

# Transforming Child Welfare: Prioritizing Prevention, Racial Equity, and Advancing Child and Family Well-Being

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## TALKING POINTS

A substantial transformation of the child welfare system is needed that prioritizes prevention of child maltreatment, racial equity, and improves and sustains child and family well-being.

The Family First Prevention and Services Act is an important first step toward greater investment in child maltreatment prevention, support to kin caregivers, and proper placements for children and youth needing temporary foster care.

Institutionalized racism and inherent bias in child welfare policy, practice, and decision making contribute to families and communities of color disproportionately experiencing the failings of the current child welfare system.

Different child welfare response options are needed, especially for families with neglect-only allegations.

Authentic partnerships among human service agencies, community agencies, and families are critical for creating responsive and flexible primary prevention service arrays.

## ABSTRACT

**The child welfare system is overdue for substantial transformation. Families and communities of color have experienced the brunt of the failings and limitations present in current policy and practice. A transformed approach is needed that prioritizes maltreatment prevention, racial equity, and child and family well-being. The Family First Prevention Services Act is an important step in this effort, although its scope falls short of the significant changes that are needed to effectively serve children and families. Transformation requires intentional efforts to disentangle poverty and child neglect, and investments in communities to build robust, accessible continua of prevention services.**

After decades of moderate reforms,<sup>1</sup> the Family First Prevention Services Act (Family First) represents a significant, but limited shift toward maltreatment prevention. Child welfare leaders, advocates, and policymakers are well positioned to leverage Family First and extend it to create new child- and family-serving systems that prioritize maltreatment prevention and racial equity, and also improve and sustain child and family well-being.

Since the establishment of states' formalized child protection systems, most child welfare resources have been directed toward investigations and out-of-home care expenditures. In 2016, only 15% of the \$30 billion invested nationally was directed toward prevention services.<sup>2</sup> Strengthening and supporting families and communities in order to reduce risk and build protective capacity has not been the primary focus or resource investment; annually more than 260,000 children and their families experience separation and removal.<sup>3</sup>

The failings of child welfare strategies are especially important during the present challenges of the COVID-19 pandemic. Families living in poverty or facing economic insecurity have disproportionately felt the stressors of stay-at-home orders, school and child care closures, unemployment uncertainty, and diminished social

connectedness and support.<sup>4</sup> Yet during these times, a prevailing narrative has been concern about states receiving a decreased number of child maltreatment reports, a result of lack of surveillance by mandated school and child-care reporters,<sup>5</sup> rather than a coordinated human services response to increase outreach and preventive support to families.

Concerns about decreasing reports of child maltreatment are understandable; however, it is important to note that there are no national training standards for mandated reporters.<sup>6</sup> Moreover, reports by schools, child-care providers, and mental health personnel represent the lowest percentage of substantiated child victims despite accounting for the greatest percentage of screened-in reports.<sup>7</sup> Substantial numbers of families experience a child maltreatment investigation without a corresponding determination of abuse or neglect. This phenomenon suggests an opportunity to think about new proactive and adaptive strategies to help families meet their needs and keep children safe.

The child welfare system since its inception has intervened with and systematically separated children of color from their families, fragmenting communities and causing intergenerational trauma.<sup>8</sup> A representative example of this includes the establishment of Native American boarding schools and the removal of significant populations of American Indian/Alaskan Native (AI/AN) children and youth from their families, tribes, and native land.<sup>9</sup> Another is the intentional targeting of Black and Brown communities during the war on drugs, which resulted in skyrocketing numbers of children of color being placed into foster care.<sup>10</sup> Today Black and AI/AN children are still disproportionately represented at all stages of the child welfare system.<sup>11, 12, 13</sup> Once in foster care, they often experience increased placement disruptions, longer times to permanency, and more frequent reentry into foster care.<sup>14</sup> Presently, 53% of all Black children and their parents will experience a child welfare investigation before the child's 18th birthday.<sup>15</sup> Undoing the institutionalized racism inherent in the child welfare system is a critical part of a broader call for actionable change.

## Family First Prevention Services Act: An Important First Step

In 2018, Congress passed the Family First Prevention Services Act.<sup>16</sup> Family First arguably is the most transformational child welfare legislation in recent history, largely because of its focus on prevention. It also emphasizes supporting kin caregivers

and reducing the inappropriate use of residential placements for children and youth in foster care.

Family First allows for states, tribes, and territories to access federal Title IV-E funds for select evidence-based programs (EBPs) for child maltreatment prevention that are provided to children, parents, and/or kin caregivers and address issues related to mental health, substance use disorders, or in-home parent skill building.<sup>17</sup> Title IV-E is the only uncapped federal funding stream for child welfare services. Title IV-E funding was previously available to states only to reimburse certain percentages of their expenditures related to foster care. Now, these substantial Family First federal resources can be accessed to support the provision of certain EBPs that meet a specific evidence threshold as part of a broader prevention strategy, potentially allowing families to address key challenges and prevent their children from entering or reentering foster care.

Family First also includes important provisions related to ensuring proper foster care placements. The legislation restricts federal funds for youth placed in residential (i.e., congregate care) settings unless the providers meet specified criteria, and clinical assessments show that youth would be best served through temporary and time-limited residential treatment.<sup>18</sup> In addition, providers must have processes in place to engage family members in assessment processes and service delivery and provide discharge planning and aftercare services for at least 6 months post-discharge. This set of reforms is designed to promote family-based foster care placements as the best choice whenever possible, as well as to improve the quality of care received by youth who require temporary placement in residential settings.

Family First's emphasis on kinship caregivers is also notable. Kinship caregivers include relative family members or close family friends (often referred to as fictive kin) that assume temporary or permanent responsibility for caring for their relative children.<sup>19</sup> The legislation also authorizes Title IV-E reimbursement for evidence-based kinship navigator programs. These programs are designed to ensure that relative and fictive kin caregivers have access to the resources and supports they need to care for children living with them. An immediate challenge though is that there are currently no kinship navigator programs reaching the evidence threshold required for reimbursement through Title IV-E funding.<sup>20</sup> This signals the need for increased development and testing of programs designed for relative and kin caregivers.

## Investing in Prevention: Limitations of Family First

There are several limitations with the Family First preventive provisions. First, funds are available to states only to reimburse a percentage of costs associated with providing select EBPs to families with children identified as at “imminent risk” of entering foster care.<sup>20</sup> Although states have the ability to operationalize what imminent risk means within their child welfare system, the deficit-based nature of the requirement means that states are more likely to target families at the deeper end of the risk continuum. This limits the likelihood that these EBPs will be made available to families early enough to prevent maltreatment. Furthermore, the imminent risk classification potentially could stigmatize and threaten parents in need of support with child removal, thwarting authentic engagement in assessment and planning activities as well as participation in services.

Second, funds are available only for evidence-based mental health, substance use, or in-home parenting skill-based programs that have been reviewed and approved by a federal evidence-based services clearinghouse.<sup>20</sup> Programs can achieve a rating of “does not currently meet criteria,” “promising,” “supported,” or “well-supported.” Efforts to invest in programs that are known to work make sense. However, the evidence base in child welfare is still quite limited, particularly for proven programs that have been specifically designed for children and families of color.<sup>21</sup> In addition, EBPs are often difficult and expensive to scale up, implement with fidelity,<sup>22</sup> and rigorously evaluate. EBPs are also often unavailable in rural areas where child welfare agencies have long struggled to develop and maintain responsive service arrays.<sup>23</sup>

Last, although it is imperative to address the clinical needs covered by Family First EBPs, families often experience other challenges that create conditions for maltreatment. These include poverty-related problems related to housing instability, food security, inadequate child care, and/or unemployment or underemployment often experienced by families with neglect allegations.<sup>24</sup> These issues can worsen co-occurring challenges with substance abuse, mental illness, and parenting and interfere with families’ ability to meaningfully address them.

## Disentangling Poverty and Neglect

Comprehensive child welfare transformation beyond the scope of Family First will require holistic efforts to disentangle the issues of poverty and maltreatment, particularly neglect, and

will necessitate a reconceptualization of how the child welfare system responds to families lacking sufficient resources.<sup>25</sup> This is especially imperative given that neglect-only cases represent more than 60% of maltreatment determinations.<sup>26</sup> Being poor does not make someone a poor parent; poverty, though, can create conditions by which maltreatment is more likely to occur. Rather than further stigmatize and punish families living in poverty with investigations and maltreatment determinations, families and communities would be better served by a coordinated human services response.<sup>25</sup> This response could focus on addressing the range of family needs (e.g., child care, food insecurity, unemployment), building strengths, and linking families with supportive structures.<sup>27</sup> For example, when economic interventions have been evaluated, even modest financial supports have been shown to reduce child abuse and neglect by enabling families to better access resources and address their basic needs.<sup>28</sup>

Further, families without stable housing are also disproportionately represented in the child welfare system.<sup>29</sup> For one in six children involved in a child maltreatment investigation, housing instability contributes to their risk of entering foster care.<sup>30</sup> Moreover, unstable housing can delay reunification between parents and their children in out-of-home care, even when all other safety and risk factors have been addressed.<sup>31</sup>

A child and family well-being system that legitimately acknowledges and simultaneously addresses the interrelated issues of housing, child care, jobs, and health care will be much more effective in preventing maltreatment and fostering improved child and family well-being.

## Transforming Child Welfare to Child and Family Well-Being

The child welfare field must transform in order to achieve coordinated state and local child- and family-serving systems that acknowledge and dismantle institutionalized racism,<sup>32</sup> preventively address the range of stressors affecting families’ protective capacities, prioritize keeping families together, and promote improved child and family well-being. The child welfare field can achieve such a transformation through the following:

- Advancing child and family well-being requires investing in communities and making resources and supports available before families destabilize to the point that foster care becomes necessary. In addition to implementing and scaling the EBPs available via Family First, this system

should expand the preventive continuum of services to include permanent housing programs, affordable child care, food pantries, employment services, and other resources that substantively contribute to family stability and well-being. Innovative collaborations with community-based organizations outside of formal public agency systems, including faith-based organizations, nonprofits, private businesses, and philanthropy should be created. Partnering with families and communities to expand the child welfare evidence base to include programs and interventions specifically designed with and for families and communities of color is needed. Listening directly to families about what they most need and making those supports available is critical.

- Building a robust prevention continuum requires human service agencies to work together very differently than how they do now. Rather than siloed public agencies that provide fragmented service delivery, human service leaders must collaborate to develop innovative ways to coordinate service delivery and coordinate different strands of funding to address families' interconnected challenges. Families need a coordinated response that goes beyond simply a referral to another public system (e.g., housing authority, public assistance office), which are often challenging to navigate and may not result in the provision of needed services.
- Investing in and supporting kin caregivers is a cornerstone of a child and family well-being system. This includes maximizing the opportunities represented in the Family First kinship care provisions to ensure that children and youth can remain within their known support networks when living with their parents is temporarily or permanently not possible. At a minimum, this means providing financial resources to kin at the same levels that the child welfare system resources nonrelative foster parents, and without tying the money to foster parent licensure and home-study requirements. Most often, unlicensed kinship caregivers have access only to the child-only benefits available through the Temporary Assistance for Needy Families (TANF) program, which generally represent less than half of what is available to licensed foster parents.<sup>33</sup> Kin caregivers should not be denied critical financial resources and supports because of non-safety-related licensing requirements, such as number of bedrooms in their home or past convictions for nonviolent criminal charges, which disproportionately have an impact on families of color. Ensuring that children

and youth can remain with family is essential for promoting connectedness, stability, and well-being.

With the public support of federal child welfare leaders, national experts, and advocates, many jurisdictions are taking initial steps toward conceptualizing and implementing broader visions for child welfare transformation. This includes examples of forward-thinking Title IV-E Prevention Program plans (i.e., Family First plans),<sup>34</sup> as well as a demonstrated commitment by several jurisdictions to the collaborative Thriving Families, Safer Children initiative, led by the Children's Bureau in partnership with Casey Family Programs, the Annie E. Casey Foundation, and Prevent Child Abuse America.<sup>35</sup> These strategies have the capacity to meaningfully combat racial inequities and support families facing adversity in ways that value their inherent humanity and contribute to strong, vibrant, and resourceful communities.

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## RECOMMENDATIONS FOR POLICYMAKERS

The following recommendations are applicable to federal, state, and local policymakers. Decision makers at all levels of government have the ability to advance a child and family well-being agenda within their sphere of influence.

- 1. Mandatory reporting system.** Consider reconceptualizing the mandatory reporting system and the child welfare “front door,” particularly for neglect-only cases. Explore alternative options and training mechanisms that would enable mandatory reporters to pursue other avenues for connecting families observed to need support with resources (e.g., help line, linkages to community resource centers) without defaulting to a child maltreatment report.<sup>7</sup>
- 2. Primary prevention.** Expand the available array of primary prevention programs to families within their communities and make them easily accessible long before families are at serious risk of experiencing maltreatment.<sup>36</sup> Foster leadership within community-based organizations to promote the amplification of youth and family voice, particularly from communities of color, in the design and implementation of prevention programs and strategies.
- 3. Race equity.** Acknowledge and address the institutionalized racism that is reflected in the policies that guide child welfare programs and the ways they are implemented. Prioritize and provide resources for the hard work needed for child welfare leaders, staff, partners, and stakeholders to examine, confront, and dismantle racist policies and programs, and partner with communities of color to design and implement a child and family well-being system that values, respects, and equitably serves all families.<sup>37</sup>
- 4. Evidence-based interventions.** Continue to invest in the development and testing of interventions to grow the evidence base for child welfare. Specifically prioritize the development of interventions that are designed with and for communities of color. Consider evaluation designs and methodologies that do not marginalize or devalue community-grown interventions that may be more difficult to assess using traditional evaluation frameworks.<sup>23</sup>
- 5. Kinship care.** Make financial resources and supports available to kinship caregivers that are equal to what is available to nonrelative foster parents.<sup>35</sup> Ensure that kinship caregivers are not prevented from being considered temporary or permanent placement resources for children because of non-safety-related concerns, such as insufficient bedrooms available or past nonviolent criminal convictions.
- 6. Coordinate human service programs.** Explore opportunities to address fragmented service delivery across siloed public agencies, which are often difficult for families to successfully navigate. Develop more explicit strategies to allow for the blending of funding across different programs, and “no wrong door” approaches that provide opportunities for families to connect with multiple public agencies to address a range of human service needs regardless of which agency they initially engage for support.