

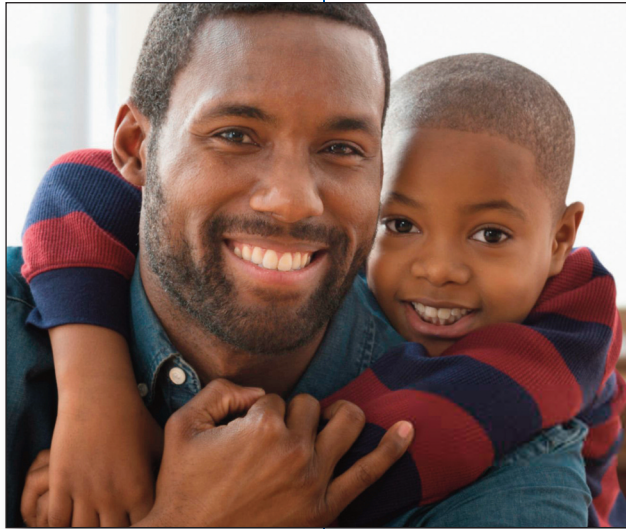


Creating a High-Quality, Humane, and Respectful Approach to Advance Our Vision

Millions of children and families in the United States are in crisis. They lack an adequate government sponsored social safety net to assist with employment, food, housing, electricity, child care, health care, and other services to address temporary or long-term challenges (Study Smarter, n.d.). While the United States is the wealthiest country in the world, it ranks 22nd in spending on income supports for families with children as a percentage of GDP. Among developed countries, the United States ranks 26th in the well-being of its children (UNICEF, 2013). Despite claims of “family values,” this country does not provide universal health care, mandatory paid family leave, or affordable, accessible child care. Where other developed countries embrace societal norms that value supporting all families at times of need, the United States offers a chronically underfunded, fragmented, and siloed social service system that typically includes means-tested and strictly regulated benefits and services.

Our history of racial oppression that has caused racial inequality and continues to distort policies and practices in housing, transportation, health, education, child welfare, and many other systems, and maintains negative views of the “worthiness” of families who are poor and/or of color, and/or headed by a single parent influences how social services are funded and shaped in this country. This lack of commitment to families with low income, especially those who are Black, Brown, and Indigenous exacerbated by disasters, addiction epidemics, and changes in policies regarding incarceration and

health care has resulted in far too many families coming to the attention of the child welfare system. This occurs even though the child welfare system is not mandated, structured, or funded to address these concerns. In addition, many state child welfare systems themselves have extended a disproportionately heavy hand toward families who are poor and families of color.



This paper proposes that child welfare act with greater urgency to be an advocate for and function as an integral part of a larger child, parent, family, and community well-being system (hereinafter referred to as well-being system) that is integrated, accessible, equitable, high quality, family friendly, and culturally responsive services continuum to advance child, parent, family, and community well-being. It must also make the changes required to

be a more caring, trustworthy, family friendly system that is grounded in research and the expertise of parents, families, and communities.

Operate in and Advocate for a Strong Child, Parent, Family, and Community Well-being System

In 2013, the Child Welfare League of America (CWLA) released its *National Blueprint for Excellence in Child Welfare (National Blueprint)* that shared the vision that all children will grow up safely, in families who are loving and supportive communities, with everything they need to flourish—and with connections to their culture, ethnicity, race, and language. To achieve this vision, we said then, and

repeat now, that it is necessary to see the formal child welfare system as part of society's overall commitment to child well-being and therefore rethink how it is organized and operates. In doing so, we also affirm our commitment to the system's mandated responsibility to protect children who are at risk of serious harm.

Society's commitment to child and family well-being must be demonstrated by establishing and sustaining a well-being system that includes a well-resourced safety net of services and supports that provide financial, housing, education, employment, food, and medical care to promote child and family health, stability, and self-sufficiency. It should also include a continuum of specialized prevention and intervention services to address housing assistance, job training, child care, substance abuse and mental health, intimate partner violence. Formally organized public and private organizations as well as civic groups and religious institutions are all part of the well-being system.

Child welfare and the other systems, agencies, and organizations in the well-being system serve the same children, parents, families, and communities and must find ways to collaborate, share information, and develop new service delivery strategies. Co-designing with youth, parents, families, communities, and other systems, and co-locating of resources, multi-disciplinary teams, youth and parent advocates, and mentors would likely increase the responsiveness and effectiveness of services and resources focused on supporting families. This collaboration must be system-to-system, sector-to-sector, and agency-to-agency to be effective. Private sector organizations, civic and faith-based entities, and Tribal nations are generally community-based, culturally relevant, trusted and have considerable experience working with children and families and should be seen as critical assets.

Child welfare's role in the well-being system is first and foremost to carry out its legal authority and duty to assess and address serious and imminent risk of

child maltreatment. Child welfare was never envisioned nor funded to be the only source of help for families in times of crisis. Lack of access to a functional community safety net or to the specialized support and intervention some families require when risks of harm to children rise to the level of suspected child maltreatment can result in families being referred to child welfare. These families deserve to have access to a continuum of services that are primarily delivered in their home and community and that are individualized to meet the needs of each family member. Such services can and should be provided by community-based entities.

Child welfare personnel at all levels should be knowledgeable about the services and supports that are available to families in the communities they serve. The child

welfare system should have the evaluation tools and processes to ensure that families do not come into the system due solely to lack of access to services and supports/For families in the system child welfare has a critical role to assess, connect, and monitor services to see that risk is resolved and the family is strengthened and well-supported. Child welfare can also draw on the assets in the larger well-being system to recruit and support families (kin,

non-relative kin, or non-relative) to provide substitute care when necessary and to address the service needs of children in order to support permanency.

Improving the underfunded safety net and expanding the availability of specialized services for children, parents, and families will help to strengthen and build their resilience, prevent child maltreatment, and focus limited traditional child welfare resources on the children, parents, and families at the greatest risk. As a historically social work-focused system, child welfare must fully embrace its ethical duty not just to serve, but to advocate on behalf of children, parents, and families, especially those it serves. Child welfare should use its expertise about the connection between poverty, race, and child welfare involvement and what it learned from those it serves to advocate for the financial and service resources



required to stabilize families and support well-being of children, parents, families, and communities.

This advocacy should be driven by research evidence as well as knowledge acquired, and lessons learned over the last 100 years of the system's existence. Focusing on strengths and leveraging the experiences and wisdom gained from youths, parents, families, communities, and system partners (both formal and informal) will help to ensure the best outcomes for all children, parents, and families. Engaging those directly impacted by the systems as well as front-line workers will strengthen the system, increase its effectiveness and responsiveness, and help to prevent harmful, unintended consequences. Because child welfare systems are embedded in the larger social service ecology, advocacy must be bi-directional with respective governmental authorities (governor or county executive and legislature or county council), and lateral with system partners and their local communities. The emerging challenge for child welfare in the coming decade and beyond is to strengthen the partnerships with all child and family systems and other key community stakeholders to develop the well-being system. These partnerships, and the development of a common ethos and belief in the shared responsibility to treat all children, parents, and families equitably, should become standard practice for all child welfare agencies.

Build Trust

Unlike that of other systems, child welfare decision-making has strong legal oversight by the judicial branch, namely juvenile court, and family court. The result is that once screened into the system, services that families receive are guided by laws and judicial oversight and not driven solely by social work practice. Legal mandates regarding child protection are viewed by many as intrusive and impinging on the rights of parents. These mandates may be misaligned with personal, cultural, and community values regarding childrearing and the responsibilities of caregivers. Additionally, courts and members of the community, concerned about the welfare of children and families, and without knowledge of or access to appropriate resources, too often expect the child welfare system to provide what is needed without fully understanding the unintended consequences that families face when subjected to child protection investigations.

The legal mandates are there because death and serious injuries from physical and sexual abuse due to the actions of parents and family members does occur. Though law enforcement investigates and prosecutes the criminal components of these matters, they have no other prescribed role in the protection of the victim or the healing of the family. And if the parent(s) is/are the alleged perpetrators, their ability to assure the child's safety could be compromised. At that point, the public child welfare agency becomes the entity mandated to ensure protection of children who are vulnerable. Until there is a change in legislation and public policy, that provides for and adequately funds a fully functional and practical, effective alternative to child welfare as we know it, child welfare still has the delicate responsibility for child safety. For that reason, child welfare should carry out this mandate in the same spirit as medicine conducts its business—Do No Harm.

Right now, child welfare is not always acting in that spirit, nor is it properly positioned to do so. Child welfare remains a system that is overwhelmed and under resourced, responding to multiple reports of maltreatment that are poverty-related or temporary issues that many families encounter. When there is an excess level of unnecessary reports, child welfare is not able to provide the individualized and collaborative response that benefits families.

Critical to building trust and developing the information needed for a more responsive and compassionate child welfare system is integrating the experiences of youths, parents, families, communities, and workers who are connected to the child welfare system into everything from service planning to service delivery and evaluation by taking into account their wisdom, talents, ideas, and hopes. Jurisdictions across the country are implementing a variety of ways to engage youth, parents, families, and communities. Incorporating the voices of people with lived experience requires a change in behavior that goes beyond establishing parent or youth councils. It requires an ongoing change in how we view, listen to, involve, and leverage the power and expertise of the children, youths, parents, families, and communities in the day-to-day work. Those with firsthand knowledge of what works and what is harmful deserve respect and gratitude for their willingness to help make the system better for those who come after them. Such respect requires using person-first, bias-free language and offering support

and training to help them navigate their roles as helpers in ways that recognize their own trauma and honor their boundaries and ethics. Impacted individuals should be compensated for their expertise. While lived experience should be viewed first and foremost as the voice of those touched by the child welfare system, the voices, experiences, and perspectives of frontline workers delivering the services, as well as members of the communities where services are being delivered, must also be listened to and their wisdom and expertise leveraged. Child welfare workers who have the education, credentialing, training, and experience to serve children and families who are the most vulnerable should be viewed as assets critical to advancing child, parent, family, and community well-being. The child welfare field must engage with schools of social work as well as with all relevant stakeholders and community members to form authentic, productive partnerships aimed toward transforming our society's response to families who are vulnerable.

Create a Better System

The child welfare system was developed to address safety, permanency, and well-being, yet historically safety has received the greatest focus and funding. We believe that safety remains a critical focus, yet we seek to expand our understanding of it. For too long, safety has been viewed through the narrow lens of physical safety. Decades of research on brain development, trauma, and attachment make it clear that safety must also include emotional and psychological safety. Separating children from their families may achieve physical safety yet sacrifice the child's sense of emotional and psychological safety, ultimately creating long-term negative outcomes and undermining their well-being. All child welfare interventions must seek to balance safety, permanency, and well-being to minimize harm and support children's healthy development.

Brain science has identified two critical periods in children's development—the early years and adolescence. Each of these is dependent upon responsive relationships and positive experiences that promote healthy development and functioning. Adversity can disrupt development, resulting in lifelong impairments in cognitive, emotional, and social functioning. Early intervention is critical. Supporting caregivers to be responsive and

sensitive to the child's needs is the most critical protective factor. Consequently, supporting parents and kin in their caregiving and maintaining connection with family and community are critical protective factors for children who have experienced adversity.

If harm or serious risk of harm to children cannot be mitigated by specialized services to children, parents, and families in the home (by the larger well-being system and when indicated by child welfare), then out-of-home care may be warranted. Separating children from their parents and families itself is often highly traumatic. If such separation is necessary, then the priority plan for the child's temporary living situation must be an urgent and intentional exploration of their kin. Research shows that children living with kin tend to feel safer, maintain family connections, and have fewer disruptions. For kin to provide this needed care, they must be supported by ensuring that they are connected to the resources found in other child- and family-serving systems without having to become part of the formal child welfare system. Extended family networks have always played a role in the care of children, and these networks should be better appreciated and supported by society in their desire to care for their children who are kin. Child welfare agencies and their partners should do whatever it takes to assist the kinship provider with the services and support necessary to keep a child safe and stable. If temporarily living with kin or non-related kin is not appropriate or available, then non-relative families should be available with the right level of support to meet the child's needs.

When nonrelative family care is the only available option, it should be provided in the most skilled, compassionate, family-like setting to meet the needs of the child while respecting the family of origin and acknowledging cultural differences based on Tribal heritage, race, religion, ethnicity, ability, and gender identity and sexual orientation. It is critical to maintain and nurture cultural and Tribal connections and to be committed to placements that are truly in the best interests of each child or youth.

When reunification is in the child's best interests, every effort must be made to help the family reunify as quickly and safely as possible. Urgent efforts to ensure permanency are a critical ethical requirement. Child welfare must recruit, train, support, and retain resource families who share this commitment and are appropriately resourced to provide

compassionate and age-appropriate care. Child welfare must also work to ensure a more intentional focus on the critical importance of time with parents/family in maintaining and nurturing a sense of belonging and connection to family and culture. This family time, also called visitation, should be therapeutic—beyond a simple visit with the child—and provide skillful support to help parents and their children develop the skills they need to reestablish their relationship.

Children and youth who are unable to be cared for in family-like settings, even with additional support, should receive treatment interventions based on their needs. Many of these children have extensive trauma histories and have experienced years of instability in their out-of-home care living arrangements. Treatment services and support for these children should be provided in the appropriate setting for the appropriate length of time. Their treatment must be driven by individualized comprehensive assessments and treatment plans rather than the all-too-common requirement of “failing up” to qualify for the more intensive levels of care and intervention. To ensure this, there should be regular comprehensive assessments and ongoing contact with the entity that has responsibility for deciding the level of care needed and where the child should live while receiving treatment interventions. Any setting should be specific to the child’s needs. To avoid children and youth being shuffled between systems (behavioral health, IDD, juvenile justice, education, and child welfare) due to lack of sufficient treatment intervention options; we need to work to establish a community information-sharing, planning, and referral process to avoid having children and youth ending up in the wrong system due to lack of accurate assessment, available funding and appropriate service options, especially during a time of crisis.

Individuals caring for children outside of their family of origin should be helped to understand that this is a temporary option while a permanent option is being

identified. They also should be helped to understand the vital role that they play in the child’s and family’s healing and how they can support the role that parents and relatives play while the child is in out-of-home care. This includes thoughtful and well-coordinated support of the child with any transitions in their living situation.

Child welfare must redouble its efforts to apply learning to improving its services and programs. For over 100 years, the child welfare system has continued to confront many of the same challenges, routinely applying the same unworkable solutions from one generation to the next. There is ample evidence—both directly experienced and observed—for the child welfare field to understand what works, recognize unintended

consequences, and acknowledge what has not worked. Through partnerships with agency leaders, colleges and universities can provide more action-oriented research that informs practice and identifies best practice for serving children, parents, and families similar to our colleagues in health care, we can use this knowledge to continually improve child welfare policy and practice based on how the individuals and families we serve are helped or harmed. This is a better approach than implementing abrupt, often contradictory approaches that

are too often fueled by crisis and/or the political ideologies of those who happen to be in power.

The child welfare system must be committed to the ongoing study of the outcomes of child welfare involvement—intended and unintended. Such research is critically important to ensure improvement and progress toward achieving safety, permanency, and the well-being of the children, parents, and families we serve. Responsive and responsible research requires broad participation of those impacted by laws, policies, practices, and services. Conducting such research and developing valid and reliable data also requires the financial support and expertise of governmental and university partnerships. Disaggregated data (e.g., by race, gender, age) is essential



for accountability to ensure just and equitable outcomes for all children and families.

The Right Workforce

Child welfare, like any system, can only be as good as the quality of its leaders and workers. Today, the child welfare system faces difficult challenges, including the retire-

ment and frequent turnover of leaders and workers in the public and private sectors. This undermines critical relationships with impacted children, parents, and families as well as agency stability, and derails practice improvement initiatives. It results in staff feeling uncertain and overwhelmed, causing some to leave the field of child welfare altogether. Staff turnover can also negatively impact children's progress in treatment and toward achieving permanency. These challenges require child welfare leaders to create a more supportive working environment and reinforce the need to collaborate more effectively with other systems.

Today's child welfare leaders must embrace the benefits of technology and leverage the value of effective social media messaging and transparent communications with the community and other stakeholders. This includes clarifying any misconceptions about the role that child welfare agencies play in the lives of children and their families and reinforcing our social justice values.

Our leadership and workforce have the essential responsibility to consider children, parents, families, and communities as essential partners with knowledge and resources necessary to help achieve their well-being. Agency leaders must create an organizational culture built on the belief that we cannot view problems facing children separately from their parents, families, or their communities. Creating this culture, supporting it through training and professional supervision, and rewarding team members for actions and outcomes that are guided by a clear set of values and beliefs based in



social justice principles, will go a long way in developing a committed group of leaders and a workforce that is passionate about their responsibilities.

Schools of social work play a critical role in shaping the type of workers entering the child welfare workforce. We need to work with them to be more proactive in recruiting and train-

ing social workers for a career in child welfare. This includes recruiting a workforce that represents the diversity of the children, parents, families, and communities served and developing the values, commitment, and core competencies required for this challenging work. As a nation, we need to support the development of the future human service workforce that is vital to the well-being of all children, parents, families, and communities and offers the nation a chance to create a workforce strategy for the future. We must build a pipeline for child welfare workers that starts as early as middle school and includes people with lived experience. We must ensure that the training and preparation of future child welfare staff emphasizes humility, empathy, cultural responsiveness, and collaboration with families, community stakeholders, and service partners.

Child welfare workers must be better compensated, resourced, trained, and supported to meet the critical and challenging tasks of their jobs. Training must focus on key emotional intelligence skills that build and maintain empathy, curiosity, and humility—especially under stress—the use of critical thinking, how to recognize and manage biases, how to work effectively with other child- and family-serving systems, and coaching and supervisory skills.

Calls to rectify injustices related to race and poverty have prompted the child welfare system to question its role. These calls have impacted confidence in the child welfare system, diminishing respect for and creating great moral and ethical injury for workers who have inherited the current system, as well as misconceived community

perceptions about its role. The field cannot ignore the fact that many workers have experienced the same challenges as the families with whom they work. While their experiences may help to promote empathy and engagement with families, past experiences also heighten the need for trauma-informed approaches across the system. Child welfare has not done enough to incorporate the personal experiences that workers bring to the job, or to address the reality that many workers are struggling to reconcile their concern and commitment to children and families with the harm that child welfare involvement can inflict on a family—and need to be self-reflective in terms of the biases we bring to our work and work to eliminate racism and biases from the child welfare system and other child- and family-serving systems.

Summary

The child welfare system is part of the chronically unsupported and under-funded patchwork of resources that exist in this country despite the asserted commitments to family values. As a result, growing inequities, discrimination, and disparities continue to impact a substantial number of families in the United States, especially those who are poor and of color. Child welfare can and should continue to reflect upon and learn lessons from its successes and failures, acknowledge the significant impact of racism, poverty, and lack of safety net for the children, parents, families, and communities served, and redouble its commitment to functioning differently to advance child safety, permanency, and well-being within the context of racial and social justice.

It is abundantly clear that achieving a well-being system consistent with the vision of this paper can only be achieved through coordinated partnerships with other child- and family-serving systems, coupled with a new level of advocacy for and with youth, parents, families, and communities. This includes advocacy for funding from and for both the public and private sectors to support ongoing research and innovative, accessible, culturally relevant, family-focused, and child-centric services to prevent child maltreatment and strengthen families. Otherwise, the child welfare system will remain the de facto safety net for too many children, parents, and families primarily experiencing the impacts of poverty and racism.

It is hoped that by advancing the vision of this paper supported by the recommendations below, we will have a system that is more humane, respectful of the children, parents, and families served, and a positive force for child, parent, family, and community well-being in this country.

Recommendations

1. Call for a National Family Agenda to create a well-being system that is family-centered and child-focused, and in which families have access to resources and supports needed to be able to protect and care for their children, including livable incomes; economic supports like Earned Income Tax Credits and Child Tax Credits, stable housing; quality early childhood education and care, quality schools and education; and equitable access to quality physical and behavioral health care in safe and responsive communities.
2. Develop and empower a national process for evaluating and accelerating improvement of the current siloed and fragmented human service systems to create a viable child, parent, family, and community well-being system that includes broad representation from family, youth, and community members; public, Tribal, and private child welfare agencies; other child- and family-serving systems; policy-makers from the local, state, Tribal, and national levels; and representatives of the business community. The White House Conferences held between 1909 and 1970 provide a successful model for national collaboration to address key issues impacting children and should be a key part of this national process.
3. Develop and authorize a Congressional Commission to oversee and have accountability for the operationalization of the National Family Agenda at the state, Tribal, and local levels and to advance the recommendations from the evaluation of the current system and share its findings. Shared responsibility and accountability across the child, parent, family, and community well-being system is critical for its success.
4. Pass a National Defense Authorization Act for the Human Services Workforce to address its current crisis and plan for the human services workforce of the future.

Field and Allies

1. Intentionally work to build trust and relationships with youth, parents, families, and communities.
2. Help recruit and partner with youth, parents, families, and communities in a collaborative process to assess current alignment with the recommendations, develop plans for change, monitor progress, and promote continued improvements.
3. Share innovative programs, services, and collaborations that are aligned with the recommendations. Sharing should be within child welfare and with other child- and family-serving organizations.
4. Commit to ongoing professional development in building skills that support effective engagement with diverse families experiencing multiple traumas to promote resilience for both the children, parents, and families served and the professionals delivering the service.
5. Continue to develop and expand capacity to use disaggregated data (e.g., by age, gender, race) to monitor and assess outcomes for all children and families.
6. Educate local and state policy-makers about the need for a National Family Agenda and opportunities to build and support local and state components of a child, parent, family, and community well-being system. Advocate with local and state policy-makers about the needs of children, parents, families, and communities.

CWLA

1. Building on this White Paper, commit to ensuring that our leadership, partnerships, advocacy, and policy agendas; membership requirements; standards setting; education; and training programs support

agencies in achieving the recommendations set forth in this paper.

2. Through our standards setting, education, and training programs, continue to convene experts in the field to identify and disseminate specific ways to advance the National Family Agenda and measure progress in making the desired changes.
3. Through our advocacy and policy agendas, continue to build multidisciplinary, cross-agency partnerships and collaborations with public and private entities in support of a National Family Agenda.
4. Partner with child welfare organizations and policy-makers to develop, promote, and advocate for social justice-based practices to ensure that all children, youths, parents, and families are treated in a just and equitable way.
5. Partner with child welfare, legal organizations, and policy-makers to develop, promote, and advocate for best practices that ensure kinship is a priority and that kin are supported in providing care.
6. Produce an annual “State of the Child, Parent, and Family in Child Welfare” to serve as the foundation for our advocacy work and to educate the public and policy-makers regarding the pressing needs of the children, parents, and families and the necessary policy and funding responses.

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