want to thank our Advisory Board members for their leadership, vision, and commitment to supporting strong, diverse, and visionary organizations and workforces for child welfare systems nationwide.

Overview

Discussions about the need for change in the child welfare system have been ongoing for decades. It is time for action. This brief lays out key actions, practices, and policies that must be in place to compel these changes and move the entire child welfare system beyond the status quo. Recommendations focus on:

- Moving to a Family-Centered, Anti-colonial, and Anti-racist System
- Prevention Services
- Practice in the Child Protection Program
- Workforce Strategies
- Collaboration at all Levels
- Funding and Legislative Issues

These recommendations highlight the need for the child welfare system to be re-designed with an emphasis on *primary prevention* and universal, accessible, and culturally responsive services.¹ In this reframed child welfare system, secondary prevention services should be available for families with greater needs and challenges with an emphasis on accessibility and cultural

¹ Primary prevention aids families and children in preventive, supportive ways, before a problem or risk factor is evident. Secondary prevention fosters early detection of beginning risks and emerging needs with responsive interventions and resources. Tertiary prevention services are more rehabilitative, restorative, and residual, addressing a serious crisis or condition after it has occurred.

responsiveness. Child protection systems should be focused on ensuring all family members' safety with support for family integrity and extended family engagement within a system offering broad community services. *The first directive in redesigning this system is to support and build family capacity to parent and eliminate any unwarranted removals of children.*

Poverty never warrants out-of-home placement nor does it provide an opportunity to pass moral judgement on the fitness of parents or caregivers. A values and culture shift is required to move the child welfare system from child protection to *partnerships that prioritize community-wide collaboration to best address concerns related to poverty*. This involves building service networks that preserve safety and well-being through culturally and racially just protections and family empowerment. Reforms need to be community engaged and family driven with family members (inclusive of all family compositions) at the table. The goal is to reduce screened in reports coming in the Child Protective Services (CPS) door and refer families for community-based supports when there is a need, especially related to poverty. This requires a realignment of practice, which means providing primary and secondary prevention services and family support to achieve family stability and prioritize the best interests of all children and their families. Shifting the focus of the child welfare system to prevention recognizes the fact that child removal is often fraught with trauma and related harms. *Ultimately, change strategies require that communities be key in leading this work with the very populations and communities who are affected at the table.*

Moving to a Family-Centered, Anti-colonial, and Anti-racist System

The work demands system-wide actions that go beyond modifying individual strategies or specific practices. Proactive partnerships are needed to promote family-centered services that engage equitably with children, youth, parents, guardians, extended family members, and communities. These include practices in which active rather than reasonable efforts become priorities, based on a comprehensive assessment of the family's needs and addressing their emotional and material requirements and social support networks. The following recommendations are essential for moving toward system transformation:

- Advance and support a universal commitment to core principles of solidarity, tolerance, inclusion, trust, cultural humility, empowerment, shared leadership, and joint responsibility.
- Advocate for and support new skills and culture changes that identify and address systemic, personal, and internalized racism and colonialism with an appreciation of the harms imposed by inequities and the need for more positive outcomes for children and families.

- Promote equity in a systematic way, including healing from the trauma imposed by colonial and racist harms as well as addressing poverty deprivations that pose risks to families' safety, stability, and well-being.
- Work with families and other stakeholders to update mandated reporting laws to ensure they are aligned with the essential principles of family-centered, anti-colonial, and anti-racist practice. Reports must be routed to someone whose focus is helping and supporting a family who may be vulnerable.
- Address basic needs, including the mobilization of concrete resources and funds from entitlement programs, reducing the disparities in access to and utilization of services.
- Systematically develop the skills for anti-colonial, anti-racist work through organizational assessments, training, feedback from families and the community, and data on practice outcomes. This includes knowing about and respecting Tribal sovereignty as well as addressing anti-racist practices for Black, Indigenous, and People of Color (BIPOC) families. Advancing supports for BIPOC child welfare staff is essential, including their right to equity and healing.
- Re-examine neglect statutes in collaboration with communities and the courts, seeking more consistency and precision in neglect definitions, and reroute the vast majority of neglect cases to prevention and early intervention helping systems, treating them differently than physical or sexual abuse cases.
- Advance policies that divert neglect cases from courts through accessible and culturally responsive primary and secondary prevention services. These should include resources to address poverty, unemployment, housing, childcare, food, transportation, health, and mental health concerns:
 - Develop a national definition of neglect that includes the use of family needs assessments so that requisite resources can be mobilized.
 - Involve the court in poverty-related cases only if requested by the family when the agency cannot or refuses to assist them. At that point the court can become the oversight agent.
 - Address workforce implications of focusing comprehensive attention to neglect cases to address needs of the family. Workers need to be trained that neglect cases are not identical to abuse cases and, while some cases involve both abuse and neglect, most neglect cases are not necessarily a gateway to abuse.
- Redesign the reporting/referral system. Child protection must be part of an integrated service system prioritizing family support services. Differentiate between a child needing protection versus a family requiring support with survival needs. These are two different kinds of cases and should be treated differently:

- Having two systems will allow for the reporting of serious abuse and a community-based referral system for prevention (primary and secondary) services.
- Having two systems will allow mandated reporters to better support family needs; one to offer help to the child and family, the other to report and address serious harm.
- Having a community-based service system, capable of providing early, supportive services (e.g., family-led parent resource centers) will reduce over reporting from groups like teachers who are seeking ways to help their students and families.
- Develop tools, training, and evaluation strategies with significant input from families and advocates, especially families served by the CPS system. This will help ensure a robust continuous quality improvement (CQI) approach that informs ongoing program modifications, training, and coaching.

Prevention Resources

Communities across the country have a patchwork of primary and secondary prevention resources. No prevention resources are systematically made accessible to families who are vulnerable, impoverished, and marginalized; many service providers lack the resources to respond to the concrete and material needs that many families have. Parent mutual aid networks, complemented by new out-stationed service providers located in communities, are essential to help families access Temporary Assistance for Needy Families (TANF), unemployment insurance (UI), Old Age Survivors and Disability and Health Insurance (OASDHI), Earned Income Tax Credit (EITC), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), housing subsidies, the Supplemental Nutrition Assistance Program (SNAP), Medicaid, childcare, and other resources. The gap in eligibility rates versus participation rates in such programs must be closed. Stronger advocacy is required to enhance access to material resources, including housing. The implicit racial bias inherent in many systems must be addressed through ongoing training to ensure more equitable access to key resources. Resource access should not be contingent on parents seeking help through organizations they may identify as “threats” to their family, such as Immigration and Customs Enforcement (ICE), police, and courts. Resources should be available in “safe” and accessible spaces, for example, by:

- Expanding access to confidential support and referral services (e.g., warm lines, 211, 411), family resource centers, enrichment centers, and early care and learning centers to respond to family stress and ensure these primary and secondary prevention resources reflect the diversity of the families served.
- Building more robust community-based kinship care practices and supports, including father engagement, both within child protection and before a report is required.

- Building strong partnerships across all child-serving agencies focused on more shared funding and integrated services, ensuring support to families within their own communities. Service quality must be fortified with qualified, experienced, and well-trained staff.

Practice in the Child Protection Program

Current practice frameworks for working with families are often guided by a “doing to” approach as opposed to a “working with” approach. These frameworks are informed by our national beliefs about the purpose of services and historical antecedents informing our approach to child welfare – i.e., protecting children from parents seen as “bad” – and our cultural norms of “helping and fixing.” These norms value individual efforts until there is a family crisis, which may result in judgments that exacerbate the power dynamic between families and the systems designated to “care and help.” The increasing demands caused by federal, state, and local service and documentation requirements for the work only burden well-meaning child welfare staff with impossible workloads, limited support inside the agency, and few or overwhelmed services in the community. We have decades of research on what works to support families in our communities yet struggle to move that knowledge into practice. The following recommendations can help build knowledge and practice, resulting in improved outcomes and more service efficacy.

- Adopt and implement trauma-informed, family-centered practice models aimed at keeping families together.
- Grow prevention and in-home services skills (e.g., family engagement and assessment).
- Adopt and implement Indian Child Welfare Act (ICWA) active efforts standards for all family-centered practice.
- Whenever possible, implement family group conferencing² or family team meetings within 24 hours of a screened in report. Utilize family team meetings as well when children are in foster care.
- Adopt the Peacemaking Model if the court is involved.
- Support tribes as sites for innovation and testing of new, extended family and community-centered models.

² A Family Team Conference brings together family members, friends, members of a faith community, and professionals who jointly develop individualized plans to strengthen family capacity, to assure safety, stability and permanency, and to build natural supports that will sustain a family over time. Different terms used for this type of intervention include “family group conferencing,” “family team conferencing,” “family team decision-making,” “family team meetings,” “family unity meetings,” and “team decision-making.” Approaches differ in various aspects, but most consist of several phases and employ a trained facilitator or coordinator.

- Widely adopt Differential Response (DR) and related approaches as well as primary prevention services in family-centered practices.
- Promote anti-racist, anti-colonial training, practice, and policies, informed by family and community feedback and case data, that reflect cultural humility and address implicit bias.
- Prioritize family empowerment through a re-culturing of programs, putting families, and especially parents, front and center as part of the solution.
- Eliminate the compliance culture in programs. The role of the program is to assist the family in achieving success. Just as the medical model utilizes successive approaches when the initial effort is unsuccessful, the social work model should allow for iterative efforts until goals are achieved (as jointly determined with the family).
- Promote partnerships with the media, legislature, court monitors, and others, especially after a critical, high profile case; these supportive partnerships are essential to sustaining new practices and avoiding the pendulum swing back to compliance-oriented practices.
- Engage and train attorneys representing the government, as well as children and parents, on these family-centered practices, providing evidence that this strategy will prove more beneficial to families than the current approach.

Workforce Strategies

Child welfare practitioners are knowledgeable about what needs to be in place to prevent a family from entering the child welfare system. Their expertise must be tapped along with parents' expertise to guide new service designs and resources. If turnover is high in the child welfare workforce and if workers do not successfully engage with the families they serve, then parents face additional challenges in acquiring systematic aid to meet their needs and prevent placement.

Effective, anti-racist work must attend to systemic and internalized racism and colonialism in the workplace with the goal of creating a climate and culture that promote racial equity. Greater effort must be made to recruit and retain a workforce that is committed to positive outcomes for children and families. The inclusive work of anti-colonial, anti-racist practices and principles is essential to supporting the workforce and family-centered practice. This can be achieved by:

- Fostering leadership at all agency levels that values this work and commits to engaging with the workforce to support anti-colonial and anti-racist practices.
- Increasing the hiring and retention of diverse BIPOC staff, including those with "lived experience" in child welfare, at all levels of public and private agencies.
- Supporting staff who are empowered, innovative, and effective.

- Creating safe organizational climates where staff feel empowered to try new practices, learn from mistakes, and are not shamed or blamed when things go wrong. Attend to both the emotional and physical safety of front-line staff and supervisors.
- Engaging partners throughout the community. Only engaging poverty-related programs is not enough. Advocacy-oriented justice workers, who are committed to the long-term success of families, must be embedded in other systems and agencies (e.g., TANF, Medicaid/Medicare, housing, courts, schools).
- Supporting worker well-being: getting caseloads reduced sharply to allow for more family-oriented, inclusive practices (e.g., family team meetings, family group conferencing) that respect all participants' voices including workers and establishing evidence-based workload standards to ensure long-term retention.
- Celebrating and acknowledging the successes of worker/family partnerships.
- Adopting casework teaming models and strengthening decision-making to improve collaborative practice and workers' connectivity with families that may need support after hours, on holidays, or when workers are sick or on vacation.

Collaboration at all Levels

Effective, equitable, anti-colonial, anti-racist, family-centered practice is impossible in a segmented service system driven by competing federal and state laws and policies that has not attended to past and present oppressive harms. Now is the time to realign our service systems to take advantage of all we have learned about the social determinants of health and child maltreatment (especially neglect) and their impact on the quality of life for children and parents, as well as the economic and social benefits of integrated services. We are one national community, and our strengths and capabilities are interdependent. Changing our actions so federal and state agencies partner together to create a web of support is an essential step in this work. More importantly, the segmented funding approach to basic services must be confronted. It undermines efforts to collaborate at the local and state levels. This forces service providers to spend time and effort on meeting requisite reporting and documentation for funders while simultaneously figuring out how to provide integrated, effective services. Not only is siloed funding a problem, but the belief that one-size-fits-all belies the fact that families are diverse, and their cultural and experiential contexts defy simplistic categorization. Further, there must be a way to draw upon resources as they are needed, not just those that are "available." Family needs are often better met when there is room to allow different communities to develop tailored approaches that may work better for their families, rather than only drawing upon pre-approved, prescribed, empirically validated practices. We recommend the following immediate actions to build upstream processes that support service integration:

- Advocating at the national level through the Children’s Bureau for programs with TANF, Housing and Urban Development (HUD), and Agriculture (USDA) to deal with housing and food so basic needs are met to avoid placements.
- Prioritizing interagency connections including interoperability strategies for integrated services and the leveraging of resources to build a “well-being” system. This must be driven by community expertise that implements varied approaches aligned with family needs.
- Disseminating local and state prototypes of successful, integrated well-being systems and prioritizing implementation funding nationally.
- Facilitating supports for leadership retention, community impact, service integration, and braided funding into federal measures.

Funding and Legislative Issues

Funding and legislative incentives are needed to ensure that service access and participation rates improve in key entitlement programs for families. This may also require incentive funds for service integration and for new service delivery models. Such innovations may require that TANF, Medicaid, WIC, UI, SNAP, housing, employment, EITC, childcare, and related service system providers co-locate where parents can best access these programs (e.g., schools, family resource centers, early care and learning centers, community health clinics, and public housing). Proactive outreach by such service providers to vulnerable parents, youth, and children may involve giving them “first call” on key services and resources to avert reports to CPS, investigations, and out-of-home placement of a child. Progress charting by service providers involving families and their participation rates in needed programs should be mandated to ensure more community-wide accountability for race equity and improved outcomes. Family advocates/peer parents/mentors need to be trained in methods to assist families in expedited access to resources, particularly in a crisis. Preventing the crisis from worsening may avoid children being placed in foster care. Once the emergency is under control and the family is stabilized, then a normalized continuation of the application process can resume. Ways to help with this include:

- Advocating for culturally congruent, community developed programs and services to be considered relevant and supportable under the Family First Prevention Services Act. This allows time for service systems to build evidence as required by the Act.
- Tribal programs directly funded by Title IV-E have some (but not enough) latitude under federal guidelines, but tribal programs contracted for services through states and counties are given no latitude to customize or adapt approved programs for their communities. This must change to ensure relevant, responsive, and effective family-centered services.
- Funding innovative approaches to services, such as peer parents, using Title IV-E

- Requiring a portion of federal funding to child-serving agencies to be designated for cross system, integrated community prevention efforts.
- Providing and advocating for more resources to expand the evidence base for primary and secondary prevention services.