

# CHILD WELFARE SYSTEMS CHANGE: NCWWI Advisory Board Recommendations



## Executive Summary

### Introduction

For over a century the Children's Bureau has led the nation in child welfare reforms and innovations. This includes 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 child welfare workforce, educating child welfare professionals, and improving the ability of organizations to recruit, select, train, supervise, manage, and retain them. Information about NCWWI can be accessed on our website, [www.ncwwi.org](http://www.ncwwi.org).

Workforce development in the child welfare field 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. To that end, an advisory board was appointed, representing leaders in tribal, public, and private sectors including parents and youth as well as educators, elected officials, labor advocates, and people who work in media.

Over the past three years the Children's Bureau has used NCWWI's Advisory Board as a sounding board and idea generator for workforce issues and for envisioning child welfare system changes. Advisory Board members were charged with providing guidance on all aspects of NCWWI's work. In addition, the Advisory Board was charged to "reimagine" the child welfare system, focusing on promoting child and family well-being. This brief presents some of the Advisory Board members' deliberations and observations. Proposed systems reforms are framed in family-centered, anti-colonial, and anti-racist terms. Reform elements include building family capacity to parent and to prevent child welfare placements by providing concrete resources,



ensuring that all families receive active rather than reasonable efforts in placement prevention and reunification, building more community-based supports including family resource centers and supports, providing differential response, and adopting tribal peacemaking for all families.

Section 1 of this document offers recommendations that reflect one vision for building a national child welfare system that fosters child and family well-being within strong communities.

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 for all families in all services, addressing proactively the needs of communities of color and Indigenous communities 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 for all families in the child welfare system, including peacemaking rather than adversarial courts, and more relational and responsive practices addressing poverty.

In September 2021, the Advisory Board refined the recommendations with examples and action steps for policy and practice with implications for both public and tribal child welfare systems. Those recommendations are now incorporated into this brief. The September 2021 meeting also took place during the height of the COVID-19 pandemic. Advisory Board members led important innovations in their agencies and communities as the pandemic's impact swept over the country. Advisory Board members brought significant expertise to a discussion of ways child welfare can use lessons learned from the pandemic and support innovations.

Section 2 addresses some of these COVID lessons, practices, and concerns. Findings address the need for hybrid working arrangements. Racial injustices heightened by pandemic health disparities increased attention to the needs of Indigenous communities and communities of color and their health and economic well-being, warranting more proactive attention to not only their needs but also the staff who support them. Supports to aid families with technology issues also became critical as the pandemic required adjustments to virtual home visiting, family team meetings, and court appearances. Racial justice concerns have dominated recommendations including addressing ICWA rights and lessons learned from ICWA services representing the gold standard for all child welfare practice.



Recommendations include the need to:

- Ensure access to technology for workers, families, and related service providers and courts to facilitate work
- Facilitate hybrid work opportunities for staff
- Address racial disparities with an array of supports including community-based services (narrowing the door to Child Protective Services)
- Promote service models derived from ICWA
- Advance neglect diversion

Section 3 addresses the workforce crisis. The Children’s Bureau convened an urgent Advisory Board meeting in February 2022 to provide recommendations to address the pressing national workforce crisis. Following an overview of the national workforce concerns, participants worked in small groups to identify workforce challenges and recommend action steps that initiate change to the current structure, centering family well-being through sovereignty, racial equity, and justice values. The workforce discussions were framed by a concern about systems reform.

Recommendations include:

- Telework
- Use of paraprofessionals including peer parents with career ladders built in; others to do administrative work
- Differentiate workforce based on functions and needs
- Triage reports, referring neglect cases to differential response (DR)
- Provide flexible funding for concrete services

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.



## Section 1. 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 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 redesigned with an emphasis on *primary prevention* and universal, accessible, and culturally responsive services.<sup>1</sup> In this reframed child welfare system, secondary prevention services will be available for families with greater needs and challenges with an emphasis on accessibility and cultural 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 families' 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 parent or caregiver fitness. 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 the number of screened-in reports coming to Child Protective Services (CPS) and instead refer families for community-based supports when there is a need, especially related to poverty. This requires a practice realignment, which means providing primary and secondary prevention services and family support to achieve family stability and prioritizing the best interests of all children and their families. Shifting the child welfare system's focus to prevention recognizes the fact that

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<sup>1</sup> 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.



child removal is often fraught with trauma and related harms. *Ultimately, change strategies require communities to take a key role in leading this work, with affected populations and communities 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 that prioritize active rather than reasonable efforts 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 potentially vulnerable family. School, health care, law enforcement, and social service staff need alternatives to CPS hotlines to get help to families.
- Address basic needs, including mobilizing concrete resources and funds from entitlement programs, reducing disparities in access to and utilization of services.
- Systematically develop the skills for anti-colonial, anti-racist work through organizational assessments, training, family and community feedback, and data on practice outcomes. This includes knowing about and respecting tribal sovereignty as well as addressing anti-racist practices for Indigenous families and families of color. Advancing supports for child welfare staff from Indigenous communities and communities of color is essential, including their right to equity and healing.



- Re-examine neglect statutes in collaboration with communities and courts, seeking more consistency and precision in neglect definitions and rerouting the 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 address poverty, unemployment, housing, childcare, food, transportation, health, and mental health concerns and include:
  - Developing a national definition of neglect that includes using family needs assessments so requisite resources can be mobilized.
  - Involving 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.
  - Addressing workforce implications of focusing comprehensive attention on neglect cases to address family needs. Workers need to be trained to understand that neglect cases are not identical to abuse cases and, while some cases involve both abuse and neglect, most neglect cases are not necessarily gateway abuse cases.
- 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 system to find support for 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.



## What Would be Different if These Recommendations Were Implemented?

- Policy and funding would be family centered.
- No policy would be made without families at the table.
- Families would have equal leverage, be funded, and be seen as experts.
- Families would represent their communities.
- Parents would have qualified, consistent attorneys to support them.
- Colonialism and racism would be actively addressed in legislation, policy, practice, training, and supervision.
- There would be justice-centered active efforts including safe spaces for dialogue (families and staff).
- Adoption and Safe Families (ASFA) timelines would end.
- Disproportionality language would be replaced with anti-racist, anti-colonial language.
- Local communities would be invited to talk about the impacts of child welfare (Truth and Reconciliation Process) to inform legislation, policy and practice, and reparations.
- Indigenous teachings would be honored and promoted.
- Language would change – instead of focusing on investigations the focus would be on providing services and support for families first. All services would prioritize active efforts.
- Child welfare staff would reflect the community.
- Peacemaking practices would replace adversarial courts.
- Courts would play a larger role in prevention.
- Mandated reporters would have alternatives to CPS with a services-first orientation.
- All sectors would be involved in this change, including political and funding systems with a focus on family and child wellness.

## 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 families' concrete and material needs. Parent mutual aid networks, complemented by



new out-stationed service providers located in communities, are essential to helping 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 families, 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 that characterize 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 effective services:



- 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 conferencing<sup>2</sup> or family team meetings within 24 hours of a screened-in report. Also utilize family team meetings when children are in foster care.
- Adopt the Peacemaking Model used in tribal courts if the court is involved.
- Support tribes as sites for innovation and testing of new, extended family and community-centered models.
- 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 reculturing 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.

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<sup>2</sup> 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; assure safety, stability and permanency; and 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.



## 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 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.
- Implementing safety science throughout child welfare agencies to ensure that workers and their entire agency are protected and incentivized to innovate in support of families and communities, thereby reducing a risk-averse orientation and over-placement of children.
- Engaging partners throughout the community. Engaging only 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' voices and establishing evidence-based workload standards to ensure long-term retention.



- Moving away from deficit-based risk assessment and toward strength- and asset-based work. Consider the harm a questionable intervention might inflict if it is based on deficits rather than strengths and assets.
- Changing language relating to investigators and mandated reporters so families are offered help and support. Help health and school staff provide services to families rather than reporting them.
- Rethinking intake with families being helped at the front end.
- 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.
- Changing neglect laws and fostering diversion of neglect cases, when appropriate, from CPS.
- Offering alternatives for reports and referrals to mandated reporters.
- Drawing on successful models for prevention and early intervention: nurse-family partnerships, school-based services, family resource centers, multisystemic therapy.

## 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 children and parents' quality of life, 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 the U. S. Department of 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 leveraging 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 these 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 or Medicaid.
- Requiring a portion of federal funding to child-serving agencies 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.

## Section 2. Innovations and Lessons Learned Related to COVID-19

The pandemic resulted in a seismic shift in the way child welfare work was carried out in communities. While no one could have predicted the rapidity with which major change in all child welfare services would take place, agency, union, and government leaders and staff became the prime movers for important policy and practice shifts that must be integrated into our work.

Findings include the need for an array of supports for hybrid work and also virtual approaches in training. Most significant is the pandemic's effect on Indigenous communities and communities of color with disparities in access to protective supports, health services, and equitable health outcomes. These affect Indigenous staff and staff of color more directly in child welfare along with the disproportionate number of families and children from Indigenous and communities of color served by the system. Thus, racial justice becomes an even more pressing priority emanating from the pandemic. Suggestions for integrating innovations and lessons learned related to COVID include:

### Hybrid work

- Telehealth/therapy access is a positive and confidentiality concerns can be addressed through technological solutions.
- Virtual work is an opportunity to increase access to and engagement with family, youth, and courts (parents do not have to take several buses to get to court). Families and workers together can assess when this is appropriate and facilitative.



- Families must receive assistance with technology.
- Child welfare is generally way behind in adopting new technology – need to continue to evolve with technology and not stay stuck.
- Technology creates the opportunity for greater flexibility in how we work with families. This requires an investment in the tools so families can access what they need and families and workers can stay safe, too.
- Learn how best to balance hybrid work. When is it more effective and safe to be in the office and when can the work happen more successfully from home?
- Workforce solutions need to be sensitive to cultural differences – some in tribal communities may not be big fans of virtual case work.

### **Training**

- Simulation centers can be moved to virtual simulations. NYC added new courses on skills for virtual engagement and virtual foster parent training and had higher participation rates.
- One training program that converted their training to online practice simulation experienced no reduction in transfer of skills/knowledge.

### **Funding**

- There is new federal funding in response to COVID, so there is an opportunity to think about how to spend it well and impact the future, including funding community members to be part of transforming practice.

## **Risks or Opportunities?**

The combination of COVID, racial unrest, and disproportionate impacts of COVID on tribes and communities of color raised a lot of issues and exposed practices that spotlight the disparities in the country. Tribes and communities of color have disproportionate COVID loss and grief, which created additional stress in those communities. Vaccine mandates are causing conflict and anxiety within workforces. Initially people came together, but now staff and communities may be at odds over the issues and practices that are being promoted. There is less tolerance for systemic racism and more attention to the marginalized workforce. Some women of color have stated they prefer hybrid working arrangements due to the microaggressions and other stresses



they endure in the workplace.<sup>3</sup> Safety (health, parenting, disproportionate exposure to risk), resource equity, and well-being are all interconnected.

Given the vulnerabilities facing everyone from managers and staff to families themselves, what have we learned to inform new approaches and practices with children and families? This is more than just a child welfare issue. COVID and the equity discussions offer a forum to share concerns and opportunities, including solutions, with other service systems in communities. How can we have conversations about change without further demoralizing families and staff? This calls on us to be aware of issues within the agency and community and be deliberate in communications. For example, vaccine refusal is impacting supervisors and leaders, as personal beliefs are now a part of the work in the organization. This merger of the personal and political is creating a lot of stress for everyone. Many gray areas about organizational and workforce practices have emerged.

We are in a time of momentous change that will keep offering challenges and lessons. We must be attentive to continuous learning. Safety, trust, support, hope, and effectiveness are pillars of the work – can we uphold these pillars as a basis for the work? This is the opportunity to recommit to the pillars and use what we are learning to change the work and advance these aspirations.

### Specific Suggestions for the Children’s Bureau

The Children’s Bureau has been routinely seeking feedback and information about ways supports and guidance can be mobilized to aid the workforce during the pandemic as well as to ensure child safety and family support. To that end, the Advisory Board explored some of the key ideas and discoveries linked to the pandemic as well as the racial justice reckoning that has emerged. Some of the feedback and ideas generated include:

- Consistently elevate the participation and “voice” of families and communities most impacted by CPS. This active involvement is still relatively uncommon and token.
  - Foster truth and reconciliation efforts.
  - Focus the work on community-based services before families interact with CPS. Prioritize promising and evidence-based models for community-based support services that precede any CPS report.

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<sup>3</sup> Tulshyan, R. (2021, June 23). Return to office? Some women of color aren’t ready. *The New York Times*. <https://www.nytimes.com/2021/06/23/us/return-to-office-anxiety.html>



- Create staff positions for parent advocates, kin, and youth. Most of these roles are only available in private agencies if they exist at all.
- Develop more accountability to communities being served, ensuring real change and narrowing the front door to CPS.
  - This includes resources to build services and supports into communities themselves, so change is built by the people with experience. CB must work at the federal level to find ways to integrate (braid) funding streams to support more integrated service delivery at the state and local levels.
- Ensure that the child welfare workforce has a voice in decision-making and processes and can direct and influence policies and practices.
  - The workforce needs to be at the table developing and creating career pathways, especially for Indigenous staff and staff of color. In states where unions represent the child welfare workforce, active engagement with unions is warranted.
  - Child welfare workers are first responders and need to be so designated at the federal level (with implications for PPE, triage for care, mental health supports, etc.).
- Support models that include working from home.
  - Act on the consistent feedback on the value of a hybrid approach to the work. Recognize that this allows a mostly female workforce to better balance work-family responsibilities.
- Increase child welfare pay and benefits.
- Develop plans for continuity of operations for child welfare systems in the event of future natural disasters and pandemics.
  - Plans for safe visits – virtual visits, courts, etc. What can we learn from other post-disaster planning efforts?
  - Promote the value of online visits and virtual courts.
  - Need information from CB about how to do a placement safely in homes that may have additional risk.
- Examine implications for systems change from child welfare data collected during the pandemic (fewer children in care, fewer deaths)?
- Promote peacemaking court processes and customary adoption. Shift the message about child welfare to family preservation and racial equity.
- Create funding equity across tribal and public child welfare agencies. Establish a minimum requirement for what tribal-state partnerships should be.



- CB can send out clear guidance for states on what a tribal-state partnership and tribal consultation look like.
  - CB to implement oversight and accountability for states with regard to tribal-state partnerships. Currently every state does something different.
- Work with the five states with the highest American Indian/Alaska Native disproportionality rates and do a deep investigation to see what is driving the rates.
  - Provide meaningful assistance (led by tribes), strategic planning, and the expectation of better outcomes.
  - Provide funding to tribes to build up their workforces in those states. Share the process and outcome with other states and tribes.
- Fund collaborative neglect diversion grants.

## Section 3. Workforce Crisis

As the pandemic evolved, the effects on the child welfare workforce became more problematic and visible. Workforce instability and high turnover overtook the nation and the child welfare system in late 2021 and 2022. The Children’s Bureau sought recommendations to address the pressing national workforce crisis. Following an introduction and overview of the national workforce concerns, Advisory Board participants worked in small groups to identify workforce challenges and recommended action steps to initiate change in the current structure, centering family well-being in the context of sovereignty, racial equity, and justice.

### Context: Public and Tribal Child Welfare Agencies

- The issues have been the same for decades and not attended to. These include:
  - Disconnect between social work values and approach to the work.
  - Erosion of commitments to partnering with families being served.
  - Questioning by Indigenous students and students of color on the ethics of going to work within the system that is harming their communities.
  - System misalignment, as only 20% of the children need protection. The 80% not screened in need something different that has more of a social justice frame to it.



- Need for long-term strategic planning: Systemic and long-term problems need to be addressed, but the focus is too often on what is needed in the next three months, reducing successes.
- People are not interested in working in this field for a variety of reasons including high work demands with low pay, safety concerns, and unhealthy organizational climate and culture.
- Tribal programs are not well resourced and are used to working with limited resources. Those that focus on successes, have good supervision, and use positive reinforcement when workers succeed in helping a family keep their workers.

### Context: Social Work Programs in Universities

- Declining interest among potential social work recruits: There has been a 50% decrease in Title IV-E stipend applicants in one midwestern state.
- Competition for social work students: Other health and mental health sectors provide stipends too and most focus on clinical work, so there is competition for a small pool of students. Some practice sectors have work schedules that allow for a better work-life balance than child welfare.
- Social work faculty as advocates: Need faculty with excitement and energy about child welfare who will energize students.
- Disconnected study and practice: Students in the field are not feeling connected to school experience – they want to be connected, but anxiety from pandemic creates overwhelmingly stressful binds and tension.
- Moral distress is a paramount concern: There is friction between what the social worker thinks is best and what the manager and/or policy says they must do (moral distress). This must be addressed.

### Ideas From the Field

- Union is developing a telework agreement that specifies the work schedule conditions. Telework may make the work as attractive as possible, which helps reduce stress.
- Some states (e.g., Illinois, Missouri) have programs to hire paraprofessionals who can then participate in an upward mobility program to develop a career pathway.
- Staff can use iPads and dictate as a workload reduction tool.



- Listen to the issues facing the workers?
  - Allow people time to grieve the losses they have experienced – especially the multiple deaths from the pandemic. Grief and healing have been skipped over with the only focus on “not getting sick.”
- Annual review of safety protocols and training.
  - Need safety networks with an array of safety measures including self-defense training, tools for getting immediate help, pre-screening of reports to make sure there is no obvious threat from the home, protocols for safe home visits, and teaming of workers.

### **Bold and Practical Ideas for the Children’s Bureau**

- Consider credentials for the work: Do we need people with advanced degrees to do this work?
  - We provide so much training and on-the-job training that teaches people the specific requirements of the job that we may not need people with degrees to enter the workforce. Applicants without degrees may have essential competencies and then can be trained.
  - Explore a differentiated workforce depending on the structure of the work and job requirements?
  - Change the people that you bring into the agency, consider people with lived experience – youth, families. Current efforts to do this are marginalized. Look at the system top down and bottom up to support innovation. Infrastructure to support these staff needs to be in place including training, supervision, background check requirements, and fair pay. Find peers for the family to share both what not to do and successes. Explore FTE allotment or funding for family partner peer support positions. Funding from Medicaid might be available if addressing behavioral health issues.
  - Redesign jobs to combine prevention and public health and also promote child and family well-being.
- Invest in tribes equally at the federal and state levels – give them needed resources; tribes already know how to do the family support work but need resources.
- Consider several questions as we think about bold ideas:



- Do we even know what to look for in hiring?
- How did we get to where we are with hiring?
- People are questioning the entire system. Is it equitable? Just? The work does not align with why people are coming into the field.
- Who manages the hiring and retention data? If human resources has control and child welfare cannot see the data, it is hard to plan effectively.
- Should child welfare workers be given hazard pay, sabbaticals?
- Redesign work requirements? Historically, new procedures and policies only added more, with no assessment regarding usefulness or relevance. How will the scope of the work be reduced? Give guidance to state child welfare directors.
  - Could neglect cases go to differential response for services instead of CPS for an investigation?
  - Triage referrals to reduce neglect reports. Some studies have shown that rethinking neglect has resulted in fewer children coming into care.
  - How much of the work can be done virtually? We need more virtual engagement strategies.
  - Set a standard for technology to update all child welfare systems. There should be no "excuses" that a state/jurisdiction/tribe does not have access to necessary technology.
  - Look at child fatality cases where we missed essential information because of virtual visits. How can we learn from this?
  - Discern what services are considered "essential" in public child welfare, and how can we ensure this is what we are delivering? How do we assess effectiveness in delivering these virtually as well?
  - Ensure there is flexible funding for concrete services and resources.
- Capitalize on the fact that the work is meaningful. How can we refocus on this asset and use it to reform the work?
  - Get input from workers and families about virtual work and engagement. Some workers report having better engagement with their families in a virtual environment.
  - Note the value of traineeships – and the need for more – to attract new workers to child welfare. Recruit in community colleges. Increase the use of paraprofessionals.
  - Develop career levels and different opportunities for advancement in the workforce.



- Look at Child and Family Service Review (CFSR) outcomes to see whether there are new findings following COVID. Are there implications for workforce and workplace improvements (virtual)?
- Look at Title IV-E funding for interdisciplinary workers and expand the disciplines graduating with child welfare knowledge.
- Make the workforce focus an explicit priority in the office of the Associate Commissioner of the CB. Have the Associate Commissioner engage directly with caseworkers.



## Appendix

### New Initiatives

**Louisiana:** Job Redesign - They have redesigned the front-line practice and created a child welfare specialist role, this person does the administrative work while the caseworker focuses on the family. The specialists attend pre-service training and work closely within a unit. The team includes one caseworker focused on the children and one on the parents with assistance from the specialist. They are seeing improved outcomes, timely services, and increased documentation. Part of the process was rethinking mandated tasks to reduce the burden on caseworkers. Create professional positions to work closely with child welfare workers to do the administrative tasks, which frees up caseworkers to do clinical tasks. Like the medical model that uses a patient navigator.

**Alaska:** Going to competency-based hiring versus degree-based. Created an occupational endorsement certificate for people without a degree that can be used as preparation for employment, and the credits count toward a degree if the candidate is in a program. It is 13 credits. Provides a fundamental understanding of the basics of the work (23 people started, 12 continued). How might this capture people who are interested in the work?

**Missouri:** The administrative burden/duties are lessened for child welfare case managers by hiring paraprofessional (high school diploma-level education) staff to do the computer work and follow-up calls for an investigation.

**Washington State:** Has a new program to prevent youth homelessness. They have created a new family agency and they only involve child protection for those who need protection.

**Tribes** can serve as role models for public child welfare. Tribes see things holistically, build relationships, and know community members and resources including cultural resources to support families. They do not have as many resources and can be generalists, which is a good model rather than providing fragmented services. Tribal workers feel a natural sense of duty – not just to the job but also to helping our relatives and communities heal. Tribal workers are invested in families and community strengths and community resilience. They are invested in the success of the families.



**Title IV-E funds** could be used as a match for training community-based workers who serve child welfare families. Few social work schools go down that route, but it is possible and allowable when used to prepare new workers for family and community-based services. What's the reason for the reluctance? Concerns about turf? Social work educators must support it, can they?

**Minnesota county** is using a public health approach with a single door (One Door) for services that triage prevention services. If a family has a clear child protection issue, it will be triaged to CPS. Interdisciplinary partners are expected to help solve family issues.

**Utah** has a program that recruits support families differently – recruit to help in the life of a child – later can help family members to provide respite, to provide foster care. Frame the message as helping in the life of a child. It allows people to be helpers in the capacity in which they can serve. Twice a year they publicly honor these people (resource families) as local heroes. This program provides a pathway to helping children and community.

**Kempe Center** is looking at ways to reduce the number of families who come to CPS. Thinking about how to generate long-term outcome data about services for families diverted from child welfare. Also thinking about how to support child welfare workers in adjusting to their angst (policing, removing children, etc.).

**“Foster Care Unplugged”** – Drama therapy with youth in NYC. Youth write a play with support from a professional writer, based on their stories, and then produce the play. The play raises so many prominent issues about the child welfare system, bias, prejudice, justice, and the power of relationships. Funded in part by the ACS and foster care agencies, the production is in a theater with a wide audience. It can be a valuable tool for dialogue with workers, supervisors, and administrative staff.

**Tribal initiatives:** Sandy White Hawk started welcome home ceremonies for those impacted by child welfare; this is a model of community healing. Choctaw has 100% tribal placements – no non-native resource families.

**Critical cultural factors** that will impact the ongoing work:



- The current structure sends the message that workers cannot be trusted, so there is excessive documentation required. This carries over into the way workers interact with clients who do not see the workers as trusting them.
- This is reflected in the work between CB, states, counties, and regional offices where states/jurisdictions do not trust CB, counties and regional offices do not trust the state. Yet we want clients to trust that we are working in their best interests.
- Little forward-thinking; see the typical government reaction to a crisis instead of thinking through implications internally. Must differentiate between what we can control and what we cannot control.
- Funding flexibility!