

FAMILY JUSTICE JOURNAL

WINTER 2025



ISSUE 004

THE PRACTICE OF CONNECTION



Strengthening Families & Communities, Advancing Relational Health

CareSource is a proud sponsor of both the Institute
for Relational Health and The Family Justice Journal



FAMILY JUSTICE JOURNAL

WINTER 2025

Foreword

- 008 **Hope in Action: Living Out Compassion**
Sandy Santana
Executive Director, Children’s Rights

In Brief

- 030 **Engraining Mandated Support to Eliminate Mandated Reporting**
Joyce McMillan
Founder & Executive Director of JMACforFamilies

My Perspective

- 022 BJ Walker
President of In The Public Way, Inc

A Better Way

- 043 Tina Wilder
Chief Instructor, Michigan State University and
Food & Beverage Director at Woodhaven Senior
Community, Flint, Michigan

Poetry

- 037 Onita Morgan-Edwards
Creative Writer & Adjunct Professor of English
Sky Morgan
Elementary School Student & Artist

Features

- 010 **Returns on Investment of a Family Resource Center to the Child Welfare System**
Sara Bayless, PhD
Vice President at OMNI Institute &
Managing Director for the Center for Social
Investment
Melissa Richmond, PhD
Senior Manager for Research at the Healthcare
Anchor Network
Peter Pecora, M.S.W., PhD
Managing Director of Research Services for Casey
Family Programs in Seattle & Professor, School of
Social Work, University of Washington
Adriana Ariza, MA
Senior Research Manager at OMNI Institute &
a doctoral candidate in Positive Developmental
Psychology and Evaluation at Claremont Graduate
University
- 018 **Community Collaboratives and Family-Focused Success**
Brady Rhodes
Collaborative Coordinator, Community Impact
Network, Hastings Nebraska
Erin Trausch
Central Navigator, Community Impact Network,
Hastings Nebraska
Sierra Edmisten
Straight Up Advocate, Community Impact Network
Pam Edwards
Community Leader, Community Impact Network
- 024 **Elevating Healing and Building Relationships**
Mike Kenney
Director of Strategic Initiatives, Public Children
Services Association of Ohio
Angela Sausser
Executive Director, Public Children Services
Association of Ohio
Sarah Kaye, PhD
Executive Director, Kaye Implementation &
Evaluation

Features, continued

032 Building Pathways for Supporting Children and Families in Their Own Communities

Janay Eustace
President & CEO Child Abuse Prevention Center

Katie Albright
Senior Advisor, Safe & Sound, San Francisco, California

038 Raising the Voices of Native Peoples with Disabilities

Jeannie Hovland
Vice Chair at National Indian Gaming Commission

044 Interview with Kevin F. Denney

Kevin F. Denney
Chief of Police
Grand Island, Nebraska

048 The False Gods of Social Change

Kevin Campbell
Co-founder & CEO of Pale Blue

Cormac Russell
Managing Director, Nurture Development

Elizabeth Wendell
President & Co-founder of Pale Blue



Editor - in - Chief

Jerry Milner
Co-Director of the
Family Justice Group



Editor - in - Chief

David Kelly
Co-Director of the
Family Justice Group



Design Director

Ann T. Dinh
Design Consultant



Flatness



Onita Morgan-Edwards

Onita Morgan-Edwards is an author, a small business owner, and full-time parenting grandparent. She enjoys helping writers with their storytelling journeys. Onita is working on a book of poetry, a novel, and enjoys digging up family memories for memoir writing. *A Gathering of Flowers: An Anthology in Essay* is her most recent project.

Onita completed her undergraduate studies at Antioch University and holds an MFA in Creative Writing from Ashland University. She is an adjunct professor of English at a community college.

Sky Morgan

Sky Morgan is an elementary school student and artist. She enjoys drawing, painting, and Mine Craft. Sky wants to be a fashion designer, and she recently received a scholarship to K12-Tejas Gallery's summer art camp. She has lived with her grandmother since January 2024.

Sky spent this summer creating art and sell prints online and at local events. She loves immersing herself in art and other fun events in and around Dayton, Ohio.

BOARD MEMBERS

Advisory Board Members

Christopher Baker-Scott

Executive Director & Founder
SUN Scholars, Inc.

Angelique Day, Ph.D., MSW

University of Washington Seattle
Associate Professor
Faculty Affiliate of the Indigenous Wellness
Research Institute
Director of federal policy for Partners for Our
Children

April Lee

Director of Client Voice
Community Legal Services of Philadelphia

Dr. Melissa T. Merrick

President and CEO
Prevent Child Abuse America

Jey Rajaraman

Associate Director, Center on Children and the Law,
American Bar Association
Former Chief Counsel, Legal Services of New
Jersey

Vivek Sankaran

Clinical Professor of Law,
University of Michigan, Michigan Law

Shrounda Selivanoff

Social Services Manager
Washington State Office of Public Defense
Parents Representation Program

Victor E. Sims, MBA, CDP

Senior Associate
Family Well-Being Strategy Group
The Annie E. Casey Foundation

Paul Vincent, MSW

Former Alabama Child Welfare Director
Consultant and Court Monitor

Editorial Board Members

Justin Abbasi

Co-Founder, Harbor Scholars: A Dwight Hall Program at Yale

Laura W. Boyd, Ph.D.

Owner and CEO, Policy & Performance Consultants, Inc.

Angela Olivia Burton, Esq.

Co-Convenor, Repeal CAPTA Workgroup

Melissa D. Carter, J.D.

Clinical Professor of Law, Emory Law

Kimberly A. Cluff, J.D.

MPA Candidate 2022, Goldman School of Public Policy

Kathleen Creamer, J.D.

Managing Attorney, Family Advocacy Unit
Community Legal Services of Philadelphia

Angelique Day, Ph.D., MSW

Associate Professor, Faculty Affiliate of the
Indigenous Wellness Research Center
Director of Federal Policy for Partners for Our
Children School of Social Work, University of
Washington Seattle Adjunct Faculty, Evans School
of Public Policy and Governance

Yven Destin, Ph.D.

Educator and Independent Researcher of Race
and Ethnic Relations

Paul Dilorenzo, ACSW, MLSP

National Child Welfare Consultant

J. Bart Klika, MSW, Ph.D.

Chief Research Officer, Prevent Child Abuse
America

Heidi McIntosh

Chief Operating Officer, National Association of
Social Workers

Kimberly M. Offutt, Th.D.

National Director of Family Support and
Engagement Bethany Christian Services

Jessica Pryce, Ph.D., MSW

Research Professor
College of Social Work
Florida State University

Mark Testa, Ph.D.

Distinguished Professor Emeritus, University of North
Carolina, Chapel Hill

Elizabeth Wendel, MSW, LSW

Co-Founder, Pale Blue
International Consultant, Family Well-Being and
Mental Health Systems

Shereen White, J.D.

Director of Advocacy & Policy, Children's Rights

Cheri Williams, MS

Founder and Chief Co-Creator at CO-3

Sponsorship

The Family Justice Group is grateful for the financial sponsorship of this issue of the *Family Justice Journal* by the Institute for Relational Health (IRH) at CareSource. We are happy to advance the work of the IRH in promoting relational health for families, children, youth and communities, particularly those impacted by our child welfare, juvenile justice and mental health systems and individuals with disabilities. We believe that discussing and bringing to light the harms of disconnection are necessary acknowledgements of the critical importance of relational health in all our lives.



This piece was created by artist Ronald Draper for Children's Rights.

Mr. Draper has lived experience in the foster system and serves on Children's Rights' National Advisory Council.

HOPE IN ACTION: Living out Compassion

SANDY SANTANA

Executive Director, Children's Rights

“Here is what we seek: a compassion that can stand in awe at what the poor have to carry rather than stand in judgment at how they carry it.”

– Gregory Boyle

“Open up, this is the police.” My 10-year old heart raced. This was the third time the cops had been called to our apartment. I can’t recall if that time it was because my dad had hit my mom or vice versa, or because the neighbors were fed up with the shouting. One of the cops interrogated my sister and me away from our parents in a bedroom: “Are they hurting you? Are you o.k.?” I certainly wasn’t going to mention that my dad on a couple of occasions stripped me naked and beat me with a belt or that one of my mom’s forms of discipline was to have me kneel on uncooked rice (a form of torture more painful than the belt). And the truth was that I was o.k., we were o.k. Painful as they were, these incidents were isolated and did not reflect my parents’ overall fitness.

My parents immigrated from the Dominican Republic, and we lived in Harlem, New York City. My mom worked long hours in sweatshops before becoming a home aide, while my dad spent his working life as a waiter, often juggling two or three jobs, seven days a week, twelve hours a day. Through inevitable layoffs, we scraped by with the help of welfare and food stamps. But the pressure of making the rent every month was a constant source of stress. I didn’t fully understand how precarious our situation was until, at age 13 or so, I stumbled upon a letter my dad had written to God, pouring out frustration, shame, and

even his thoughts of leaving us because he felt he could no longer be a provider. Thankfully, my father stayed and we remained a family. Some might view my parents’ strict discipline as harsh—perhaps even abusive—but I never did. I held a deep reservoir of grace and compassion for them because I understood the burdens they carried – burdens that, thanks to their sacrifices, I’ve never had to bear. The truth is, even in the most difficult of times, I never questioned their profound love, which was enough to make me feel cared for and safe.

My personal experience has profoundly shaped my perspective on children’s rights and continues to inform my leadership of Children’s Rights. I know firsthand that being poor alone does not mean a child is unloved, unsafe, or that a parent is incapable of providing care. As an organization, we recognize that: we must not pathologize families living in poverty and punish them for struggling under oppressive systems they did not create; supporting families is the most effective way to ensure children’s safety and well-being; separating children from their families—even briefly, as the American Academy of Pediatrics warns—can cause irreparable harm, disrupting a child’s brain development and affecting both short- and long-term health; and that there exists a sordid and shameful history in this country, rooted in slavery, of disproportionately inflicting this trauma on Black children and their families under the guise of child “protection.”

As Children’s Rights reaches its 30th anniversary, our embrace of these articles of faith may surprise some, especially organizations focused on protecting parents from the injustices of our child welfare systems. In the sometimes charged and polarized debate between advocates of parents’ rights and advocates of children’s rights, our organization historically leaned in favor of intervention to “protect” the child. In the years immediately

following the passage of ASFA, perhaps blinded by our conviction that no child should grow up with the state as a parent, our child welfare reform litigation campaigns supported the enforcement of that law's strict timelines for the termination of parental rights. As we know, that law created a new category of legal orphans, intensified the regulation and forced separation of Black communities and families, prioritized adoption over reunification, and does not align with our understanding of treatment, recovery, trauma, and the critical importance of the parent-child bond.

Over the past decade, under new leadership, we have reflected deeply on how the impact litigation cases we brought on behalf of kids in state custody and the reforms they delivered, did not always support the preservation of families – particularly Black families. Through this process, we listened closely to the voices of survivors, who not only described the deep trauma they experienced within the system but from being separated from their parents and uprooted from their communities. We also heard from mothers who endured the terror of constant surveillance and the ineffable pain of losing their children.

Those conversations profoundly transformed the organization's long-standing conception of children's rights. They made it clear that children do not exist in a bubble of autonomous rights disconnected from their families, communities, and cultures. As Professor Clare Huntington argued eighteen years ago, in the typical child welfare case, the substantive rights of the parent and the child are not necessarily at odds. Both share an interest in addressing the issues that led to allegations of abuse or neglect. The parent may need concrete assistance, the child may require support, but neither benefits from the current model of surveillance and intervention.¹ This alignment between the rights of parents and children is increasingly recognized in the law. As Professor Shanta Trivedi has demonstrated, children possess an independent constitutional right to family integrity, reciprocal to that of parents.² This right is also upheld in various international covenants, including the Convention on the Rights of the Child and the International Covenant on Civil and Political Rights.

These reflections on our role as a children's rights organization have helped us crystallize our mission. We have, and will continue, to use the power of the courts and strategic advocacy to hold systems accountable for the abuse they inflict on the children they purport to protect. This vital civil rights work is not incompatible with using those same tools upstream to prevent unnecessary surveillance and separation in the first place. And that is what we are doing. We have launched a scalable Family Integrity Project with the Defender Association of Philadelphia to lift up the constitutional right of children to remain with their families and provide judges with the information they need, including the testimony of

expert witnesses, to ensure that families receive adequate supports when needed to avoid separation. We are partnering with the Family Justice Law Center to explore constitutional challenges to warrantless home entries, invasive strip searches of children, and "emergency removals," often carried out in non-exigent circumstances without parental consent or due process protections. We are fighting to hold Medicaid agencies accountable for providing home and community mental health services, the unavailability of which often drives families into the child welfare system. We partnered with the NAACP to submit a complaint to the federal Health and Human Services Office of Civil Rights against Minnesota's child welfare agency for its discriminatory surveillance and separation of Black families. We testified before the United Nations Committee on the Elimination of Racial Discrimination, which recommended that the United States "take all appropriate measures to eliminate racial discrimination in the child welfare system," including by amending or repealing CAPTA and ASFA. We are exploring impact litigation to give teeth to the "reasonable efforts" standard. In states where we have custodial consent decrees in place, we are using our leverage to press for front-end policy and practice changes that lead to more successful reunifications, increased extended family kinship placements without terminating parental rights, and driving toward a radically smaller foster system. We are co-leading with JMACforFamilies a collaborative of advocates, mandated reporters, legal professionals, researchers and lived experts to develop new mandated reporting policies and practices in New York State to prevent unnecessary family surveillance and separation. Additionally, we are Co-Chairing the Bipartisan Policy Center's Poverty and Neglect Federal Workgroup to evaluate how child welfare agencies conflate poverty with neglect and propose policy and practices that do not punish families for experiencing poverty.

We view the fight to protect family integrity and prevent trauma as urgent civil rights work, but we don't pretend this is enough. Our systems will continue to grind down and destroy families unless we overhaul policies to provide actual help to those experiencing poverty, including through expanded cash transfers, food assistance, and bold investments in affordable housing. Our polarized politics complicate this effort, but we can't afford to wait for a more propitious time. We must put hope into action now by organizing, lobbying, agitating, and litigating to dismantle the punitive foundations of our inadequate social safety net and oppressive systems. In its place, we must develop new approaches rooted in a compassion that "can stand in awe at what the poor have to carry rather than stand in judgment at how they carry it." And we must translate empathy into real, systemic transformation that uplifts families, treats them with dignity, keeps them together, and helps them thrive.

¹ Clare Huntington, *Rights Myopia in Child Welfare*, 53 UCLA L. Rev. 637 (2006).

² Shanta Trivedi, *My Family Belongs to Me: A Child's Constitutional Right to Family Integrity*, 56 Harv. C.R.-C.L. L. Rev. 267 (2021).

Returns on Investment of a Family Resource Center to the Child Welfare System

Estimates from a Quasi-Experimental Study
from the Western United States



SARA BAYLESS, PhD

Vice President at OMNI Institute
Managing Director for the Center for Social Investment

(she/her) Dr. Bayless is a Vice President at OMNI Institute and Managing Director for the Center for Social Investment. In these roles, she leads rigorous research and evaluations of programs that support children and families, promote economic security for all, and advances the evidence for innovative social investment strategies.



MELISSA RICHMOND, PhD

Senior Manager for Research at the Healthcare Anchor Network

(she/her) When conducting this study, Dr. Richmond was a Vice President at OMNI Institute, overseeing federal, state, and locally funded research and evaluation projects to strengthen individuals, families, and communities and the systems that serve them. She is currently a Senior Manager for Research at the Healthcare Anchor Network, which catalyzes health systems to leverage their hiring, purchasing, investing, and other assets to build inclusive local economies to address economic and racial inequities in community conditions that create poor health.



PETER PECORA, M.S.W., PhD

Managing Director of Research Services for Casey Family Programs in Seattle
Professor, School of Social Work, University of Washington

Dr. Pecora has a joint appointment as the Managing Director of Research Services for Casey Family Programs in Seattle, and Professor, School of Social Work, University of Washington – where he teaches courses in public policy, child welfare program design, and human services management.



ADRIANA ARIZA, MA

Senior Research Manager at OMNI Institute & a doctoral candidate in Positive Developmental Psychology and Evaluation at Claremont Graduate University

(she/her) Adriana Ariza is a Senior Research Manager at OMNI Institute and a doctoral candidate in Positive Developmental Psychology and Evaluation at Claremont Graduate University. With a deep commitment to methodological rigor, she leads evaluation and research initiatives with the goal of strengthening and empowering communities.

Introduction

Family Resource Centers (FRCs) are welcoming hubs that provide support, services, and opportunities for families using a strengths-based, family-centered, multi-generational approach.ⁱ They offer resources like food pantries, utility assistance, parenting classes, peer support, and family development. FRCs help families build on their strengths and connect them to resources so they can sustainably meet their needs.

FRCs often partner with local child welfare agencies to prevent maltreatment, from providing primary prevention services to supporting families with open child welfare cases and post-reunification.ⁱⁱ Child maltreatment affects at least one in seven children in the United States annuallyⁱⁱⁱ and the majority of child maltreatment cases include neglect^{iv} that often results from challenges accessing key resources such as food, clothing, shelter, medical care, or adult supervision.^v FRCs connect families to essential economic and concrete resources, which in turn, reduces the burden of poverty and reduces welfare system involvement.^{vi} What's more, given the long history and ongoing system of policies that perpetuate inequities for families of color in child welfare, investing in community programs like FRCs that support families in meeting their basic needs can be an effective anti-racist child neglect prevention strategy.^{ix}

FRCs also enhance relational health by supporting positive relationships *within* families (such as enhancing social supports, and nurturing and attachment) and connection and belonging *across* families through involvement with peers, neighbors, and communities.^{vii,i} Grounded by prevention science, FRCs employ strengths-based practices that foster protective and promotive factors amongst families, thus reducing risk of child maltreatment. Studies estimating the return on investment of FRCs to local child welfare systems can help advance our understanding of the important role that these community-based services play for families.

This study illustrates a method for quantifying potential savings from investment in one FRC that is a member of the local FRC network in a large county in the Western United States. The FRC network is a collective impact initiative made up of 15 FRCs dedicated to strengthening prevention and intervention services to reduce child abuse and neglect. The network serves a county of approximately 3.2 million people adjacent to a major metropolitan area in the Western United States.

The network follows NFSN's Standards of Quality for Family Strengthening and Support^{viii} that detail quality family support practices that are aligned with Family Support America's Principles of Family Support Practice and the Center for the Study of Social Policy's Strengthening Families Protective Factors Framework.^{ix} In 2021, an evaluation study examined outcomes for the child welfare system across the network.^x This quasi-experimental study provided the opportunity to use pre-existing data to calculate the return on investment for an FRC within the network.

Methods

The FRC used for this study was selected from among the participating organizations in the aforementioned quasi-experimental evaluation of an FRC network due to its large service area, diverse community, and close matching of statistically comparable regions. The FRC was founded in 2000 and offers an array of services to serve as a "one stop shop" for community residents to increase knowledge and gain access and linkage to family-friendly, strength-based support systems. The FRC is centrally located in a city that is home to approximately 91,000 residents. During the FRC's 2016-17 fiscal year, 75% of individuals who participated in services at the FRC identified as Hispanic or Latino, 13% identified as Asian, 8% identified as Caucasian or White, and 4% identified as another race or ethnicity. The majority (83%) of individuals who participated in services reported family income of less than \$50,000 per year, and 46% of families received food stamps.^{xi}

We leveraged the quasi-experimental design used in the prior study of the FRC network. Specifically, in the evaluation, child welfare outcomes were examined within an FRC's service area, which was defined as the census tracts^{xii} in which at least 1% of households were served by the FRC. For the FRC, 11 census tracts made up the service area, and the FRC served 1.77% of households in that area (354 out of 20,002). Of note, 12.2% of families who participated with the FRC could not be matched to a census tract, so this may be a slight underestimate of the FRC's reach in the service area.

Once an FRC's service area was defined, comparison areas from neighboring counties were statistically matched to each service area based on ten community-level indicators related to child maltreatment (e.g., percent of children in families with incomes below the poverty level; unemployment rate). Twelve census tracts from

another comparable country were matched to the FRC's service areas and these 12 census tracts served as the comparison area.

This statistical matching method was used to compare child welfare outcomes for the FRC's service area to a demographically similar area not served by an FRC over the course of two years (2016 and 2017, the most recent years for which complete data were available). These comparisons became the basis for the return on investment examined in this study.

To calculate the return on investment of an FRC for the child welfare system, we used a *social* return on investment (SROI) model. SROI describes the impact of a program or organization in dollar terms relative to the investment required to create that impact.^{xiii} SROI studies often examine a broad range of costs and benefits, including social, environmental, and economic, that could influence individuals, communities, and society as whole.^{xiv}

Because we were focused on benefits for the child welfare system in particular, we only considered those sectors' outcomes. We excluded savings or increased expenditures in other social systems that may result from child maltreatment (e.g., educational, criminal justice, and health care costs), as well as other societal benefits (e.g., productivity).^{xv}

Using the framework provided by the New Economics Foundation,^{xvi} we specified our SROI model as follows:

$$\text{SROI} = \frac{(\text{Outcome of Interest} - \text{Deadweight}) \times \text{Attribution} \times \text{Monetized Value of the Outcome}}{\text{FRC Intervention Cost}}$$

Such that:

- *Outcome of Interest* is reduction in substantiated assessments of child maltreatment;
- *Deadweight* is the counterfactual number of substantiated assessments that would have occurred in the absence of the FRC;
- *Attribution* is the share of those substantiated assessments that is attributable to, or results from, the FRC;
- *Monetized Value of the Outcome* is the child welfare expenditure per substantiated assessment; and
- *FRC Intervention Cost* is the cost of operating the FRC.

In this study, all calculations were conducted for each year for which data were available (2016 and 2017), and the final return on investment is the average of these two years' estimates.

Outcome and Deadweight. In this study, the outcome of child maltreatment is indicated by the population-adjusted estimated rate (per 1,000 children) of substantiated assessments in the FRC's service area (i.e., the 11 census tracts served by the FRC) in 2016 and 2017. Deadweight is represented by the estimated rate of substantiated assessments in the comparison area (i.e., the 12 matched census tracts) in 2016 and 2017. Substantiated assessments refer to children who are experiencing verified cases of abuse and neglect and are one of the major sources of costs to child welfare systems across the country.^{xvii}

Outcome and Deadweight: Difference

2016					
8.9	—	11.3	=	-2.4	
1,000 children		1,000 children		1,000 children	
(outcome rate)		(deadweight rate)			
				x 14,670	= 35
				(children in FRC service area)	fewer substantiated assignments

2017					
5.6	—	9.5	=	-3.9	
1,000 children		1,000 children		1,000 children	
(outcome rate)		(deadweight rate)			
				x 14,280	= 56
				(children in FRC service area)	fewer substantiated assignments

To calculate the difference in rate of substantiated assessments, we subtracted the calculated Deadweight rates from the Outcome rates. These differences in rates were then multiplied by the number of children in the FRC's service area in a given year, as compiled across the FRC service area

census tracts,^{xviii} to estimate the difference in number of substantiated cases between the FRC's service area and the comparison area, controlling for population differences.

Attribution. Best practices in determining attribution rely on experimental designs or quasi-experimental evaluation designs.^{xix} Considering the lack of guidelines available, we estimated attribution at 50% for the SROI calculations and conducted sensitivity analyses to determine at what attribution rate the net value of benefits would be the same as the net value of investment.

Monetized Value of the Outcome. The monetized value of the outcome was defined as the estimated cost incurred by the child welfare system in

California for each substantiated assessment in 2016 and 2017. Prior research estimates that in 2019, each substantiated assessment in California cost \$68,636 to the child welfare system.^{xx} This estimate was developed using the steady-state methodology in which the total annual child welfare costs in one year serve as a proxy for the lifetime child welfare costs of maltreatment cases in that year.^{xxi} To convert these estimates to 2016- and 2017-dollar values, we used the Bureau of Labor Statistics Consumer Price Index. In 2016, prices were 6.12% lower than in 2019; in 2017, prices were 4.12% lower than in 2019.^{xxii}

Monetized Value of the Outcome

2016		
\$68,636 2019 estimated cost per substantiated assessment	— (\$68,636 x 6.12%) Consumer Price Index inflation adjustment	= \$64,435 adjusted cost per substantiated assessment
2017		
\$68,636 2019 estimated cost per substantiated assessment	— (\$68,636 x 4.12%) Consumer Price Index inflation adjustment	= \$65,808 adjusted cost per substantiated assessment

Intervention Cost. The intervention cost is estimated as the total amount of funding the FRC used to provide services for families in 2016 and 2017. In 2016, this total was \$402,745; in 2017, this total was \$408,567; the average across both years was \$405,656.^{xxiii}

Results

The estimated net value of benefits in 2016 is \$1,127,613; that is, in 2016 the estimated 35 fewer substantiated assessments saved the county child welfare system \$1,127,613 relative to the comparison area. Relative to the net value of the investment in the FRC in 2016, there is a return on investment of 280%, or \$2.80. In other words, for every \$1 invested in the FRC in 2016, the county child welfare system saved \$2.80.

35 fewer substantiated assessments in the FRC's service area than the comparison area in 2016	x	50% attribution	x	\$64,435 estimated cost per substantiated assessment in 2016	=	\$2.80 return on investment in 2016
\$402,745 FRC expenses in 2016						

The estimated net value of benefits in 2017 is \$1,842,642; that is, in 2017 the estimated 56 fewer substantiated assessments saved the county

child welfare system \$1,842,642 relative to the comparison area. Relative to the net value of the investment in the FRC in 2017, there is a return on investment of 451%, or \$4.51. In other words, for every \$1 invested in the FRC in 2017, the county child welfare system saved \$4.51.

56 fewer substantiated assessments in the FRC's service area than the comparison area in 2017	x	50% attribution	x	\$65,808 estimated cost per substantiated assessment in 2017	=	\$4.51 return on investment in 2017
\$408,567 FRC expenses in 2017						

Estimated child maltreatment costs and FRC expenses were slightly higher in 2017 than in 2016; however, the major difference in the 2016 and 2017 estimates are based on differences in the estimated reduction of substantiated assessments in the FRC's service area in those years (i.e., 35 fewer in 2016 and 56 fewer in 2017).

To estimate the overall return on investment, we calculated the average across 2016 and 2017; the average provides a more robust estimate of the return on investment than any one year, as it accounts for fluctuations across years and is therefore less susceptible to potential external influences that could have also contributed to changes in the number of substantiated assessments each year that are not accounted for in these models. Overall, results indicate that there is a return on investment of 365%. That is, for every \$1 invested in the FRC in 2016 and 2017, the county child welfare system saved \$3.65.

\$2.80 + \$4.51 return on investment in 2016 and 2017	=	\$3.65 overall return on investment
2		

Sensitivity Analyses for Attribution. We conducted sensitivity analyses by varying the attribution estimates (between 0 and 100%) in 2016 and 2017. This allows us to identify the minimum number of reduced cases of child maltreatment attributed to the FRC that results in a positive return on investment (at least \$1.01). Results indicated that in 2016 the lowest possible attribution estimate for a positive return on investment is 18% (7 out of 35 cases of child maltreatment) and in 2018 it is 12% (7 out of 56 cases of child maltreatment). That is, if at least seven of the cases of reduced child maltreatment are attributed to the FRC in each

year, there is a positive return on investment to the child welfare system in Orange County.

It is important to consider the cost savings identified in this study in the large context of

the economic burden of child maltreatment in the United States. Based on data on substantiated cases of child maltreatment and related fatalities across the country, experts estimate that the economic burden of child maltreatment was \$592 billion in 2018 (the most recently available estimates).^{xxvi} Reducing maltreatment not only benefits children, families and communities but also has the potential to save the country billions of dollars and allow for investment in other areas of need,^{xxvi} and this research suggests that FRCs are one viable pathway for realizing such cost savings.

Findings from this study are also consistent with prior evidence that FRCs generate economic returns to the community; a 2014 analysis found that Alabama's network of FRCs provided a \$4.93 return per dollar spent to the state. This estimate was derived from estimates of the overall direct and long-term social value of 224,316 individual services provided by the

Alabama Network of FRC members, relative to the total funding used to provide those services.^{xxviii} The more narrow focus of this study (examining only returns to the child welfare system, versus the entire state government) and the more rigorous basis for the SROI analysis (quasi-experimental versus observational) helps us build a more robust understanding of this return.

However, there are a number of limitations inherent in the approach of using a prior quasi-experimental study of a network of FRCs as the foundation for our analyses:

- Ideally, we would have been able to examine child welfare outcomes for families served directly by the FRC and similar families who were not. Because these data were not available, we relied on data from the evaluation that used the most proximal community level available (i.e., census tracts). Although the identified comparison areas were matched based on a series of community-level indicators known to relate to risk of child maltreatment, the evaluation could not account for potential ecological differences between the FRC service

Figure 1.2016 Sensitivity Analysis for Attribution

Possible Range of ROI based on Varying Attribution Rates

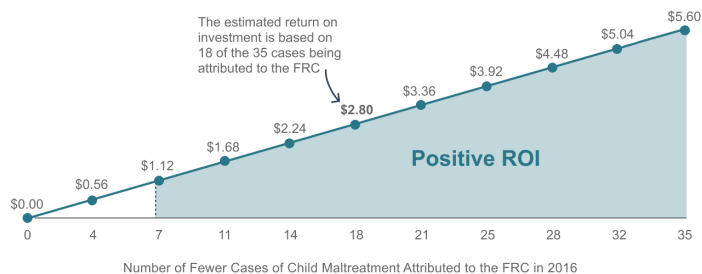
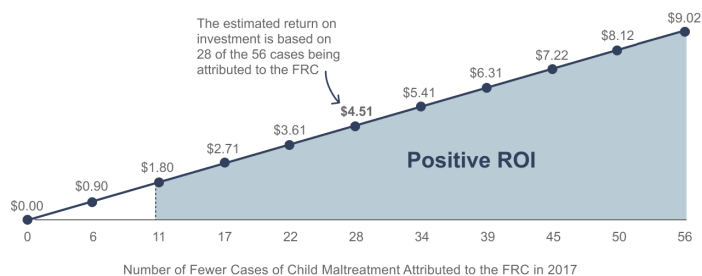


Figure 2.2017 Sensitivity Analysis for Attribution

Possible Range of ROI based on Varying Attribution Rates



Discussion

Family Resource Centers strengthen families by building on their strengths, connecting them to essential resources, and enhancing relational health.^{xxiv, xxv, i} This study quantifies the estimated return on investment to a local child welfare system from investment in an FRC, providing valuable economic evidence of the benefit of community-based family support services.

By comparing child welfare outcomes to a demographically similar area in the Western United States that is *not* served by an FRC, these results suggest that the FRC contributes to a reduction in child maltreatment, which in turn provides a cost savings to the child welfare system. These findings estimated a measurable benefit to the local county child welfare system provided by the FRC, with a return of \$3.65 for every \$1 invested across 2016 and 2017. These benefits were found consistently over the course of two years. Further, these preventative benefits were found for an FRC that serves ethnically/racially and linguistically diverse families.

areas in the county and the comparison areas (e.g., child welfare policies in how substantiations are determined) that may be partially responsible for differences in substantiations across communities.

- There is not clear guidance on best practices in estimation of attribution in SROI models, even in the context of quasi-experimental evidence.^{xxix} In the absence of specific information to guide our estimate, we used 50% because it is the midpoint of the possible attribution (ranging from 0 to 100%). Sensitivity analyses suggested that the return on investment is positive if the attribution rate is greater than 14%, but lower attribution rates return lower estimates of this return.

Lastly, FRCs are as diverse as the communities that they serve. This study estimated the impact of one FRC in one county in the Western United States and may not be generalizable to other communities; thus, this analysis should be considered as a demonstration of the possible return on investment that this type of family support can provide.

Despite the limitations of this case study, these findings contribute to a growing body of research on the benefits of FRCs for their communities.^{xxx} Specifically, they provide support for the economic benefits that an FRC can provide to a local child welfare system by reducing incidences of child maltreatment. This research also provides evidence for anti-racist policy recommendations to make broader investments in community-based prevention programs that can strengthen families and prevent them from becoming known to child welfare in the first place.^{xxxi}

Future research that estimates cost-savings to the child welfare system in other localities and contexts will help the field better understand the economic contributions of FRCs in preventing child maltreatment.

To support these efforts, FRCs, networks, and states should try to directly link data systems that would allow tracking of service provision by FRCs and child welfare outcomes over time. In the meantime, the findings here suggest that in one county, an FRC provides a meaningful return on investment to the child welfare system, with a return of \$3.65 for every \$1 invested over a two-year period.

Acknowledgments

This study was developed by OMNI Institute, in partnership with the National Family Support Network (NFSN) and Casey Family Programs (CFP). We thank NFSN and CFP for supporting this project with funding and technical advice. We also thank the participating Family Resource Center, the local Social Services Agency, Charitable Ventures, and Catherine Roller White Consulting for their cooperation in conducting this study.

References

- ⁱ OMNI Institute (2013). *Key components of Family Resource Centers: A review of the literature*. <https://docs.wixstatic.com/>
- ⁱⁱ Screened out cases refer to instances where a report made to child welfare does not meet the criteria for child abuse or neglect; often, families are referred to community resources.
- ⁱⁱⁱ Centers for Disease Control and Prevention (2021). *Preventing child abuse and neglect*. <https://www.cdc.gov/violenceprevention/>
- ^{iv} In 2019, 74.9% of child maltreatment victims were neglected, and 61% of all cases of child maltreatment included neglect only (i.e., did not also include physical or sexual abuse). U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2021). *Child Maltreatment 2019*. <https://www.acf.hhs.gov/cb/report/child-maltreatment-2019>
- ^v Child Welfare Information Gateway. (2019). *Definitions of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/define/>
- ^{vi} Cusick, G., Gaul-Stout, J., Kakuyama-Villaber, R., Wilks, O., Grewal-Kök, Y., & Anderson, C. (2024). A Systematic Review of Economic and Concrete Support to Prevent Child Maltreatment. *Societies*, 14(9), 173. <https://doi.org/10.3390/soc14090173>
- ^{vii} Family Resource Centers: Building Protective Factors Brief. *Child Abuse and Neglect Prevention Board*, Madison WI. https://preventionboard.wi.gov/Documents/CANP_FRC%20Protective%20Factors.pdf
- ^{viii} National Family Support Network (2021). *Standards of quality for family strengthening and support*. <https://www.nationalfamilysupportnetwork.org/standards-of-quality>
- ^{ix} Center for the Study of Social Policy (2018). *Strengthening families 101*. <https://cssp.org/resource/strengtheningfamilies101/>
- ^x White, C.R., Bonfanti, P., Pecora, P.J., Cabrera, J., & Rozanski, T. (2023). The impact of Family Resource Centers on referral rates to Child Protective Services: A comparison group study. *Child Welfare*, 100(5), 163-191. <https://www.jstor.org/stable/48740024>
- ^{xi} [Redacted] Family Resource Center (2021). Vista Share Dataset. Accessed from the Family Resource Center.
- ^{xii} Census tracts are relatively small, stable geographic areas that follow visible and identifiable features. They have an optimum population size of 4,000, but can range from 1,200 to 8,000 people, and are used to present statistical data from the United States Census Bureau. U.S. Census Bureau (2019). Glossary: Census tract. https://www.census.gov/programs-surveys/geography/about/glossary.html#par_textimage_13

^{xxiii} Olsen, S. & Lingane, A. (2003). *Social return on investment: Standard guidelines*. UC Berkeley: Center for Responsible Business. <https://escholarship.org/uc/item/6xp540hs>

^{xiv} American Public Human Services Association (2013). *Social return on investment*. APHSA Innovation Center Issue Brief. <https://33igt8427g0w69zms33dqm48-wpengine.netdna-ssl.com/wp-content/uploads/2014/06/Social-Return-on-Investment-Brief.pdf>

^{xv} Safe & Sound (2019). *The economics of child abuse: A study of California*. <https://safeandsound.org/wp-content/uploads/2019/08/Safe-Sound-2019-CA-Report.pdf>

^{xvi} New Economics Foundation (2008). *Measuring value: A guide to social return on investment*. <https://commdev.org/pdf/publications/Measuring-Value-A-Guide-to-Social-Return-on-Investment.pdf>

^{xvii} Peterson, C., Florence, C., & Klevens, J. (2018). The economic burden of child maltreatment in the United States, 2015. *Child Abuse & Neglect*, 86, 178-183. doi: 10.1016/j.chiabu.2018.09.018

^{xviii} U.S. Census Bureau (2021). 2016 and 2017 American Community Survey 1-Year Estimates Table for Age and Nativity of Own Children in Families and Subfamilies by Number and Nativity of Parents.

^{xix} Kousky, C., Lingle, B., Ritchie, L., & Tierney, K. (2017). *Social return on investment analysis and its applicability to community preparedness activities: Calculating costs and returns*. Resources for the Future. <https://media.rff.org/archive/files/document/file/RFF-DP-17-12.pdf>

^{xx} Safe & Sound (2019). *The economics of child abuse: A study of California*. <https://safeandsound.org/wp-content/uploads/2019/08/Safe-Sound-2019-CA-Report.pdf>

^{xxi} *Child welfare services and their associated costs vary widely (e.g., the cost of an in-home service is lower than out-of-home placement) and the length of time that services last can also vary widely, from single points of contact to years of support. However, there are no longitudinal studies that provide direct estimates of the average cost to the child welfare system from a substantiated case; therefore, researchers have drawn on the steady state methodology (used in other fields such as chronic illness) to provide a best estimate. As applied here, this approach assumes that the types and length of services provided by a child welfare agency remains relatively steady year over year, and that the average cost captures the variation in types of and length of services provided to families and their varying circumstances.* Birnbaum, H., Leong, S., & Kabra, A. (2003). Lifetime medical costs for women: Cardiovascular disease, diabetes, and stress urinary incontinence. *Women's Health Issues*, 13(6), 204-213. doi: 10.1016/j.whi.2003.07.001; Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect*, 36(2), 156-165. doi: 10.1016/j.chiabu.2011.10.006

^{xxii} Bureau of Labor Statistics (2021). BLS data viewer. <https://beta.bls.gov/dataViewer/view/timeseries/CUUR0000SAQ>

^{xxiii} *Per communications with Orange County's Social Service Agency, 54% of FaCT funding originates from Child Welfare Services funding; this includes a blend of federal (4%), County (4%), and 2011 Realignment (92%) funds (in California, the 2011 Realignment shifted fiscal and program responsibilities for a number of social service programs, including Child Welfare Services, from the state to counties).*

^{xxiv} OMNI Institute (2013). *Key components of Family Resource Centers: A review of the literature*. https://docs.wixstatic.com/ugd/20e556_7d6b57ed42d34674a87ac78d28f01bc8.pdf

^{xxv} Family Resource Centers: Building Protective Factors Brief. Child Abuse and Neglect Prevention Board, Madison WI. https://preventionboard.wi.gov/Documents/CANP_FRC%20Protective%20Factors.pdf

^{xxvi} Klika JB, Rosenzweig J, Merrick M. (2020) Economic burden of known cases of child maltreatment from 2018 in each state. *Child and Adolescent Social Work Journal*, 37(3), 227-34.

^{xxvii} Fang, X., Brown, D. S., Florence, C. S., & Mercy, J. A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect*, 36(2), 156-165. <https://doi.org/10.1016/j.chiabu.2011.10.006>

^{xxviii} Community Services Analysis Company LLC (2014). *Alabama Network of Family Resource Centers: Social return on investment analysis*. <http://csaco.org/files/103503730.pdf>

^{xxix} Solorzano-Garcia, M., Navio-Marco, J. & Ruiz-Gomez, L. M. (2019). Ambiguity in the attribution of social impact: A study of the difficulties of calculating filter efficiencies in the SROI method. *Sustainability*, 11, 386. doi:10.3390/su11020386

^{xxx} National Family Support Network (2021). *Advancing the family support and strengthening field project*. <https://www.nationalfamilysupportnetwork.org/resources>; Casey Family Programs (2019). *Supportive communities: Do place-based programs, such as Family Resource Centers, reduce risk of child maltreatment and entry into foster care?* <https://www.casey.org/family-resource-centers/>

^{xxxi} Citrin, A., Martin, M., & Anderson, C. (2022). Investing in Families through Economic Supports. *Child Welfare*, 100(1), 51-80.



Community Collaboratives and Family-Focused Success



BRADY RHODES
Collaborative
Coordinator, Community
Impact Network,
Hastings Nebraska



ERIN TRAUSCH
Central Navigator,
Community Impact
Network, Hastings
Nebraska



SIERRA EDMISTEN
Straight Up Advocate,
Community Impact
Network



PAM EDWARDS
Community Leader,
Community Impact
Network

“While looking at debt management and working to get my debt below 43% of my income, one of the problems was that I had bills in collections that I didn't even know how to start paying them. One of my allies went to the courthouse with me and helped me navigate figuring it out. This is something that I wouldn't have done alone because I felt I wasn't smart enough to understand it so it seemed better to just ignore it. Then we went outside and I could've put off paying but she told me, no let's at least call and see what we can set up, even if you don't pay today. So I did, and because of her supporting me and being there for me I have paid off every debt besides my house and car.”

Sierra's experience captures the internal and external human element that drives the success of Bridging Forward, a poverty alleviation effort begun as one of several collaborative initiatives within the Community Impact Network, which is a community collaborative in south central Nebraska that serves a four-county, rural area of the state with a population of 46,000.

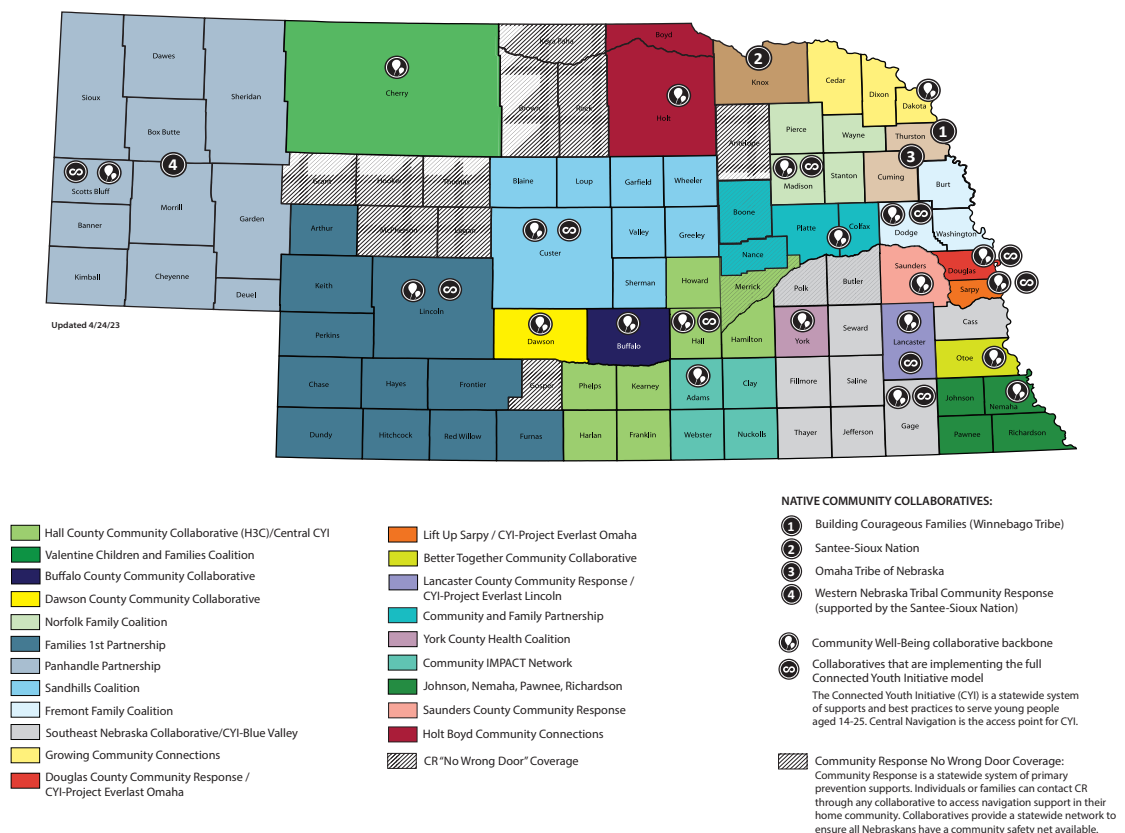
The Community Collaborative model has been embraced throughout Nebraska to serve as the driving force behind a statewide wellbeing initiative. The 23 Collaboratives—serving every county in the state—coordinate a wide-range of human development work involving children and family service organizations, community non-profits, educational institutions, the faith community, healthcare and local government. Each collaborative operates from its own Common Agenda, following the Collective Impact Model. While focused on locally-specific priorities, the Community Collaboratives are working together with diverse state and regional-level partners to build the most robust prevention system in the country by the end of 2025. The Statewide Plan for Community Wellbeing (<https://statewideplan.bringupnebraska.org/>) is part of the statewide Bring Up Nebraska effort to improve the family wellbeing system in the state to reduce child neglect and abuse.

The Community Impact Network (CIN), begun in 2020, helps knit together the local work and cooperation of 70 separate organizations, agencies and programs. The Network “exists to solve problems no single entity can solve alone.”

Community Collaboratives Structure:

- Many have a fiscal agent
- Overseen by a Steering Committee or similar
- Regular meetings of Collaborative members
- Follows Collective Impact Model
- Almost all CCs also provide concrete support funds to individuals
- Backbone capacity and concrete support funding provided mainly by Nebraska Children and Family Foundation

Organized during the height of the COVID19 pandemic, the CIN started as a resource hub, working to solve emergent needs for individuals and coordinate responses between community service organizations. As the Network helped organize the community to serve those most impacted, there was a recognition that such cooperative power was underutilized in the community; we had the potential to do more. The Network then began the REC Process, or Radical Exploration of Community. Over a three-month period more





Community Impact Network community meeting

than 150 people from throughout the region participated in multiple virtual conversations and hundreds of breakouts to answer the question “What is needed and wanted in our community to enhance the wellbeing of all?” Out of that deep dive, supporting vulnerable populations rose to the top as a key focus area. Surrounded by the impact of the pandemic, the group recognized the mutuality inherent in our rural community: the wellbeing of the most marginalized among us has a direct impact on everyone. As they rise, we all rise together.

This clear declaration led to the formation of Bridging Forward (bridgingforward.org), an audacious effort to reduce poverty by 30% by 2030.

Identifying poverty alleviation as the core work of the collaborative drove a growth edge for the Network, giving a common cause and focused direction that helped illuminate the possibilities of such collective action. It gave meaning to meetings and attracted a certain social energy that drove participation; people, and the organizations they worked for, were drawn to the activity. As more voices and perspectives were oriented towards the collaborative, synergistic relationships developed, sometimes generated by opportunities and sometimes by common challenges. A common refrain heard from participants after the meeting, even those who were long-time community members, was “I had no idea that group existed!”

Launching Bridging Forward ignited new network partners and also birthed a need to enlarge the diversity of voices around the table. While many partners had experiences working with people in poverty, we could not develop the program without the participation of the people who would be potential participants. To support that, we loosely

formed a group that we later called “LEAP” - Lived Experience Advisory Partners. We use the term “loosely” on purpose, as we did not want to over-hype this group. It started as an invitation to dinner (i.e., bring the family) to provide feedback on an idea we were working to develop. That model worked well, and it was a strong start for us to bring not only voices but early ownership to the table. Admitting that we did not know how to do this and that we needed feedback helped remove hesitation. People love giving their opinions and when those opinions are actually

heard and considered in genuine fashion, it builds relationship and connection on an interdependent level rather than one based on power.

One year after launching Bridging Forward, the Network had doubled its active partners, had contracted with two current participants to be part of the Outreach Team, and was attracting other opportunities. The rallying effect of poverty alleviation galvanized organization, community participation, communication, and a shared ownership that helped develop the idea that the collaborative existed to “solve challenges no single entity could solve alone.” While we certainly had not solved poverty yet, the collaborative discovered other areas to work together on, each of which would intertwine with poverty alleviation at some point down the road.

“I think I’ve gone through many roles here. I started off as being mainly a client with the binder and working through that, being pregnant, delivering my baby. And now I kind of work side by side with you on a panel to help other women. When I started though, I did not put a lot of trust in the process - I mean the numbers didn’t speak for themselves. No one else had gone through the program yet. And to me, that was scary - going in, trying to trust something that there was no background on, nobody else to say, ‘hey this worked’. So, I was swimming around in the pond and hoping to make it through. And now you as my Central Navigator, you kept being genuine and helped keep me striving through it because you kept saying we would figure it out together. Now I have safely delivered my baby, and I am very emotionally attached to a lot of this stuff we are doing together to help other moms, which is why I’m still here. I want to see somebody else succeed. It resonates really well with me.”

– Pam Edwards, Prenatal Plan of Safe Care Advocate

The Prenatal Plan of Safe Care (POSC) initiative is an example of the rallying and organizing power of the Collaborative. It is also an example of how challenging it can be to cooperate across sectors. In late 2021, the Collaborative was approached by the Nebraska Child Abuse Prevention Fund Board to initiate a pilot program that would integrate cross-sector entities to help pregnant moms with a Substance Use Disorder (SUD) deliver their babies safely. The Community Impact Network was asked to pilot the initiative because of the need within the community and the success of similar work so far. Network partners had demonstrated the ability and willingness to come together to focus on a community priority and this in turn activated the attention of a funder. The CAP Fund Board provided the funding and technical assistance to investigate the problem and develop a response based on a similar initiative in Texas.

Agreeing to the pilot ignited the superpower of the Community Collaborative model: convening diverse stakeholders to focus on a shared priority. In this instance, the POSC effort brought together 25+ entities: family clinic nurses, OBGYN doctors, lived-experience moms, hospital staff, law-enforcement, domestic abuse programs, probation, addiction prevention and treatment providers, and social service organizations. While pregnant moms with an SUD were often interacting with each of these entities, there was little-to-no communication between them. They quickly realized that if they could work with the mom to integrate all of the system touch-points and build awareness across the multiple plates she was spinning, there would be a greater chance of coherent care where everyone could work toward the same goal: a safe birth, free of substances to a parent in active recovery who had a safe plan to care for her child at home instead of in state care/custody.

Even though the initiative was initially embraced by partners, the fragmentation continued as there was a lack of moms early on who wanted to be involved. The challenge of keeping the program “front and center” on partners’ radar was difficult, especially with frequently changing staff. However, with the first successful delivery by Pam (quoted above and pictured to the right) brought renewed energy to the effort. A new group of system-involved or currently pregnant moms began to form and quickly named themselves Stand Up Advocates, in concert with a similar effort and group in North Platte, Nebraska.

The Stand Up Advocates currently provide the critical impetus needed for the initiative to be

visible, compelling and effective. Pregnant moms—armed with an imposing binder that tracks prenatal visits, probation requirements and recovery mantras—coach each other on talking to providers, rally in support of sobriety and keep an eye out for other potential participants. Pam and other moms who have experienced child-removal creatively adapt the binder to meet future participants’ needs better and share the impact of their success or trauma with others. It is not an easy road, however. Privacy concerns, stigma, and the habitual confidence many addicts have that they can stop when they want to all make program growth a challenge.

The cross-sector collaboration needed for both Bridging Forward and the Prenatal Plan of Success is still in process and at times does not come easily. Habitual ways of thinking, conservative mindsets, and normalized silos are all elements that have the potential to keep the work fragmented. Using the Collective Impact model, including diverse voices within the community, operating with a long-view mindset and within a frame of ‘coordination’ versus ‘directing’ has helped keep the Community Impact Network flexible, growth-minded, and integrated. We are moving closer and closer to a collaborative system that centers prevention as a matter-of-course in our community. Further work with stakeholders on the positive return-on-investment that both programs deliver, especially within the two-generation framework that both embrace, can drive whole-community learning about the impact of poverty, the challenge of system-involvement and what it takes to truly support families.



My Perspective

BJ WALKER

President of In The Public Way, Inc

As a former public official, BJ Walker managed a broad portfolio of human services programs, including child welfare, in the administrations of Governors in Georgia and Illinois and as a deputy chief of staff to the Mayor of the City of Chicago, where her portfolio included oversight of major mayoral initiatives in human services, education and out of school time programming for youth. In 2021, after featuring her work in Georgia in the first edition, FranklinCovey asked her to write the Foreword to the second edition of their #1 Wall Street Journal best-selling business strategy book, *The Four Disciplines of Execution*. She now manages a consulting practice, In the Public Way, Inc., which serves as a platform (inthepublicway.com) for supporting state and non-profit leaders engaged in transformational change management efforts. An Annie E Casey Foundation fellow, she serves on the Boards of Chapin Hall, The Algebra Project, Inc, the Stewards of Change Institute and MathTalk PBC.



As a former public servant, I can assure you: public systems do not like adults. That unfortunate truth stands in the way of both fixing the systems themselves, and of intervening effectively in the lives of the people those systems were designed to serve. Nowhere is that more evident than in child welfare.

Child welfare presumes families in crisis are guilty of maltreating their children until proven otherwise, which is the very antithesis of our supposed justice system. Even if a family does prove otherwise, the possibility of maltreatment lingers in the minds of those doing the work, in the headlines when something tragic happens, and in the psyche and daily presence of the families whose lives were upended.

The problem with maltreatment is that the definition—except in its most extreme form—is murky. The standards about where to draw the line are often driven by injustice, by assumptions lodged in bias about people who, despite noble efforts, cannot prove that their struggles do not equal child abuse and neglect. The system then does one of two things: it waits for the crisis to result in something that does meet the criteria of maltreatment, or else it removes the children in an abundance of caution. We must find a way for our public policies/agencies

to understand the experiences of adults who have complicated lives, who have warrants, who get into fights, who cannot pay all their bills, who did not get a high school diploma, and who do work nobody else wants to do. We must find a way because when something happens, when crises erupt, these people have no recourse nor refuge, and then they and their children pay the price and the neighborhoods where they live pay the price along with them.

And yet these are the same adults who look for just the right color beads to braid into their little girls' hair, taking hours to get it done. These are the same adults who take two buses and a train to get to work each day, and do the same to get back home, while also dropping off a baby at daycare and making sure that their kids leave on time to get to school.

The thing that troubles me most is the ingrained injustices inside communities that put these families at risk; those conditions prevail without much scrutiny or intervention. We find ourselves in search of consequences because nobody seems to care about identifying causes. They focus on what happened, but not on why it happened. That needs to change.

And I take issue with two prevailing but conflicting extremes of reform we have. One believes we are

not doing everything we can to uncover the sins of the parents and therefore we are missing kids who are at risk of harm. The other extreme not only takes a short-sighted view about what it will take to address the very real threats some families are unsuccessfully navigating, but then it blames child welfare practices for what should be put at the feet of racism and other exclusions that trap families in poverty and isolation. Yes, there is probably work to be done on both ends of this debate, but it ignores a critical middle ground: context. Specifically, the communities and neighborhoods where these adults with complicated lives live.

When our public policies and systems ignore context and ignore how complicated it is to be both poor and in crisis, we default to blaming the people, not our systems.

We fault struggling parents for not figuring out how to find the resources they need when the inevitable crises associated with poverty, isolation, and bias first bring them to their knees and then bring them to the attention of child welfare because somebody is worried about their kids.

We assume that the short-term and sparse interventions government has to offer are enough to re-boot the lives of people where risk and crisis are a constant threat to their and their children's well-being.

We define safety so narrowly that when the system encounters people whose lifestyle does not conform to what is considered "normal," no one questions whether they actually know what they are seeing. The focus on "what happened" blinds them to why it happened in the first place.

We are lost in a morass of "reforms," fueled by false narratives, that keep over-building the current child welfare system; this gives it license and permission to step over and around the sanctity of parental and family bonds on behalf of protection that even the system struggles to achieve. Those reforms continue to live inside the narrow boundaries that expect a single child welfare system to be responsible for protecting children. In doing so, we step away from some fundamental values we have as a nation about the role of families and who should be raising children and what our accountability as government is to support that.

And while we give lip service to how important "community" is—who lives there, what they know, how it operates—our reform space is too narrow. No one, no place is mandated to do something about families, to stand in the space between them

and disaster. The public policy is not there, and the funding is not there; we only have bits and pieces that need to be stitched together and authorized. Instead, we keep expecting miracles for families to come out of deep end reforms made inside the system, when what we also need are reforms at the shallow end of child welfare, a ground game that authorizes communities to build and sustain the kinds of relationships, structures, and practices that can keep families out of the deep end entirely.

In too many neighborhoods, no one is officially responsible for the well-being of these families but themselves. Even when child welfare is involved, the adults are often left to their own devices to find and get connected to services and programs. We simply have not figured out how to lean into community as a resource and asset, to tap into what the community knows and can do and to formalize that connection as part of how child welfare systems are expected to operate. A one-dimensional service delivery mindset keeps child welfare (and other human services systems) from seeing that they are joining a battle in progress. There are already residents and organizations on the ground working on behalf of families; they need to be respected, recognized and represented.

Given the multiple historical, structural, and racial inequities that contribute to why many families come to the attention of child welfare, the shallow end—inside the infrastructure of local communities—is the best space we have for practicing equity, for being inclusive, and helping struggling adults reconnect and thrive without the threat of losing their children hanging over their heads. Moreover, it is probably the best place to truly mobilize the kind of energy that is likely to help people transcend what happened to them, and perhaps stoke those of us standing on our feet to stop judging and get involved in changing the context, the conditions that cause people and places to be unwell.

If our goal in public system reform is to promote racial and social equity and justice, we need to take what is now a public policy "air game" to the ground. That means inside local neighborhoods and communities, where people are experiencing and living day-to-day in the lack of access. The reform table needs to be set up there because that is where they are.

The ground game, at the shallow end of child welfare, is where we just might refresh and restore our obligation/imperative as a nation to stand up on behalf of all families, not just the ones who look like us and act like us.

Elevating Healing & Building Relationships

The journey of building a practice
model for how we work with families



MIKE KENNEY

Director of Strategic Initiatives, Public Children Services Association of Ohio

Mike Kenney is the Director of Strategic Initiatives and has worked in child welfare since 2001. He attributes any and all of his professional successes to the practice of surrounding himself with smart people and learning from their experiences and expertise.



ANGELA SAUSSER

Executive Director, Public Children Services Association of Ohio

Angela Sausser, MA, MSW, LSW, began her career as a direct service caseworker, served as a gubernatorial state cabinet-level appointee under three administrations, and for the past ten years has been Executive Director of PCSAO.



SARAH KAYE, PhD

Executive Director, Kaye Implementation & Evaluation

As the Founder and Executive Director of Kaye Implementation & Evaluation, Sarah leads a diverse team of mission-focused professionals who provide agencies with rigorous and innovative research services that support children and families. Over two decades, Sarah has partnered with states, counties, and private agencies to implement evidence-based programs or build evidence of interventions developed in practice.

Imani was 15 years old, had been in custody of children's services for more than seven years and was being kicked out of the highest level of congregate care. Her case plan goal was adoption, and the years in custody had left her with far more professional relationships than natural supports in her life. She was referred to a program for youth with diverse sexual orientation and gender identity or expression (SOGIE). The program operated on the belief that youth and families are the experts on their culture, experiences, and needs, and that they should drive the process of building safety, resiliency, and relational healing. For the first time, Imani was invited to sit at the table when decisions were being made about her life.

Imani's mother Erika had her parental rights terminated five years earlier, but the court cannot terminate a connection, and they had maintained their relationship over these years. With the support of program staff, Imani asked her grandmother, cousin, mentor, and her mom Erika to be part of her youth-driven meetings. After several months of working together, Erika stopped the facilitator in the hallway and asked to talk to him. She shared that Imani didn't know who her father was, and that her father didn't know about Imani, but that she hadn't previously shared this reality because she didn't trust Imani's child protective services caseworker.

How did such a significant piece of information stay unshared for so many years? What experiences did she have with children's services that led to this level of distrust? How did the fear of negative consequences become more powerful than the hope for solutions and healing? And how did she know that she could trust the facilitator with this important information?

Relationships are everything. The history and structure of child welfare have produced a reality that most, if not all, relationships between families and caseworkers begin with fear and distrust. Families often believe that being honest and vulnerable will result in a bad outcome. A mom in recovery recently shared with the authors, "When children's services first came into my life, there was nothing but anger. I hated them—all of them. And now, when my caseworker looks at me, I feel like she is looking into my soul. She has changed my life forever."

Building trust takes time. Families need to experience behaviors that are repeatable, predictable, and dependable. They need to know that their caseworker believes they are capable of healing, growth, and recovery. In 2021, believing

that elevating healing and building relationships is the primary purpose of child welfare, Public Children Services Association of Ohio (PCSAO) decided to design a practice model that centered on how we work with families, not on what we do with families.

As the membership association for Ohio's county public children services agencies (PCSAs), PCSAO began a journey to define the values and behaviors that drive caseworker and agency actions in their work with families. Ohio's child welfare system is unusual in that it is state-supervised and county-administered. But like other states, Ohio has governing laws and regulations as well as assessment and planning tools. These speak to what a child welfare caseworker must do when working with families, and to the system-level outcomes (safety, permanency, well-being) measured as a result of those functions. What has been undefined, unspoken, and unmeasured to date is the importance of *how* a caseworker exhibits values and behaves with families.

In their work with Imani, the facilitator and SOGIE program staff consistently demonstrated the behaviors of *respecting*, *listening to understand*, and *being vulnerable*. The trust and relational safety established among the team gave Imani the confidence to bring her people into the healing process, and staff then honored their collective expertise. *How* they worked together over the course of a year involved overcoming fear and uncertainty while nurturing hope and confidence, and their efforts culminated in Imani's father, Mark, being awarded legal custody of his daughter.

Mental health research going back decades has found that the working alliance between an individual and their therapist is one of the strongest predictors of treatment outcomes.¹ The positive impact of the working alliance has been replicated across different treatment models, settings, and providers—indicating that how services are provided might be even more important than *what* services are provided.

Translating this research, PCSAO adopted the belief that relationships are the strongest predictor of child welfare system-level outcomes. In a comprehensive review of child welfare practice models, no evidence could be found of another practice model with relational outcomes as the measure of success. A belief in the importance of relational outcomes associated with practice served as the north star for the development of Practice in Action Together (PACT) and continues to guide the efforts of the hundreds of individuals now involved

¹ Duncan, B.L., Miller, S.D., Sparks, J.A., Claud, D.A., Reynolds, L.R., Brown, J., & Johnson, L.D. The session rating scale: Preliminary psychometric properties of a "working" alliance measures. *Journal of Brief Therapy*, 3(1), 3-12. Retrieved from: <https://scottmiller.com/wp-content/uploads/documents/SessionRatingScale-JBTv3n1.pdf>

in launching Ohio's new shared practice model. Throughout this effort, PACT has also considered multiple sources of evidence, including systematic research and data, practice wisdom of practitioners and administrators, and lived expertise of youth and families served.

Phase 1: Six Steps of Co-Design

If you're telling people what to do, stop. They will only blame you when it doesn't work.

– Stefanie Robinson, the Executive Director of Hope Recovery

Traditional implementation and change efforts in child welfare begin with legislation, rules, and process, and then rely on training and internal communication (talking points and updates) as the primary methods of change. However, there isn't a rule or procedure that can be written to mentor, coach, and support the adaptive capacity and authenticity required for caseworkers to know which behavior is needed with which family. Recognizing that a relational practice model requires a relational approach, PCSAO developed a plan that focused on designing the model with the people it was intended to help, rather than for them.

The first step was to recruit a diverse and representative group from across the state. Family members (moms, dads, youth, foster parents, kinship caregivers), frontline caseworkers and supervisors, leaders of PCSAs, and subject matter experts from Ohio and California all committed to serve on the design team. Each member of the design team brought unique, and sometimes competing, perspectives and experiences to the table. For example, some families and caseworkers were unaccustomed to being invited to contribute to a process before significant decisions had already been made. Throughout the year-long process, PCSAO used facilitation techniques to address power differentials, encourage debate and discussion, and provide opportunities for shared learning.

The second step—learning to work together—was both challenging and necessary. The effectiveness of true co-design is dependent on building trust and psychological safety within a team. As a member of the PACT design team, Angela Cochran felt intimidated and uncertain, doubting that her opinions had value when she was first invited to the table. Angela is a mom in recovery who twice

lost custody of and then reunited with her children; she joined the team as a peer mentor with the Ohio START program. Ohio START (Sobriety, Treatment and Reducing Trauma) is an evidence-informed children services-led intervention model that helps PCSAs bring together caseworkers, behavioral health providers, and family peer mentors into teams dedicated to helping families struggling with co-occurring child maltreatment and substance use disorder. Reflecting on how she knew it was safe to be her authentic self on the PACT design team, Angela shared, "I felt [safety] when I realized that everybody in the room was there for the same purpose. When I understood and felt that everybody ... had this vision, and we all wanted to bring it to life. We were all trying to figure out how to do it together. That's really when I started to feel safe and started to be able to say, okay, I am part of this, we're all driving the same car in the same direction. That's really when things had changed for me."

The third step was to harness the diverse perspectives of the design team to define a core set of values. Over a five-month period, and beginning with a universe of 90+ values to consider, the design team reflected on the questions "What gets us out of bed in the morning to do this work?" and "When the work is the most difficult, what guides our practice?" Together, the group refined and solidified four core values:

WE BELIEVE families define "family," and they are experts on their culture, beliefs, and experiences. Viewing another person as an expert immediately leads to humility and curiosity, along with an eagerness to learn. We believe that approaching all families with a desire to learn how they define family and to understand their perspectives is a central piece of demonstrating respect and building trust.

WE BELIEVE families have diverse needs, and by partnering with them, we can work together to address those needs. For too long, we have given families what we have and not necessarily what they need. Child welfare cannot, and should not, try to meet all the needs that families have in order to keep their children safe. However, when our work is driven by partnership and authentic collaboration, we can work alongside families to creatively find solutions together.

WE BELIEVE families develop trust when we are honest and inclusive in the decision-making process. Given the history of child welfare and the current mandates and structure of the system, families are most often operating out of fear and

distrust. Learning to make decisions together takes time and requires transparency, pacing, and vulnerability.

WE BELIEVE families can recover, heal, and grow. Families in recovery and/or those who have addressed and resolved significant challenges in their life will often share that their caseworker believed in them way before they believed in themselves. Their caseworker saw them as worthy and capable.

Step four built on the relational strength of the collective design team and was inspired by the unique behavior-driven approach of the California Child Welfare Core Practice Model.² The guiding question utilized during this phase was “What do these four values look like in action?” with an emphasis on defining behaviors as actions that could be seen, done, and taught. Informed by the research and guidance in David J. Friedman’s book *Culture by Design*,³ the design team spent three months exploring, drafting, and refining 30 behaviors demonstrated by caseworkers when effectively coming alongside families.

With the values and behaviors well defined, PCSAO transitioned to the fifth step of the process, tackling the unique challenge of developing relational outcomes. Focus groups with families and workers were structured with the simple, open-ended question, “If child welfare were living this purpose, driven by these values, and behaving in these ways, what would change?” Clear themes emerged from these groups as caseworkers shared:

1. We’d have the confidence in our skills to do the work.
2. We’d be more likely to stay in this job.
3. We’d experience less job-related stress and trauma.
4. We’d have more pride and job satisfaction (expressed as “We’d actually tell people what we do for a living at a BBQ”).
5. We’d have more trust in (and with) the families we serve.

When presented with the PACT model, caseworkers saw the type of practice they had always aspired to, but which the mandates and requirements of the work had taken them away from.

Family responses also aligned into five common themes:

1. I’d have more trust in my worker and the agency.
2. I’d have more motivation for change.

3. I’d feel more power and control in how decisions are made about my life.
4. I’d have less fear and resistance.
5. I’d be more honest about what I need and what I’m struggling with.

Finally, the group gathered for the sixth step of the process. While an initial purpose and vision statement had been drafted, the clarity of the values, behaviors, and relational outcomes provided an opportunity to revisit and modify these statements. The facilitated discussion resulted in defining the purpose as “Elevate Healing and Build Relationships,” with a vision simply of “Equity.” The vision for PACT is to ensure that all caseworkers have the skills and supports they need to form meaningful working relationships with every family they serve.

Phase 2: Proof of Concept

Given PACT’s unique design, approach, and the need to stay true to our north star, PCSAO partnered with Kaye Implementation & Evaluation (KI&E) to assess the PACT model prior to implementation in a pilot “proof of concept” study. In a parallel manner, KI&E’s experience, expertise, and approach all emphasize that how you implement and evaluate an intervention is just as important as what you implement and evaluate.

The Behavioral Research Project was designed to explore the association between the 30 behaviors and 10 relational outcomes of the PACT model through surveys of caseworkers and family members.⁴ The KI&E research team hosted focus groups with 12 caseworkers and 8 family members to assist with survey question development and recruitment. The goal was not to revisit the relational outcomes of the model; however, the feedback began to reveal that families and caseworkers had the same desires for what a healthy working alliance should look and feel like. KI&E, as a new partner in this work, challenged PCSAO to rethink the model outcomes and offered to facilitate the refinement process with families and workers. PCSAO had to practice the behaviors it professed: knowing when to change the pace, listening, and respecting expertise. This resulted in the new shared family-worker relational outcomes of 1) mutual honesty, 2) collaborative decision making, 3) hope for success, 4) collective confidence, and 5) shared dignity.

Now that the five relational outcomes of PACT had been defined, the Behavioral Research Project invited families and caseworkers to reflect on

² <https://cpm.cfpic.org/>

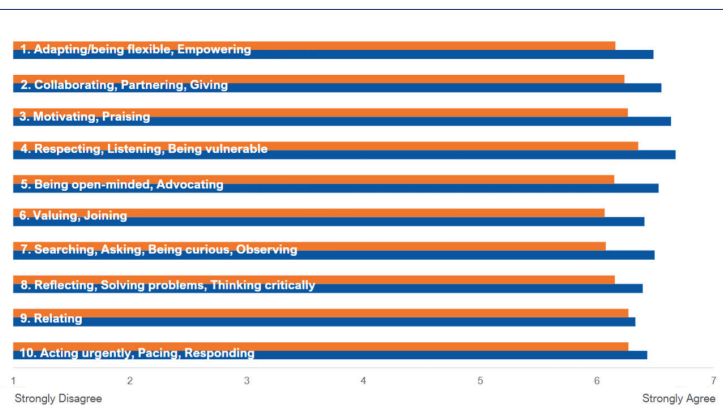
³ <https://culturewise.com/culture-by-design/>

⁴ Such, C.J. & Kaye, S. (2024). PACT Behavioral Research Project: Early insights from a pilot survey. Research brief submitted to the Public Children Services Associate of Ohio (PCSAO). Columbus, Ohio. Available at <https://www.pcsao.org/programs-events/pact/>.

their strongest worker/family relationship and participate in a survey to share their perceptions of caseworkers' use of PACT behaviors, PACT's relational outcomes in their worker/family relationship, and which caseworker behaviors they believe contribute to positive relational outcomes. Staff and family members from 30 small, medium, and large PCSAs participated in the study with a final sample of 247 respondents, made up of 162 workers and 85 family members. The sample included workers and family members who had diverse experiences with different parts of the child welfare system (in-home, foster care, kinship, etc.) as well as a broad age range for workers (21-63) and family members (18-63). Youth, families, and workers of color were underrepresented in the sample.

Survey respondents were asked to rate whether the worker displayed PACT behaviors on a scale from 1=strongly disagree to 7=strongly agree. On average, **family members** and **workers** reported high levels of PACT behaviors (see Figure 1). Workers reported slightly higher rates of PACT behaviors compared to family members.

Figure 1. Family and worker ratings of caseworkers' use of PACT behaviors



Survey respondents selected up to five PACT behaviors they felt were most important in achieving strong relationships between workers and families (see Table 1). Most workers and family members identified *respecting, listening, and being vulnerable* as the most important worker behaviors for achieving PACT outcomes. *Motivating and praising* were identified as most important by over half of workers and a third of family members.

Survey respondents rated their level of agreement with multiple statements designed to assess the PACT relational outcomes on a scale of 1=strongly

Table 1. Percent of workers and families who identified each behavior set as "most important" in achieving relational outcomes

	Workers	Families
Respecting, Listening, Being Vulnerable	86%	82%
Motivating, Praising	53%	35%
Being Open Minded, Advocating	45%	54%
Collaborating, Partnering, Giving	45%	53%
Adapting, Being Flexible, Empowering	42%	33%
Valuing, Joining	40%	35%
Searching, Asking, Being Curious, Observing	27%	31%
Acting Urgently, Pacing, Responding	25%	33%
Relating	22%	19%
Reflecting, Solving Problems, Thinking Critically	18%	18%

Table 2. Mean relational outcome ratings of families and workers (1 to 7 scale)

	Collaborative decision making	Collective hope and confidence	Mutual honesty*	Shared dignity
Families	6.2	6.2	6.1	6.6
Workers	6.2	6.2	5.8	6.4

*Family members rated mutual honesty significantly higher than workers ($p < .05$)

disagree to 7=strongly agree (see Table 2). On average, family members and workers in this sample reported high levels of PACT outcomes, with collective hope and confidence analyzed together as a single outcome. Families reported significantly higher levels of mutual honesty than workers.

When examining survey respondents' ratings of worker behaviors and relational outcomes together, all PACT behavior sets were correlated ($p < .05$) with each relational outcome among both workers and families. Correlations between PACT behaviors and relational outcomes were stronger among families than workers, suggesting that PACT behaviors might be particularly important to families' assessments of worker/family relationships.

The findings and conclusions drawn from the Behavioral Research Project demonstrated that 1) there is a high level of association between the PACT

Table 3. Correlations between PACT behaviors and relational outcomes

	Strength of correlation:							
	Correlations Among Workers				Correlations Among Family Members			
	Collaborative decision making	Collective hope and confidence	Mutual honesty	Shared dignity	Collaborative decision making	Collective hope and confidence	Mutual honesty	Shared dignity
1. Adapting/being flexible, Empowering								
2. Collaborating, Partnering, Giving								
3. Motivating, Praising								
4. Respecting, Listening, Being vulnerable								
5. Being open-minded, Advocating								
6. Valuing, Joining								
7. Searching, Asking, Being curious, Observing								
8. Reflecting, Solving problems, Thinking critically								
9. Relating								
10. Acting urgently, Pacing, Responding								

behaviors and relational outcomes in a sample of the strongest worker/family relationships, 2) it is possible to observe the PACT behaviors in public child welfare, and 3) it is possible to achieve and measure relational outcomes in public child welfare. By design, the study led to additional curiosity and illuminated the need for additional research on topics ranging from the more nuanced associations between behaviors and relationships to cross-cultural exploration through a more diverse group of participating families and caseworkers.

Phase 3: Testing, Learning, and Growing Together

With the confidence generated by the Behavioral Research Project, and the support of membership, PCSAO embraced the role of an intermediary organization responsible for designing and supporting the implementation process. January 2024, eight county PCSAs applied and were accepted as members of the first cohort of PACT implementation. PCSAs were selected based on their belief in the PACT model, readiness for change, eagerness to test the model with workers and families, and commitment from leadership. Together, the eight PCSAs, PCSAO, and KI&E have embraced a growth mindset rooted in testing, learning, and growing together on a daily basis.

A distinct element of the cultural implementation approach for PACT is the formation of Local Advisory Groups within each county to guide and lead the process. The Local Advisory Groups are charged with identifying relational inequities within their local system and prioritizing where they would like to see behavioral change. Pre-implementation and installation activities focused on identifying and recruiting group members, with some caseworkers and supervisors nominated by leadership and others asking to serve in the role.

Through an intentional capacity-building approach, PCSAO has worked to identify prospective leaders, share responsibilities through coaching and mentoring, and give the space and time needed for caseworkers and families to grow into new roles. PCSAO has also supported the process of recruiting birth families, kinship caregivers, foster and adoptive parents, individuals who spent time in care as a child, and staff who also have lived experience. There was initial apprehension at the local level about the ability to recruit families, and the messages that families might convey. However, more than half of the Local Advisory Groups to date comprise more family members than

staff, and the demonstrated levels of respecting, listening, and being vulnerable have helped the groups achieve early success together. In addition, PCSAO is dedicating time and resources to support agency leaders as they embark on a practice change journey that can illuminate and call into question the cultural norms of the agency.

When Imani was first invited to sit at the table where decisions were being made about her life, it was impossible for the facilitator and SOGIE program staff to know what the outcome of the process would be. Their behaviors were driven by the belief that families are the experts, that trust is built through transparency and shared decision making, and that families can recover, heal, and grow. Focusing on how they worked together to elevate healing and build relationships led to system-level outcomes becoming clear and achievable. The relational health of the team helped them define the solution.

Practice in Action Together is about controlling the only two things in the circle of control—what you believe, and how you behave—and trusting that the relational health of the team will provide the solution.



This Is Us

The Child Protection Team

Engraining Mandated Support to Eliminate Mandated Reporting

JOYCE MCMILLAN

Founder & Executive Director of JMACforFamilies



Mandated reporters are individuals legally required to report any suspicion of child abuse, neglect, or maltreatment to child protection authorities.

In some states, all adults over the age of 18 are considered mandated reporters. In other states, only specific professionals who work closely with children are required to report: these include teachers and school staff, healthcare professionals such as doctors, nurses, and dentists, therapists and their office staff, substance abuse counselors, athletic coaches and volunteers, foster parents, social workers, mental health professionals, and public assistance workers, among others.

Mandated reporting, supposedly intended to “protect” children, has instead been shown to place them in greater danger. In 2022, in New York alone, 118,000 of the 148,000 family policing investigations were found to be baseless; this is approximately 80% of cases. These figures reflect a pattern of overzealous reporting; 118,000 families endured traumatic, invasive investigations without any evidence to support the accusations. This issue is not unique to New York; over-reporting is a widespread practice across the United States. Mandated reporting perpetuates a long history of anti-Black racism, Indigenous erasure, surveillance, and control of Black bodies. It mirrors the slave-era practices of family separation, where cultural heritage, family names, and medical histories were systematically erased.

Mandated reporters face severe consequence—such as loss of licensure, fines, and even criminal

charges—if they fail to report any “reasonable” suspicion of abuse, maltreatment, or neglect. This pressure shifts their focus toward self-protection from legal penalties rather than prioritizing a child’s safety and well-being. As a result, the system often produces excessive reports, disproportionately affecting Black and brown communities and individuals with limited resources.

Over reporting is not solely a consequence of the threats faced by mandated reporters; it is also influenced by implicit biases rooted in racism and classism, which shape perceptions and treatment of marginalized individuals, families, and their communities.

Currently, neither mandated reporting or the family regulation system supports or centers families. The ambiguous nature of mandated reporting discourages families from seeking help. Instead of fostering a supportive environment, mandated reporting often creates an adversarial dynamic rooted in fear and mistrust between families in need of help and those who are required to report. Families are left wondering who they can turn to for support, fearing that seeking help could jeopardize their safety, as they face a significant risk of being reported, investigated, and potentially separated.

Much of what families endure in the name of protecting children begins with mandated reporting, a part of the Child Abuse Prevention and Treatment Act (CAPTA), federal legislation enacted in 1974. CAPTA’s funding incentivizes

the regulation of families through investigations, prosecution, surveillance, and treatment services. Unfortunately, these practices often lead to family separation for reasons unrelated to abuse.

This is incomprehensible, both financially and otherwise, when we consider who is being investigated and the reasons behind these investigations. Systemic policies and practices are at the forefront of contributing to the lack of resources in the very communities where families being investigated live. This system punishes families for living in poverty while simultaneously enforcing policies and practices that trap them in poverty, making it nearly impossible to escape.

Why continue the same practices for 50 years when we repeatedly witness the harm caused to the very children the system claims to protect? Children “protected” are clearly victims of systemic failure: they’re less likely to complete high school and more likely to become teenage parents, have their own children taken into state custody, develop mental illnesses, endure misdiagnosis and overmedication, and experience homelessness and incarceration.

Investigating and prosecuting families for poverty-related issues is not only time-consuming but also an inefficient use of resources. For instance, reporting a family for lacking food, clean clothes, or other basic necessities is nonsensical, especially when these needs could be met at a fraction of the cost of an investigation. This approach would also help preserve a child’s innocence, stability, self-esteem, and connection to their parents.

To put it simply, we could significantly reduce the costly, time-consuming, and often irrational processes involved in the reporting and prosecution of families by recognizing that their circumstances stem from racist and classist policies that perpetuate systemic oppression and poverty. By shifting our focus to mandating support and actually meeting families’ needs, we would save a considerable amount of money but also prevent the emotional and psychological harm to children that “child welfare” system officials only allege to protect.

We do not need to wait for formal policy change to begin mandatory support for families in communities. There are practices that can begin right now to move toward supporting families instead of making unnecessary reports to hotlines. We can show better ways and that can inform and drive policy, funding and other critical structural changes.

We can change practices now by teaching, reinforcing use, and following the results of mandatory support approaches. One example of a way to engrain the practice of supporting families is our Mandatory Supporting Curriculum. In collaboration with social work students, advocates, and other experts, Just Making A Change for Families (JMACforFamilies) created the curriculum to transform mandated reporting to mandated supporting in New York State. The curriculum offers alternative approaches to ensuring child welfare, including providing families with resources and community support. This mandated supporting framework seeks to center families through equitable, harm reductionist, and anti-racist practices, while divesting from systems of surveillance and punishment.

The curriculum is made up of three modules. The first module focuses on the history of mandated reporting, looks specifically at New York State reporting laws and examines legal case bias in reporting. It then exposes participants to alternative, non-carceral resources that can help support families. The second module focuses on eight necessary skills for mandated supporters (understanding mandated reporting, understanding neglect, self-reflection, what to do if you must call ACS, mitigating harm, what happens after the call, understanding the impact of ACS, helping families exercise legal rights). The third module includes real life scenario practice to integrate the eight skills learned in Module 2 and reflection space to imagine a world beyond mandated reporting. While this particular version of the curriculum is New York State and New York City specific, the principles and approaches are applicable in any city, county or state in the country with adjustments made for state statute.

The curriculum is intended to help mandated reporters by offering a common-sense, safe alternative to making a hotline call when a family simply needs some support. If incorporated into practice it will help reduce the volume of unnecessary calls to hotlines. This will ease the burden many jurisdictions currently face with overwhelming numbers of calls that did not need to be made. The practice of mandatory supporting harnesses community resources that keep families strong, connected and ensures access to the resources and opportunities all families need and deserve. It is in family and community and the support inherent in them that true safety can be found.

Building Pathways for Supporting Children & Families in Their Own Communities

A How-To Guide



JANAY EUSTACE¹
President & CEO Child Abuse Prevention Center



KATIE ALBRIGHT¹
Past CEO and President of Safe & Sound



JENNY²
San Francisco Family Advisory Board member

“It was a terrible time in my life, and I take responsibility for my bad decisions. Before all of this happened, I was trying to get mental health support. I had two kids under two, and severe postpartum depression, and domestic violence in our family. My depression led to short-lived substance use disorder. I was 34 years old and had never used substances before. I was calling domestic violence agencies and couldn’t get help until I had the CPS “title” behind me. Why couldn’t someone help me before CPS had to get involved?”

– Jenny, San Francisco Family Advisory Board member

¹ Janay Eustace serves as President and CEO of [The Child Abuse Prevention Center](#) in Sacramento, California. Katie Albright served as immediate past CEO and President of Safe & Sound in San Francisco, California. They have partnered for nearly a decade to prevent child abuse, strengthen families, and build communities, including serving on the [Greater Bay Area Child Abuse Prevention Council Coalition](#) and [California Mandated Reporting to Community Supporting Task Force](#).

² See California Children’s Trust and University of California-San Francisco (2024). [Child Welfare-Involved Children and Families in San Francisco: Understanding a Unique Population: Families with Children Aged 0-5 in a Family Maintenance Placement](#) for Jenny’s words and recommendations as a member of the San Francisco Family Advisory Board.

Jenny is not alone in her search for help *before* child protective services (CPS) removed her children from her home. Her story is far too common and represents a systemic failure to support families. This article discusses a better way—a how-to guide to create a pathway to supporting families in their communities that holds safety as the priority and helps children and families stay strong together.

Defining a Pathway to Supporting Families in their Communities

This approach builds social and community connections that lead to positive social determinants of health, including access to high-quality childcare, education, and medical care; affordable housing; and, economic stability. This approach further enables children and their families to receive help *in the moment* and *at the time* that they need it the most. Services are voluntary and available through a community referral system that accesses trusted, relational, trauma-informed, healing-centered, culturally relevant, and accountable care.

A community-based support approach places families at its center to achieve improved, multi-generational outcomes for both children and their parents and caregivers; promotes protective factors to strengthen families; allows for early identification of risk factors associated with abuse and neglect; fosters connectivity with community to build meaningful alternatives to child welfare engagement; and, facilitates support systems to prevent the downstream effects of root cause issues.

How Does a Pathway to Supporting Families in their Communities Work? Services seek to promote protective factors—parental resilience, child social-emotional competency, knowledge of parenting and child development, social connections, and concrete support—that research shows strengthens families and prevents child maltreatment.³ Concrete supports—food, clothing, shelter, and safety—create an essential foundation, allowing families to build additional protective factors.

Family Resource Centers (FRCs)⁴ and other family-strengthening and faith-based organizations are key partners in this approach. One parent living in Northern California shared,

“Without the support of this [FRC home visiting] program, this would have been impossible to achieve. We have been homeless for six months, now we are doing better and have a place to raise our son.”⁵

Another parent living in Southern California shared,

“I needed to find housing within a certain amount of time and [the local child welfare agency] was not helping me. I went to my pastor in tears and asked if he could help me get enough money for the deposit. The church raised \$1,000 which made it possible for me to get an apartment.”⁶

Key partners also include pediatricians, home-visiting nurses and paraprofessionals, doulas, behavioral health counselors, spiritual leaders, community health workers, educators, childcare and after-school providers, housing and workforce navigators, and other child- and family-serving professionals.

In this approach, families—both children and their parents or caregivers—are able to access services far upstream and well before a crisis or a call to CPS is ever made. The ideal approach is significantly broader than a means to access federally funded prevention services through the Family First Prevention Services Act, which determines eligibility for child welfare services *after* a child is at imminent risk of entering foster care and limits services to evidence-based programs and practices that may not promote social determinants of health. In an ideal pathway, CPS does not track families accessing services. Nor is a family’s decision to seek or decline service considered a mark against them.

A Community-Based Family Support Pathway is Essential, Yet Unavailable

The current child welfare system is structured to react and respond after a crisis has occurred: investigating a report of maltreatment and potentially separating a child from their caregiver. This structure neither mitigates underlying concerns faced by many families, nor always addresses child safety effectively.

By way of illustration, research shows that nearly 50% of children who were the subject of a maltreatment allegation over the past twelve years in California were reported because of “general neglect.”⁷ This broad category of general neglect is inextricably linked to poverty, lack of resources, and unmet needs, including a lack of childcare, housing, basic utilities, food, and medical and legal support. Researchers also found that general neglect includes circumstances where a parent

³ See Center for the Study of Social Policy (2024). *Strengthening Families: Increasing Positive Outcomes for Children and Families*

⁴ See *National Family Support Network* for resources about family resource centers and networks.

⁵ Irwin, J., ASR (2024). *Birth & Beyond Family Resource Centers. Annual Evaluation Report, FY 2022-2023.*

⁶ Castillo Consulting Partners (2023). *From Mandated Reporting to Mandated Supporting: A Community Vision to Get Families the Resources They Need to Thrive Together.*

⁷ California Child Welfare Indicators Project (2024).

⁸ Palmer, L. Font, S., Eastman, A.L., Guo, L., Putnam-Hornstein, E. (2017).

⁹ California Child Welfare Indicators Project (2024).

or caregiver may be struggling with substance use, domestic violence, unmet mental health needs, and lack of basic resources.⁸ Over 80% of these general neglect allegations were not substantiated after an investigation.⁹ This means that an overwhelming majority of children were subjected to a traumatic investigation that may result in life-long harm—negatively impacting a child’s mental well-being, a family’s cohesiveness, and a community’s support—rather than safety and well-being.¹⁰ This harm falls inequitably on marginalized communities, with significant data evidencing racial and economic disparities.¹¹ Findings throughout the country are similar.¹²

Given these data, it is perhaps not surprising that families question whether they can trust the very people who could help during times of crisis (their doctor, teacher, therapist, counselors, and community health worker) because they are mandated to report. As one parent recently shared:

“Why would I go and ask for help when I’m struggling if it means that I might be questioned as a parent and have my kids taken away? I’d rather figure it out on my own than put my family through that.”¹³

Mandated reporters have explained that they may call CPS for the very purpose of accessing services for families living in poverty, struggling with mental health concerns, or fearing domestic violence.¹⁴ Despite these findings, services and supports are not readily available to address these root cause concerns. Of the three million children who were investigated by child welfare agencies throughout the U.S. in 2021, federal data show that the vast majority do not receive services that may result in greater family stability and prevent child welfare involvement.¹⁵

In contrast to the reactive design of the current child welfare system, let’s imagine a new paradigm: a child and family well-being system focused upstream before a family is in crisis to connect to needed services and community-based family supports to help families remain safely together. Researchers believe that: “[a]cross the social service sector and in communities nationwide, a consensus is emerging: there is a need to create a family and child well-being system that buoys families facing adversity and helps them thrive.”¹⁶ Momentum is building throughout the country to build such a system. In California, Colorado, Connecticut, Kentucky, New York, Texas, and Washington, policymakers have recently adopted legislation and taken steps to review child neglect and mandated reporting laws to address overreporting and

keep families safely together.¹⁷ In making these reforms, jurisdictions have repeatedly recognized the importance of building a robust community pathway as essential to a child and family well-being system.

For example, California recently convened a Mandated Reporting to Community Supporting (MRCS) Task Force—a statewide, multi-sector, policy committee—to review its mandated reporting system. The Task Force found that the “catch-all allegation” of general neglect goes far beyond “true issues of child safety.” The Task Force maintained that the challenges families face with regard to general neglect “may not pose an immediate safety risk to children, especially when appropriate services and tangible supports inside the broader child welfare system (SNAP, CalWorks, Behavioral Health, etc.), as well as outside of the system and in the community are available for parents and caregivers.” The Task Force highlighted that a key lever for change was the development of a community pathway to ensure resources are available to support families and mechanisms exist to connect families to these supports.¹⁸

Operationalizing Community Pathways to Supporting Families

The work ahead then is to operationalize Pathways to Prevention. To do so, we recommend three transformative actions: Create a New Discussion Table; Build Connectivity for Parents and Caregivers to Access Community Services; and, Invest in Community Infrastructure.

Create a New Discussion Table. Policy and practice reform starts at a discussion table where individuals with lived expertise are often absent. There is a simple solution to this: create a new discussion table that includes individuals with lived expertise, and is based upon principles of co-creation and shared decision-making. Valuable additions to this new table also include community-based organizations that are culturally aligned and geographically proximate to families living in vulnerable circumstances.

Effective policies and systems change that benefits all families results when “parent voice, data and research, and best practices” are collectively considered.¹⁹ For example, California’s MRCS Task Force adopted this approach when it developed legislative, policy, and practice recommendations in alignment with members with lived experiences. Upon hearing the recommendations, former California Health and Human Services Secretary

¹⁰ Casey Family Programs (2018). *How Do Investigation, Removal and Placement Cause Trauma for Children? See also National Institute for Children’s Health Quality. Our Systems Meant to Help Are Hurting Black Families.*

¹¹ California Legislative Analyst’s Office (2024). *California’s Child Welfare System: Addressing Disproportionalities and Disparities.*

¹² See Wilks, O., & Thomas, K. Chapin Hall (2024). *Establishing Community Pathways to Prevention Services: In the Context of the Family First Prevention Services Act* (citing data from Administration for Children & Families. U.S. Department of Health and Human Services. (2023). *Child Maltreatment 2021*.)

¹³ Castillo Consulting Partners (2023). See also California Children’s Trust and University of California-San Francisco (2024).

¹⁴ Bear, L., Just Advocates and Safe & Sound (2023). *Mandated Reporting to Community Supporting: Educator Listening Sessions. See also Evident Change (2024). Community Response Guide Discovery Presentation.*

¹⁵ Chapin Hall (2024).

¹⁶ Rollins, K., Anderson, C., Grewal-Kök, Y., Widding, J., Thomas, K., Heaton, L., & Landes, H. Chapin Hall at the University of Chicago (2024). *Meeting Family Needs: A Multi-System Framework for Child and Family Well-being.*

¹⁷ Mandated Reporting to Community Supporting (MRCS) Task Force (2024). *Shifting from Reporting to Supporting Families: California’s Mandated Reporting to Community Supporting Task Force and Recommendations.*

¹⁸ MRCS Task Force (2024).

¹⁹ Ascend at The

Aspen Institute (2024). Ascending with Parents: A Guide to Centering Parent Voice in Policy and Practice.

²⁰ MRCS Report (2024). See also The Child Abuse Prevention Center (Sacramento, California) as an example of an advocacy organization creating discussion tables to ensure that every voice is heard.

²¹ Casey Family Programs (2020). How Can Helplines Serve as a Better Pathway for Families to Access Support?

²² See e.g. Safe & Sound (San Francisco, California) [24-7 parental stress warmline embedded within a family resource center].

²³ University of San Francisco Child and Community Health (2021). SF Early Childhood Brainstorm: Moving from Empathy to Equity (findings from journey mapping project to improve early childhood).

²⁴ See e.g. Los Angeles County Mandated Supporting Initiative (closed-loop family resource finder and other supportive tools). See also Chapin Hall (2024) (highlighting closed-loop/service directory and referral platform as promising practice).

²⁵ University of San Francisco Child and Community Health (2021).

²⁶ Pac, J., Collyer, S., Berger, L.M., O'Brien, K., Parker, E., Pecora, P.J., Rostad, W., Waldfogel, J. & Wimer, C. (2023). The Effects of Child Poverty Reductions on Child Protective Services Involvement and Placement into Out-of-Home Care. Social Services Review, 97(1), 43-91 (focusing on child allowance, earned income tax credit, Supplemental Nutrition Assistance Program, and federal minimum wage).

²⁷ Stoltzfus, E., Congressional Research Service (2024). Child Welfare: Purposes, Federal Programs, and Funding.

Mark Ghaly praised the transformation stating:

“The way the Task Force has approached this work, with the deep and transparent engagement of individuals with lived expertise throughout the process, is a model for how we should be doing the work of the Child Welfare Council and across the state.”²⁰

Build Connectivity for Parents and Caregivers to Access Community Services. When we listen to those with lived experiences, we learn how important it is for parents and caregivers to connect easily with and access supportive services before challenges become crises. Family resiliency is tested every day and night with the extreme stressors of health concerns, isolation, safety, job loss, learning challenges, and the difficulty in meeting basic family needs. Essential to meeting these concerns and building connectivity between families and needed resources include both parental support warmlines and closed-loop, community-based referral systems.

Warmlines can be considered “a universal prevention strategy”²¹ with the goal of strengthening families and promoting child well-being. Examples of best practices are found in California, Connecticut, the District of Columbia, Florida, Louisiana, Nebraska, New Hampshire, and Idaho. These warmlines offer parents and caregivers a safe place to seek problem-solving, parenting support, mental wellness, and referrals to resources. Truly effective ones allow for reflective listening.²² Reaching out is the first step toward accessing primary prevention services that keep families safely together without the involvement of child welfare. Warmlines do not surveil families, nor, do they open a family to being linked to or monitored by CPS. As such, warmlines are an essential part of communities’ efforts to support families where they live and avoid unnecessary separation.

Similarly, a robust closed-loop, community-based referral system is essential to coordinate multiple systems in a user-friendly way. Currently, many families navigate a siloed and fractured set of systems. A mother of a young child recently shared what many parents experience:

“The problem is, when you go to an appointment or they send you someplace, with a letter [and] the people who are there say ‘and what is this that you brought?’ ... well, then you’re lost. You say, ok if

the doctor gave me this, but they don’t understand, I have to wait yet another year until he’s in first grade and see if maybe there they can help me. And then later, you realize that there are kids ... younger than him who have been getting help since they were two years old.”²³

This mother’s experience could be improved by new policies and practices that link families to services, including common assessments, data-sharing agreements, and closed-loop referral tools.²⁴ With such means, a provider would be able to connect a family with appropriate and available services, and complete a warm hand-off to another organization that they know and could hold accountable. Providers would be able to determine whether a family was connected to a service or still in need. Technology and privacy laws would bolster—not block—positive relationships. The impact of such connected services is expressed by the words of another mother:

“I have my social worker [from a Family Resource Center], they call me...This helps me because I speak with them, they ask me how my daughter is doing, what does she need, and what do I need. My priority is my daughter. And they ask about her, if she needs anything, and I can tell them if I need anything for her. Quickly they see how they can help with the situation... If I have a need, like for food, I call the social worker... [and] I say, I need this. And she says okay, and someone will come and [help].”²⁵

Invest in Community Infrastructure. Finally, we recommend investing in strengthening families and sustaining organizations that provide needed supports and services. Evidence shows that “financial enrichment alone may not be sufficient to mitigate some issues, and it is important that community supports and services are also available to ensure a comprehensive strategy for reducing poverty and its deleterious effects on children and their families.”²⁶

The current system does not adequately support organizations that provide prevention services, nor the infrastructure to sustain them. Of the \$11 billion in federal spending for child welfare in fiscal year 2024, only 2.3% (\$253M) is allocated for prevention with the remainder spent on intervention. That’s roughly \$34 per child on prevention, compared to \$1,437 per child on intervention based on previous year totals for children screened for

maltreatment allegations.²⁷ While many states and counties invest in prevention, not all do and not at sustainable levels. Funding is inequitably available, leaving too many families with ineffective and unavailable services. In jurisdictions that do invest in prevention—including our own in Sacramento and San Francisco—funding is difficult to maintain and often provided only once or with restrictive spending requirements.

As jurisdictions reduce the number of children in foster care, there may be opportunities for government funding to shift upstream to prevention. For example, when New York City reduced placements into foster care several years ago, its policymakers invested in creating family enrichment centers, opening an office of child safety and injury prevention, and funding primary prevention services.²⁸ Infrastructure development also exists within communities. Throughout the country, intermediary organizations serve as trusted fiscal hubs, capacity-building backbones, and network builders to provide grassroots community organizations with needed supports and services, including billing, financial reporting, data management, government liaison, facilities, and human resource services.²⁹ This allows access to available funding and scale that would otherwise be out of reach to many family resource centers, faith-based organizations, and other family strengthening organizations that are most trusted and provide critical services central to community efforts to support their families.³⁰

Conclusion

Enacting policies to create economic supports for families is essential, as is reforming general neglect and mandated reporting laws. However, these steps alone are not enough. We must also adopt laws, policies, and practices at the local, state, and national levels to fund and empower communities to support families and prevent family break-up, particularly when poverty is the real concern. Doing so keeps safety as the priority, while also helps children and families stay strong together. Only then will we truly create a child and family well-being system.

²⁸ Fitzgerald, M., Imprint (2022). [Outgoing New York City Child Welfare Commissioner Reflects on Five-Year Tenure.](#)

²⁹ See promising community infrastructure in California (FRC technical assistance and advocacy networks; hubs to access Medicaid), Michigan (community-based prevention networks), Missouri (community-based prevention networks), and Nebraska (prevention public-private partnerships).

³⁰ See Public Works Alliance and California Children's Trust (2024). [To CalAIM or not to CalAIM: The Question Every Community-Based Organization is Asking](#) (listing readiness indicators to increase Medicaid funding to community).



POETRY

Onita Morgan-Edwards

Artwork by Sky Morgan

Without getting
into the nitty
and
the gritty details
someone I love
landed
in foster care

It is early 2023
I am a widow
an empty nester
writing my way
through this thing
called life

Had escaped
the U.S. to
thrive in Panama
live my life
in the sunshine
where CPS could not
catch me

If you can give us
a call, a moment
in time to
discuss the breakdown

The downturn
the turn-ups
the ups and downs
the downs and outs
the outside living
the living among
the dead
pan and parents
bouncing place to place
wreaking from the stench

and ills of the world
is not what it once was

No one is who they used to be
and that is life's game
showing us how to win
or how to lose
what and who we love

What we might do to relate
better get fixing the present
now, 'cause the baggage keeps dragging
following us all the way

Ambivalent then
sad then
angry then
excited then
scared then
the five stages of good grief
my life is over to asking myself,
is it? Or has it only begun again?

Fire from burning bridges
lights the way

family visits with her are perplexing
watching each other
getting on each other's nerves
breaking down
developing trust
trusting the process
processing the trauma
the mess, then
messed around and made some mistakes
made some memories
remembered the good times and
the bad times that brought us together
again, legally, permanently

We all burnt bridges and ran scared
when relating was the last thing
we wanted to do, but to do it
we need the same things a hot air balloon needs:

heat, air, fabric, and a group of people working
together, a tribe, to get the thing off the ground

Heat for expansion and growth
air to lift us as high as we can go
fabric to bind us together
the group to stretch us out

The person that I love
who landed in foster care
is like a hot air balloon
grounded and colorful but deflated
and, yet, ready to sail



Raising the Voices of Native Peoples with Disabilities

JEANNIE HOVLAND

Vice Chair at National Indian Gaming Commission



In August and September 2024, we were honored to have a two-part conversation with Jeannie Hovland, an enrolled member of the Flandreau Santee Sioux Tribe, born and raised in South Dakota, and former Commissioner of the Administration for Native Americans in the U.S. Department of Health and Human Services. Jeannie has held leadership roles throughout her nineteen years of working for the federal government serving tribes. As a Dakota/Lakota woman with a deep commitment to Native Americans and their communities, we were curious to hear her thoughts on connection and belonging, what it meant to her and how we can reorient our approaches to support connection and belonging for Native peoples.

We entered the conversation with one question and no agenda other than to listen and learn. We were deeply moved by her response and the conversation that followed. That question was:

As a Native person, what does connection and belonging mean to you?

Jeannie made it clear that connection, belonging and caring for one another as relatives is at the center of tribal beliefs, customs, culture and tradition---central to Native ways of being. It goes beyond mere tolerance and acceptance. It includes involvement and actions that demonstrate inclusion. Including Native American citizens with disabilities in everyday activities, events, and gatherings are acts of caring. For example, Jeannie routinely spends time with a

woman with a disability by going on outings, fishing, hiking, and shopping and does things for her that Jeannie is so grateful that others do for her son, Blake, in similar circumstances. What individuals who reside at home or receive residential services may need the most is the investment of quality time, whether time for visits, time for companionship, or time for building friendships. And time is often the one thing that people are the least willing to give.

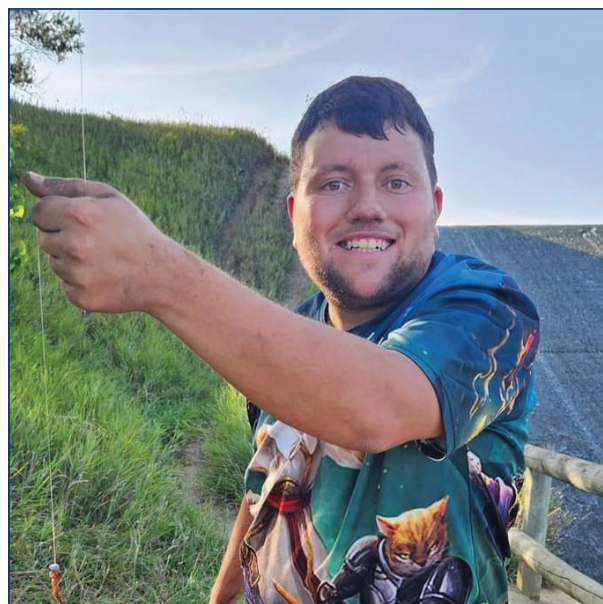
With visible emotion, Jeannie began to tell us about her son. “When I think of connection and belonging my thoughts go first to my son. I think about him because he has lived most of his adult years off our reservation in residential and shared living homes because he has a disability. He, like many who live in rural tribal communities, simply could not access the level of services and care needed to have a meaningful and successful life.” His family made the financial and cultural sacrifices to secure the services that he requires.

Jeannie’s son, Blake, is 26 years old and was diagnosed with autism around the age of two. He has received community-based services since he was 10 months old and residential care since the age of 22. Jeannie believed that Blake would always live with her and the fear of what would happen when she dies was always on her mind. In 2018, Jeannie relocated to Washington, D.C. for a job opportunity of a lifetime. Blake moved with her but he was not happy there. He wanted to go back to South Dakota and live where it was familiar, where most of his family resided, and where his friends from the Special Olympics program were.

It was one of the most heartbreaking decisions Jeannie had to make, but she felt it was important to let him try, as he was so set on it. This began their journey in state-funded residential services and support which Jeannie expressed, was a big struggle and very difficult finding the right fit for Blake. It was a huge adjustment for them both and one that made Jeannie wonder if she made the right decision to live her dreams, or if she needed to pack up and go back home. She shared that she still wonders this at times. It’s been six years since Blake moved back while Jeannie remains in the Washington DC area.

Thankfully in the last few years, they have been able to find the right placement for him where he is in a regular routine, he is safe, cared for, included, happy, and thriving. He has a community through the family he lives with, friends and peers he interacts with at the day services program, and through the Special Olympics.

Blake has been participating in the Special Olympics



for over a decade. It was there that he found a community of friends and support and gained confidence as a talented athlete. Jeannie shared how through the years of attending Blake’s Special Olympics events, she and Blake have witnessed athletes who have never had family or friends present to cheer them on, take their photos when they were awarded their medal, or take them out to celebrate afterwards. The staff or volunteers that attend often fill those roles and it’s not only Native American athletes they’ve witnessed with no support, but others of color and Caucasian athletes, especially those athletes that are older and have parents that have passed on or are no longer able to travel to their events. As Jeannie and her family have inquired about buying Christmas gifts for those who don’t have any family connection, they have discovered there is a need that many in the communities have no idea about.

Blake is very blessed that he is cared for. He has a family and family friends who love and support him. He has important resources: the kind of human capital resources that have taught him to become a self-advocate, to let him know he belongs and is loved. Blake knows he is not alone in his advocacy as he has family and friends that stand ready to advocate whenever needed. Jeannie shared how her journey with her son receiving community services has opened her eyes as to how some tribal citizens with disabilities living off reservation land have no on-going connection to their Tribe or culture, especially those who may have been removed from their home at a young age and placed in foster care, aged out, and entered into a state-funded residential program for disabilities.

They are removed from those lifelines and placed in

facilities without benefit of the relationships that we all need for sustenance and nurture and sense-of-self and without traditional healing practices and ways of being.

Although she emphasized how caring and supportive her own Tribe, Flandreau Santee Sioux, has been with her son, she expressed grave concern that Tribes may not know where many of their citizens with disabilities may be and that they could be utterly alone, in dire circumstances, and unable to care or advocate for themselves.

Their loss of connection to family and Tribes early in their lives sets in motion a lifetime trajectory that may end very tragically if there is no one to advocate for them or if the Tribe does not know they exist.

“From cradle to grave, no one cares about them.”

Complicating things, in some states, service providers can terminate services at any time after youth reach a certain age, meaning that youth just entering adulthood, having spent their lives in a facility and who do not have tribal and family connections, can not only lose access to supports but also end up on the streets.

Being on the streets means becoming prime targets for the missing, murdered, exploited, trafficked, imprisoned...all profound concerns for Native American people and, we hope, for everyone else. This is why they need the protection of the communities and their Tribes.

What happens if they pass on and have no family or tribal connection? They receive a state funeral, forgotten about their entire life, even in death. Jeannie stated: “We are failing our beautiful, precious, valuable relatives from cradle to grave.” This is what grieves her heart the most. While Jeannie is sharing from the perspective of Native peoples, this is a tragic reality that also happens to others people with disabilities that are not Native American.

When Jeannie visits with her son, she encounters other Native peoples with disabilities who long for that connection to their history, their community, their culture. She talked about a Native American man she has gotten to know through Blake. He longed for an eagle feather, as he knew that Blake received one when he graduated from high school. The eagle is a sacred winged relative in the Lakota/Dakota/Nakota way, as eagles fly closest to the creator and are thought to carry prayers to the creator. Outwardly the feather is beautiful, but each feather has a story, a journey of weathering the

storms, soaring in the beautiful skies of peace, and remaining resilient through it all. Receiving an eagle feather means accomplishment, respect, and honor. Jeannie worked with Lakota and Dakota relatives in the community to ensure that this Dakota man received the eagle feather that he very much earned, through a traditional ceremony.

So many customs and ceremonies that bring healing are lost once those with disabilities leave their tribal community to receive supportive services. Jeannie believes that state agencies also want to bridge these gaps. Some of the agencies have asked for her help to identify cultural programs and services in the community, and even when financial compensation is offered, she has had a difficult time finding Native programs or peoples in the community able or willing to follow through and help.


Placement away from their communities has the effect of making them invisible to society.

Even when placement in a residential setting is the only option that many families have, the basic human needs of those placed there remain the same as people residing with their families or in their communities.

There is great diversity among people with disabilities, including varying levels of activity and ability and, often, a commitment to mental health approaches that don’t always work, particularly in keeping people connected and in relationship with their families and communities.

Jeannie’s home state of South Dakota is moving toward a shared living program for people with disabilities. This essentially looks like a family providing the support of a residential facility but in their own home, a bit like adult foster care. Blake lives in such an environment and thrives where the family is consistent and familiar, rather than amid the staffing and shift changes that must occur in residential settings, which can be disruptive and triggering for people on the Autism Spectrum Disorder (ASD).

He has always been proud of his heritage as a Santee and Oglala descendant. Still, the nature of his disability creates challenges that require



“tribal citizens with disabilities are the most invisible of our invisible people.”

ongoing care and support. An example of this type of challenge would be elopement.

Elopement is a common problem among individuals with autism, and in some cases, the results can be tragic. Elopement involves leaving a designated area without permission, including running away from a parent or caretaker when out at a park or store, escaping from a home when a caregiver is distracted, or running away from school. Nearly 50% of individuals with ASD have attempted to or have successfully eloped from a known adult.¹

Sometimes, when Blake encounters sensory overload, he runs, posing a risk to his safety and well-being. These ongoing difficulties of

individuals on the spectrum of ASD point to the need for resources that can balance the need for relationships, services, and supervision in family-like ways and settings. As Jeannie has worked nationally on Missing and Murdered Indigenous Persons, she has been made aware of instances of Missing Native American people on the ASD, who eloped, have never been found, and are presumed dead. This is one of her worst fears for her son, who has a history of elopement.



We talked with Jeannie about how we can create the conditions for services and care of people like Blake in ways that provide this balance and avoid the heartbreaking stories of adults and elders with disabilities, who may elope, and who have spent their lives in residential programs and now find themselves alone, without connection.

It begins with providing families with the community-based resources they need to care for their children and adult children with disabilities. Families do not always wish to send their children with disabilities away but may have no choice due to lack of supports at home or in their community, especially in cases of high medical or behavioral needs that require 24/7 supervision. Aging family members may need assistance in caring for their children that is not always available, e.g., day services, specialized medical and mental health programs, respite, supervision and education services.

For some situations where the person is placed in services away from the tribal community, their parents and grandparents may not have the funds to

be able to visit their child/grandchild regularly. As they grow older the worry of “*what will happen once I’m gone*” weighs heavy on the hearts of the parents and grandparents when they pass on.

There is a need to bridge the gaps between state systems and the Tribes. There is often a disconnect between the ways that state systems operate, federal policies, and the human needs of people.

We should increase awareness of the needs and risks faced by people with disabilities on the part of states, Tribes, and communities. For example, states with committees that address missing and murdered Indigenous persons should have sub-committees that address the needs of Native people with disabilities to include awareness and advocacy for those living on-reservation and off-reservation.

The Federal government, States, and Tribes need to work together to ensure that tribes know where their citizens with disabilities reside so they can be involved in advocacy of services and protections of their rights. Tribes should be involved in federal and state legislation that affects programming, funding, and services for people with disabilities. Agencies that serve peoples with disabilities that have Native American populations, Native Americans need support and access to traditional and cultural programs.

Another gap for all citizens with disabilities is an acute crisis care program. In instances where the person has an acute mental health crisis that does not require a long-term mental health hold, but rather medication adjustments and/or a modified behavioral support plan, often there are no temporary placements. This puts the individual at a higher risk of termination of services and potentially without a place to go. An acute crisis care program would be very beneficial for those with disabilities and equally so for those who care for them.

Tribes may not be aware of the needs of their members who have been gone from their community for many years. When we increase that awareness and advocacy within Tribes, Jeannie believes their Tribes will want to help and be a voice.

The sense of belonging is already there within tribal culture. In the Lakota/Dakota/Nakota language, the word *Oyate* means *our people*, society, and all members are the *Oyate*.

“As Native people, we honor the sacred, and people with disabilities are among the most sacred. This must be carried out not only in words, but through actions.”

¹ Davin, Rhonda, Ph.D. *Elopement in Children with Autism*. Relias, July 7, 2023. Accessed at: <https://www.relias.com/blog/elopement-in-children-with-autism>



A Better Way

TINA WILDER

Chief Instructor, Michigan State University and Food & Beverage
Director at Woodhaven Senior Community, Flint, Michigan

Tina Wilder grew up in Flint, Michigan. “Some of my best and earliest memories from childhood involve food. I remember fishing with my dad and cooking over an open fire.” When she was 5 years old, her mother gave her a knife to chop vegetables. Later, her mom pulled a chair up to the stove so Tina could stand on it and stir pots of good food cooking. “My mother was my inspiration and my first teacher. I didn’t realize at the time that I’d eventually graduate from Mott Culinary Institute, and certainly not that I’d be teaching kids to cook.”

Tina teaches kids in Flint to cook in a program called *Flint Kids Cook* at the Flint Farmer’s Market every Tuesday and Thursday evening and virtually on Wednesday during the school year. The 100% free community program, operated by Michigan State University and the Flint Farmer’s Market, is open to all kids in Genesee County, Michigan, but its popularity has led to a wait list of 300 children.

In each session, students complete a 5-week class culminating in a family dinner that the students prepare. “We encourage the kids to try new foods and stick to recipes that are affordable and made with ingredients most people are likely to have in their pantry—foods that are nutritious, healthy, and low sugar. The kids get to take the leftovers home after each class, and they are so excited to share them with their families. It’s their excitement that keeps me coming back every week!”

The program also encourages families to use their fruit and vegetable prescriptions that they receive through the RxKids program when they visit their participating doctors.

But the food is only part of the story.

“When I get home at night, being with my kids is the best part of my day—knowing that they are excited to see me. Many parents who work all day may rely on fast food for dinner and don’t really have the quality time with their kids that preparing meals together allows. I want other kids and parents to have that experience—to have more time together.”

“Connecting parents and their kids at the end of the day is really the healthiest part of the program. It brings families together and strengthens relationships. The program also teaches kids to work together to create something. They accept each other regardless of where they live or what their backgrounds are. They learn how to communicate with each other without even knowing where they come from.”

She added, “I learn as much from...” I learn as much from the kids as they learn from me—patience, community, and prioritizing family time when you’re a parent working multiple jobs.”

Tina is from Flint, and she cares about this city. “I care about this city, it’s where I’m from. I feel very privileged to be a part of something that gives back to the community. I always want to make an impact. I grew up on the east side of Flint and know how hard it can be—when it’s not safe to go outside—having to lie on the floor because you hear gunshots.”

But, as we’ve learned from Flint Kids Cook and other community-serving programs, there is more to Flint than that. It is a place of community, relationships and partnerships, all eager to strengthen the families and communities that call this place home.

Tina told us she’d love to see the program grow so that it could reach more kids and parents sooner. She was passionate about the need for more programs, resources and opportunities to help kids connect with one another and spend more time with their parents doing positive things together.

Her final comment as we wrapped up our time together on an outdoor terrace of the Flint Farmers Market was, “I hope this article will inspire other people to do things like this in their communities.”

Interview with Kevin F. Denney



KEVIN F. DENNEY

Chief of Police, Grand Island, Nebraska

When we first met Chief Kevin Denney, Chief of Police in Grand Island, Nebraska, we were struck by how much he cared about his community and the people who live there. We were also taken by how a police chief would be so concerned about the well-being of families, children, and youth before law enforcement was engaged. He is a humble man who often prefaces his remarks with “this is not my area of expertise.” Yet, he and a community partner have brought together a wide range of child and family serving entities and community organizations in an effort to support families in the community. We sat down for an interview with him to discuss his work, reducing the need for law enforcement interventions with families, and more.

How does a community-based approach to supporting families not involved with law enforcement fit with 21st Century policing?

It’s critical. We want to reach people who might need some help as early as possible. Part of law enforcement should be working to reduce the need for traditional law enforcement responses. Community is the best partner to do that. It starts with community members knowing what resources and supports are available and where to find help in the community when they need it. Reaching and connecting with people early makes it more likely they’ll get help or ask for it down the road. When needs are met, it’s less likely that we’ll have to intervene later. When we can support children in elementary schools, build and maintain relationships with parents, we get to know each other and build mutual trust. Trust and relationships might not always be thought of as law enforcement tools, but they are far more useful than what we carry on our belts. If we can show community members that we care about them and are there for them, it advances public safety.

What inspired you to pull community groups together to explore ways to support families?

There were a few reasons. I was on a SWAT team for a while and realized I didn’t need to stand around and wait for something bad to happen for me to act. I began to see that there were other ways to be proactive that may help prevent crises and the need for emergency responses later.

There are great services and supports available in Grand Island, but I noticed a lot of silos. Agencies are essentially doing their own thing; it was not

a coordinated effort. I decided to go out into the community and meet with non-profits, and the gaps between silos were clear to see. I kept my filters open and listened a lot. We decided to try and get as many people as possible in the same room and ask them what is going on in their world. I see an opportunity for the community to come together and be even more exceptional.

I worked with Liz (Mayfield), the Director of Hope Harbor, a local non-profit, and we got around 50 people together for the first community meeting. We saw a desire and need for the groups to come together. We've met multiple times in the last year with 40-60 people each time. We've also formed a core leadership team that is leading the decision-making and agenda planning.

I wasn't looking for the Police Department to take the lead, but to be a catalyst for action: share information, identify the gaps. I'm convinced that this group can transition to something more for the community.

Tell us a bit more about your community work and what you're trying to achieve.

The idea is to get as many people as possible together regularly to share information on critical needs in the community, for example, suicide prevention, school services, mental health, folks facing homelessness. Right now, everyone is so busy doing what they're doing, and this is a venue for collaboration and communication which has been an unfilled need in our community.

We are doing a community needs assessment to guide our work. We're developing a mission statement and we're trying to move to a proactive approach to supporting children, youth, and families.

We are trying to go to the root causes of why the Police Department is involved with families at all. Historically, so much policing has been *reactive*. There will always be some need for reaction, but we'd be far better off if we could be proactive in helping strengthen communities instead of just responding to public safety concerns. We never know who we are impacting in life-changing ways. We cannot do this from a traditional policing approach.

I want to create a "fusion center" that includes things like economic assistance, non-profits, and

long-term case management to bridge the gaps and knock down silos. We've got to do it to help families get what they need.

Why is a coordinated community response needed to support families?

Helping people get to where they want to be will lower the Police Department's need for traditional law enforcement responses. If people are trying to get to better places, we should do whatever we can to support them. Having a strong and connected community is key to that. A more cohesive community is likely to have lower levels of crime. A community that allows people to get out of their difficult circumstances and frees them up to get help with serious mental health, addiction, or other problems leads to better long-term outcomes. If you can spend a little more time with people, truly invest in them, you may not have another police call to go out.

What have been the biggest challenges?

Effecting real change is a challenge. We have to show people the why. We cannot approach it from a position of 0 or 1, yes or no. We have to start with the why.

I learned from one of my four daughters that you should always lead with the why. Instead of asking me for a yes or no answer to "can we go to Dairy Queen today?" she leads with "Dad, that DQ blizzard is going to be soooo good." It's easy to sell something if people see the need for it.

We also have to be clear about the vision and how it supports the why. We need to recognize and acknowledge all the different audiences and perspectives.

What advice would you have for other law enforcement officials who want to venture into the area of community-based family support?

If you want to be more closely aligned with the community you represent, find someone in the Police Department to own this with passion.

Be intentional about going to where people are. I go around and talk to people one on one. I learn about what's going on in different parts of the community and what people care about. I think this helps get people engaged.

Model the expected behavior, and model authenticity and transparency. I go out to restaurants in Grand Island and serve food. I worked the drive-in window at a local restaurant to connect with people in the community. My measure of the success of this level of contact is if an officer found himself in a bad situation, would the community come forward to support him? That level of partnership and respect is what we're striving for here.

To be successful, check your ego at the door. Ask questions, then be inclusive and collaborative. Find the unattended areas in the community, those that may be struggling or left behind, and spend time there in a positive way.

I also recently brought in six people from the community to conduct interviews with candidates for promotion within the Police Department and I took their recommendations.

That was an incredibly brave move. You had to give up a lot of power to do that.

Yes, I had to give up power, but it is paying off. I want officers that the community trusts. It made an impact on the officers because of the level of community investment and knowing that the community members recommended them.





The False Gods of Social Change

Programs, Policies, Models, & Marketplaces



KEVIN CAMPBELL

Co-founder & CEO of Pale Blue

Kevin Campbell is an American Child Protection, Children's Mental Health, and Health Care Innovator and the Co-founder and CEO of Pale Blue. He developed Family Finding™ and Family Seeing™, a set of strategies now utilized throughout North America, Australia, and Western Europe to convene, catalyze, and facilitate families, communities, and governments in their work to respond to the problems which most affect our lives and futures. Kevin and Pale Blue have authored and contributed to the development of health plans in the United States which equitably improve access and quality of health care for millions of Americans.



CORMAC RUSSELL

Managing Director, Nurture Development

Cormac Russell is managing director of Nurture Development and a faculty member and European director of the Asset-Based Community Development Institute at DePaul University in Chicago. He is co-director of the new Community Renewal Centre, a popular international keynote speaker, and the author of *Rekindling Democracy* and *The Connected Community*.



ELIZABETH WENDELL

President and Co-founder of Pale Blue

Elizabeth Wendell, MSW, LSW is the president and co-founder of Pale Blue, a collaboration that seeks to disseminate learning and participatory methods at the intersection of Equality, Economics, and the Environment for the foundation of human health, flourishing, and justice. Elizabeth is a published author in the frameworks of Family Finding™ and Family Seeing™, serves as a senior advisor to two of the largest healthcare companies in the United States, and provides advisory partnership to government and private organizations in Western Europe, Australia, Canada, and the United States.

We have never had more access to the ideas of people speaking out about their experiences of being on the receiving end of voluntary and involuntary government and contracted services. Testimony and stories shared on countless platforms by people and groups from across countries and Indigenous Nations are asking hard questions and having brave conversations, no longer waiting for an unlikely invitation to speak out from a politically or industry-aligned government, institution, or conference.

People affected by social services and health programs face tremendous difficulties. They tell researchers they value services that support them, their families, and communities to live socially, environmentally, and economically secure lives. Community members also say that to be a part of just and dignity-filled experiences, they must be the essential architects and authors of their own lives, determining how they will respond to their hardships and what support they would welcome or not welcome in support of their plans. Citizens and communities involved with publicly funded services say that they do not exist to be in service to or, worse, to become transformed from persons to objects that guarantee power and revenue to government programs or profit for private industry. A consensus view has crystalized, demanding that the power relationships between governments, agencies, professionals, youth, parents, and other community members change. Government-sponsored and imposed services must move from supplanting to supplementing, replacing the toxic malalignment that places institutions in monopolistic, syndicalist roles that subjugate citizens and their associations. People are speaking out about the harms they experience from these systems, demanding a revolution of a specific type; they are demanding much more than incremental reforms, but a full complement of human freedoms, nothing less. Those freedoms include justly having access to and benefit from the same public goods, services, and protections offered to wealthy, white, privileged, and powerful men, the most politically and socially advantaged humans ever to exist on earth.

We learn from history that we do not learn from history.

– Georg Hegl

The system was built this way; it's not broken.¹

John Locke, the 17th-century political scientist and physician, is the favored Social Contract theorist

in the United States and elsewhere, inspiring key ideas and values reflected in the Preamble of the United States Constitution.² Social Contract Theorists' primary contribution in the American context is that individuals in a democracy have consented, explicitly or tacitly, to surrender some of their freedoms and submit to the government's authority in exchange for access to certain public goods and services. Locke also proposes that a society is responsible for supporting people experiencing poverty, particularly those who cannot work. Thus, his theory of a social contract has different expectations for those receiving public benefits; they must surrender more of their freedoms in return for receiving services funded through tax payments and charitable gifts provided by more advantaged classes. Inequality of freedoms is a resulting power differential built in at the beginning, white, (wealthy), property-owning men explicitly advantaged, to the exclusion of everyone else: wives, children, other women, older people, those with disabilities, and the poor surrendering to a greater degree based on their relative value a more significant share of their freedoms in exchange for benevolent forms of "care." The hidden cost of social welfare support is the surrender of various personal liberties, and, perversely, when one cannot produce value through labor, one must be commodified to create labor and revenue for others who need people's "needs."

Our subsequent welfare state and health system designs have an explicit, implicit, and tacit operating system: outsiders who are "qualified," working for purpose-built institutions, professional disciplines, and charities are the guarantors or least proxies for the survival or safety of or safety from the intentionally disadvantaged. In practice, "service users" receiving aid from the government and charities exchange freedoms of self-determination, choice, participation, and control for the promise of subsistence, not equity, health, or even dignity. No freedom is considered too precious to take from a "service user" by a social, health, mental health, or justice system. The reality is people lose their children, reproductive autonomy, sovereign claims to identity, personal liberty, associations, and even freedoms of movement in return for "services" to meet their "needs."

Thomas Hobbes, another of the three original Social Contract theorists, is famously quoted from his book *Leviathan*, "the life of man solitary, poor, nasty, brutish and short."³ Hobbes describes the bleakness of life faced by white property-owning men who choose to live without a sovereign dedicated to their protection. As we can see 373 years later, he might ultimately have

¹ World Economic Forum. "A New Social Contract for the 21st Century." *World Economic Forum*, January 2022. Accessed December 19, 2024. <https://www.weforum.org/stories/2022/01/a-new-social-contract-for-21st-century/>

² John Locke. *Second Treatise of Government*. 1689.

³ Thomas Hobbes. *Leviathan*. 1651.

been describing the resulting lives of individuals, children, families, communities, and Tribes who would rely on the “care” of the state, transformed from self-determined people to objects of others’ economic and political opportunity. We have a process that starts with a specific assessment to determine what people do not have, called “needs,” matched with “services,” those things for sale in the marketplace or authorized for purchase through government-run entitlement programs or a profit-seeking endeavor called managed care.

Three contributions from social contract theorists that reflect on this include:

Thomas Hobbes, “People will live in peace without rights.”⁴

John Locke’s “Natural rights will be enforced by a government created with the consent” of (white property-owning men).⁵

Jean Jacques Rousseau, “Life will be fair if we follow “general will” and set aside personal preferences.”

As Thomas Hobbes also famously wrote in *Leviathan*, “Hell is truth seen too late.”⁶

The person is not the problem; the problem is the problem.⁷

For more than 500 years, we have lived with an embedded world order determined by wealthy white and powerful men. This has produced a natural political experiment with such globally harmful consequences it would be unethical even to imagine it as a scientific study. While many lessons have been learned, one of the most practical is that political, social, economic, and legal systems purpose-built explicitly to advantage one group of humans—wealthy, white, and powerful men—produce remarkable advantages in health, well-being, and social mobility. No group exemplifies this more than white powerful men in the United States who live beyond the age of 70. While every other group of Americans in the aggregate has persistently experienced lower life and health spans year over year for the last decade, these white wealthy and powerful men and their beneficiaries live longer with better health and greater personal autonomy than any other group of humans on the planet.

In simplest terms, social and political advantages produce health and longevity, and endemic

institutional, geographic, gendered, and racial disadvantage embeds varying levels of individual, family, and community hardships with predictable adverse social and health outcomes. Every inequality is magnified for those with the most significant disadvantages. These groups are the most likely to be encumbered by health, social welfare, and legal industries. The popular whitewashed term for this today is the “social determinants of health” or the equally whitewashed variant “health equity.” These are predictable consequences resulting from political, class, power, race, and economic imbalance, not, as the term would suggest, a naturally occurring social determinant existing within human bodies, families, cultures, and communities.^{8,9}

Consider what we hear from police, child protection, public health, mental health, charities, schools, and government social services departments when asked to list the top challenging problems affecting “their” communities:

Poverty, Homelessness, Mental Health, Addictions, Family Violence, Child Abuse and Crime.¹⁰

Leaders from these institutions and industries talk about how their organizations must receive increases in funding, authority, and the number of employees so they can solve “the community’s problems.” At the same time, 50% or more of financing in cities like Chicago funds police and jails, fulfilling the promise of our political class to keep us safe from America’s biggest problem, crime.

For decades, we have asked the question, how do we solve our most complex “social problems”? What if our “biggest social problems” are the consequences of our worst structural problem, a system built from the beginning to advantage wealthy, powerful, and white men?¹¹

Amartya Sen, the 1998 Nobel Prize-winning economist and author of the Capabilities Approach, offers critical insight into what people and their communities can do; he calls these “Capabilities.”¹² Sen observes that it is not enough to ask what people might do. We must ask, do citizens and their communities possess the requisite Freedoms to do the things they might do? The word poverty exemplifies this, especially in our increasingly hyper-capitalistic political and economic settlement. Our everyday usage of terms like “poor” or “economically disadvantaged”

⁴ Ibid.

⁵ Ibid.

⁶ Rousseau, Jean-Jacques. *The Social Contract*. 1762.

⁷ David Denborough, *Narrative Therapy Charter of Story-Telling Rights*, Dulwich Centre, accessed December 17, 2024, <https://dulwichcentre.com.au/narrative-therapy-charter-of-story-telling-rights/>.

⁸ Roy, B., & Hughes, C. “Why Your ZIP Code Matters More Than Your Genetic Code: Promoting Healthy Outcomes from Mother to Child.” *Future Medicine* 13, no. 6 (2016): 495–498. doi:10.2217/pme-2016-0056. Accessed December 19, 2024. <https://pubmed.ncbi.nlm.nih.gov/27513279/>.

⁹ Smith, John D., and Emily A. Brown. “The Impact of Economic Inequalities on Global Health Outcomes.” *The Lancet* 403, no. 10389 (2024): 1025–1033. doi:10.1016/S0140-6736(24)02366-3. Accessed December 19, 2024. <https://www.sciencedirect.com/science/article/abs/pii/S0140673624023663?dgcid=author>

¹⁰ Institute for Health Metrics and Evaluation. “The Lancet: Deeply Entrenched Racial and Geographic Health Inequities in the United States.” News release, September 27, 2022. Accessed December 19, 2024. <https://www.healthdata.org/news-events/newsroom/news-releases/lancet-deeply-entrenched-racial-and-geographic-health>

and today's "The Social Determinants of Health" locate the responsibility for political, economic, and social problems within citizens' bodies, their families, and communities as a regrettable, but naturally occurring reality for too many. Clare Anderson and her colleagues¹³ at Chapin Hall provide remarkable resources that undermine this hegemony—representing more than 40 years of scholarship and demonstrating the positive impact of direct cash assistance and material support in reducing poverty, promoting health, and improving family well-being. The empirical evidence shared by Chapin Hall shows that access to money and material support for citizens provides enhanced economic security, allowing citizens to focus more on their capabilities and resulting in more Freedoms to improve their lives and care for their children. The well-established positive impacts of economic and material resources in protecting and promoting human well-being suggest citizens' economic, social, and political environments are the primary causes of distress and barriers that prevent people from using a full complement of their capabilities, not epidemics of mental illness, disability, or moral malaise.

Consider how our opportunities together might change and how we might build new institutions and relationships with citizens and communities when we systematically accept that unfreedoms undermine citizens' ability to deploy their capabilities and are the most significant problem citizens face, rather than massively funding and restricting funds only to carceral systems that rely on disproven theories of chemical imbalances leading to biomedical disease and crime as the politically advantageous crisis's sweeping across our nations.

Consider how operating beliefs change institutional purpose and design when we change value and power propositions:

Adults, young people, families, and communities with complex challenges:

- Cause our problems
- Have the Problems
- Are the Problem

Adults, young people, families, and communities with complex challenges are:

- Unappreciated problem solvers
- The leaders of today, not tomorrow
- Creators, makers, and doers

Power-over is the dominant practice.

"client" late Middle English from Latin cliens - client-, a variant of cluens' heeding', from cluere 'hear or obey.' The term originally denoted a person under the protection and patronage of another, hence a person 'protected' by a legal adviser.

Citizens on the receiving end of welfare, social, and health programs are called by various names: lived experience, firsthand experience, personal experience, peer experience, consumer perspective, survivor experience, services user experience, a community member with lived experience, and our new favorite, people with lived experience (PWLE). There are many others.

Suppose we step back and consider these titles not as a way for an industry to pick the least objectionable term to call people who receive services but instead as a description of how and whose power operates. These honorifics define a person's value outside their contribution to a community and family, denoting how they consume from the institutional world. Defining them by their relationship to the institution that pretends to offer deference while depoliticizing and disconnecting the citizen or community.

The Welfare State is an extension of us, not a replacement for us.

– Nurture Development

Welfare should be an extension of us, not a replacement for us.

One example is using prepositions, which challenge us to confront how and whose power operates. Cormac Russell, founder of Nurture Development¹⁴ and Director of Asset Based Community Development Europe, describes the relationships between four modes of change (TO, FOR, WITH, BY) and the optimal democratic relationship between them.¹⁵ Most support the need to reduce institutional interventions done to and for people without their free, prior, and informed consent (FPIC). However, most consider that the way to do so is to work with citizens and communities collaboratively. Democracy calls us to go beyond cosmetic or superficial language changes and promises of greater participation, like several the Child Welfare industry uses, including Family Group Conferencing and other performative "family and community meeting" practices which

¹¹ Michael Marmot. *Who Gets to Be Healthy?* YouTube video, 16:54. Posted by TED, October 24, 2011. Accessed December 19, 2024. <https://youtu.be/gFOc7zCHpRs>

¹² Amartya Sen. 1999 *Interview*. YouTube video, 15:32. Posted by Health and Society, October 12, 2019. Accessed December 19, 2024. <https://www.youtube.com/watch?v=-6A7k0peWRM&feature=youtu.be>

¹³ Chapin Hall at the University of Chicago, *Economic Supports for Child and Family Well-Being*, accessed December 19, 2024, <https://www.chapinhall.org/wp-content/uploads/Economic-Supports-deck.pdf>

¹⁴ Amicitia Associates. "The Helper's Crossroads." *Amicitia Blog*, July 16, 2021. Accessed December 19, 2024. <https://amicitia.org/2021/07/16/the-helper-crossroads/>

¹⁵ Cormac Russell. Remarks on Asset-Based Community Development and "to, for, with, by" Framework, 2024.

do not change the co-option that remains when doing things to people or for them. Whatever description we may use to describe citizens who receive services, their core criticism of the provision of services is:

Done to citizens: Coercive, educative/directive, seeking to fix/cure, or otherwise change people from the perspective and view of outsiders.

Done for citizens: less coercive, moving toward deeper involvement, but professionals and institutions remain in control by using service delivery and imposing goals as the primary change method.

The impact of citizens who have or are receiving services speaking and organizing away from or independently from carceral and coercive legacy institutions has been moving some Governments toward:

Doing with citizens: This approach aims to replace “doing to and doing for” with doing with citizens underpinned by Free, prior, and informed consent from the bottom up to co-create change in a community, neighborhood, and family. **Done by citizens:** People actively identify and utilize their existing skills, talents, and resources (assets) to address issues and improve their lives within the community. Essentially, they drive the change rather than rely on external organizations and government programs—a bottom-up, citizen-led approach to community building.

Inequality is spreading and deepening; have you caught it yet?

Increasingly, people and groups who have felt safe with their more significant share of freedoms than other groups, often described as lower middle and middle classes within the social contract, are no longer certain that the guarantees of status and advantage are as firm as they or more likely their parents once believed.

They are also protesting and resisting long-standing political parties that have enabled the further corruption of our public institutions, resulting in an alarming level of economic, health, and social inequality. Citizens worldwide are being faced with a choice of electing illiberal populists and authoritarian leaders promising to tear down institutions or self-described liberals complicit with conservatives in accelerating the financialization of our society, further corrupting our institutions. Other citizens,

unfortunately, are responding to growing and unrelenting distress in ways dangerous to themselves, resulting in what Anne Case and Angus Deaton¹⁶, Economist, and Nobel Laureate describe in the book *Deaths of Despair and the Future of Capitalism*,¹⁷ suicide, alcoholic liver disease, and drug overdose.¹⁷ A shocking statistic to illustrate the profound impact of devastating levels of inequality is that Americans are seven times more likely to die from violence or accidents than people living in any other wealthy nation. The political and mental health industries have been complicit, diagnosing this as evidence of a “mental health crisis,” seeking economic windfalls for themselves while ignoring clear evidence that despite more people than ever before taking industry-prescribed medications and even seeking “diagnosis,” the crisis of psychological distress is growing worse. Meanwhile, the United Nations and World Health Organization have released a joint report and dedicated two World Mental Health Days calling on member governments to abandon the American Mental Health construct as an intentional “medicalization of unlivable lives” used by member governments to avoid responsibility for policies that deepen inequality.¹⁸ Tragically, this trajectory of harm has been unfolding over decades; adults and sometimes young people, especially in the United States, are increasingly responding murderously through what Father Greg Boyle described of young people who join gangs in Los Angeles as a “lethal absence of hope.” life experiences so devoid of meaning and possibility while surrounded by examples of unobtainable wealth and privilege that their future is not compelling, leading to a present that provides no convincing reason to have regard for the value of ones’ own or another’s life.

There is enough for everyone.

– Angela Burton

No one goes without.

– Sheldon Spotted Elk

The lessons we learn from the lives of wealthy, white, privileged men do not suggest the solution is for them to have fewer guarantees of government protections and advantages. It demonstrates the critical importance of extending protections and investments universally to improve everyone’s prospects for health and well-being, promoting each person, family and communities’ freedoms and capabilities to build a good life equitably. As the

¹⁶ Anne Case and Angus Deaton, *Deaths of Despair and the Future of Capitalism* (Festival of Ideas), YouTube video, 57:35, posted by Cambridge Festival of Ideas, November 4, 2020, accessed December 19, 2024, <https://youtu.be/nt6pFx71xw8>

¹⁷ Anne Case and Angus Deaton. *Deaths of Despair and the Future of Capitalism*. Princeton: Princeton University Press, 2020.

¹⁸ World Health Organization. *Social Determinants of Health: A Primer for Policy-Makers and Health Professionals*. Geneva: World Health Organization, 2024. Accessed December 19, 2024. <https://www.who.int/publications/i/item/9789240080737>

fantastic Angela Burton, Esquire, said in a recent Royal Society of Arts Salon, “There is enough for everyone.”¹⁹ Following this, the wise Judge Sheldon Spotted Elk, during the same event, shared that one of the principal values of the Tsistsa (Cheyenne people) is Generosity so that “no one goes without.”

This value is not a value alone, it includes the behavior required to live the value of Generosity so that “no one goes without.”²⁰ We can create governance in our system that demands the privileges of self-determination, dignity, opportunity, rights to association, and other protections for every citizen, not just the wealthy and powerful white men and their constituents. Hannah Arendt famously observed from her 15 years of statelessness following her escape from Nazi Germany that there are no inherent human rights but those protected and enforced by the state.²¹ Her experience informs a reality we must confront: we must build a state that actively protects freedoms equally, or we risk a continuation of an intolerable and increasingly dangerous stratified economic, political, and racialized settlement.

You never change things by fighting the existing reality.

To change something, build a new model that makes the existing model OBSOLETE.

– Buckminster Fuller

Revolution and reform are colliding.

To be clear, people on the receiving end of inherently coercive “voluntary” or involuntary government and private social, health, and legal systems have always spoken out and resisted tyranny. Today’s Revolution is more challenging to ignore or prevent; those resisting oppressive institutions and programs feel no need to seek permission from or even acknowledge what the institution thinks or wants as essential. They are progressing with the resistance and have no intention of returning to being controlled by and through services and systems. These citizens do not live constrained by the false promise that some “qualified” outsider will come to their community and save them from their disadvantage by delivering “evidenced-based services” to meet their “needs.” Citizens on the receiving end of “care” learned long ago that the stories told about them are about someone else’s access to privilege, power, and revenue, never theirs.

Of course, there has been a growing industry response to the Revolution; a pattern has emerged in the last five years by the industries and individuals associated with holding authority over those with the least guaranteed freedoms in our society.

Ignoring: This message is that consumers of our care mostly appreciate our care, and their complaints are handled efficiently. Primarily, this is the response of bureaucracies, mainly governmental, large charities, academic institutions, and health insurance companies. In these large systems, tasks are shared by various groups of people from multiple, siloed departments, which exist in hierarchical and retaliatory structures used to ensure “quality.” Employees and executives say, when criticized, “I have never personally harmed anyone and am doing my job as best as possible. By design, of course, the harm done is distributed.” The collective impact on those receiving services is that harm is hidden and/or treated as if it did not happen, and if it did, it was not me or my team. Professor Lawrence Lessig at Harvard, sharing his work on Institutional Corruption, observes, “One never sees corruption within one’s own life, but it’s easy to see in the lives of others.” For example, child protection agencies rarely see their institutional corruption, but they find it easy to see corruption in the lives of nearly every parent. Our mental health industries do not see the corruption of their practice inherent in the selling of diagnosis of theoretical “disease” or “disorder” as a means to situate the problem in the person, ignoring a consensus view in science that community conditions are more predictive than the genes we inherit from parents in shaping our health. However, they can readily see and name the corruption in every patient’s mind, thoughts, feelings, and relationships.

Attacking: Don’t listen to these people; they avoid responsibility for their actions. We know this because our research and other researchers prove that what they say is not valid. This has been the response of some well-known present-day and retired academics, supported by present and former leaders of bureaucracies often trained by the same scholars. This type of corruption of institutional mission is known as “capture”; the academic becomes “dependent” on the institution it studies for income and status, and the institution is dependent on the academic for continued legitimacy.

¹⁹ Royal Society of Arts (RSA). “US Salon: Justice.” Last modified September 2024. <https://www.thersa.org/events/fellowship/2024/09/us-aug24-salon-justice>.

²⁰ Ibid.

²¹ Hannah Arendt. *The Origins of Totalitarianism*. New York: Schocken Books, 1951.

Co-opting: Co-opting includes

- Parent or, more often, youth advisory boards to institutions or programs, showing others that the firm is an ally of “lived experience experts.”
- Adopting or briefly offering funding to popular, sometimes potentially disruptive innovations or people.
- Gradually exerting increasing levels of controlling influence and coercively threatening to withdraw or reduce economic support for the program or person.

These approaches are most used by industry-aligned and affiliated philanthropic groups. These tactics have been described as ‘jumping in front of parades’ to steal attention for itself and control the direction or possibility of innovation or change; it is also a consequence of “capture” resulting from “dependence” on access for relevance, status, and influence.

Befriending the Revolution: A high-risk commitment for individuals seeking to continue to be invited by industry and programs and be paid or funded by the industry or an industry-aligned benefactor. High return interpersonally if willing to reorder daily life and career or personal goals. It can result in a strong sense of purpose and meaning and may require people to invent or join others to become helpful bystanders rather than returning to past roles. For most, however, relying on the industry you are reforming for economic resources or access may result in a new “capture experience,” requiring one to leave or fully rejoin the industry’s orbit. Refusing to be a part of Systems and Models of Oppression: The so-called workforce crisis is part of the Revolution. Many refuse to continue to be associated with systems of oppression. The calculation becomes clear: there are healthier, more just ways to serve or at least live than continuing to be complicit with these systems. For some, joining or inventing advocacy groups funded elsewhere provides authentic activism or invention opportunities for ethically aligning life, purpose, and opportunity.

Revolutions succeed when we learn to tell new stories together.

A fascinating and politically useful trope in the United States has been before us in the last

two decades: a concept known as originalism propagated by self-described originalists in the legal community. The theory and practice insist that the U.S. Constitution and its text be interpreted based on their original meaning at the time of adoption in 1787. Originalists believe that the text within the Constitution has an objective meaning that can be determined by looking at the framers’ ideas, public debates, and legal documents in the 18th Century. These objective meanings should be used to decide today’s complex disputes and used to set new, protect, established, or overturn erring legal precedents.

This Originalism is an intentional bridge from the 17th-century world of wealthy, white property-owning men as the apex of human possibility to today’s political and economic reality. These “old dead white men,” as a respected colleague describes them, are the “beloved corpses we are dragging and refusing to let rest.”

Originalism as a governing idea is not limited to the High Court; we have been fiercely practicing Originalism in our determination to sustain existing institutions and policies established in Congress many decades ago, regardless of their failures, high levels of public dissatisfaction, and documented harms. It seemed impossible to imagine the opportunity in our democracies to build better, more equitable, and valued institutions in service to all of us.

Government institutions and the private and charitable corporate ecosystems surrounding them have provided a valuable example of this commitment to Originalism in recent years in response to self-identified abolitionists. Rather than engaging thoughtfully together and imagining new and better public institutions to be built equitably to serve all people, abolition is attacked and maligned. Abolitionists are described as “the burn it all down people.” At the same time, committed Originalists demand that the abolitionists be responsible for defining the replacement before discussing the ending of the failed institution. Originalism is the most fundamental practice of protecting and perpetuating systems designed to advantage white, wealthy, and powerful men uniquely. Many of us may be able to think of how we each have played roles in doing the work of Originalism. At Pale Blue, we have described this strange obsession as “dragging a beloved corpse behind us, irrationally refusing to accept its natural end as though one day it will deliver on its promise.”

Understanding and confronting our operating values may provide a place to start building new

stories about how we live together. The Tsistsa people's value of Generosity, for example, so that "no one goes without," inhabit a commitment to the well-being of all Tsistsa people as the first responsibility of governance. Understanding our operating values compared to other nations and cultures provides examples of what we might build instead.

We conclude by sharing a glimpse into the World Values Survey²² to understand comparatively how different governance and national values systems may impact positively or negatively individual citizen and community well-being:

Top Three Operating Values of three Scandinavian Countries (Denmark, Sweden, and Norway).

1. Mitigate Income Inequality First (economic self-determination as a measure of Freedom)
2. Promote free and universal access to high-quality education
3. Promote the health and well-being of all citizens

Top Three Operating Values of the United States Government

1. Protect people from international threats
2. Keep people safe from criminals in your neighborhood
3. Promote Economic Growth

You, of course, will not be surprised that the life and health spans of the citizens of Denmark, Sweden, and Norway are considerably better than in the United States except for white, wealthy, and powerful men in the US and their direct beneficiaries who have the best health outcomes and greatest guarantee of individual freedoms of any humans on the planet today.

Individually, we can start by asking more than how we do our work; we must also ask what our responsibilities are as citizens. As many have said, systems change when people change. Or even more importantly, as our recently departed colleague John McKnight, whom we pay our deep respect to in this paper, said,

Revolutions begin when people who are defined as the problem achieve the power to redefine the problem.

—John McKnight
"The Careless Society, Community, and Its Counterparts"

Additional Sources for Further Exploration

²³ Lawrence Lessig, *America Compromised*, YouTube video, 1:22:43, posted by Chicago Humanities Festival, February 11, 2019, accessed December 19, 2024, <https://youtu.be/aZVsRsMDBb8>

²⁴ Rx Kids, "New Analysis Finds Child Cash Benefits Improve Child Health and Development Internationally," accessed December 19, 2024, <https://rxkids.org/new-analysis-finds-child-cash-benefits-improve-child-health-and-development-internationally/>

²⁵ Rich Besser, "To Heal a Community, Start with People and Place," *RWJF Blog*, July 19, 2016, accessed December 19, 2024, <https://www.rwjf.org/en/insights/blog/2016/07/to-heal-a-community.html>

²⁶ Harvard Medical School Center for Bioethics. "Healthcare Paradox Review." *Bioethics Journal*. Accessed December 19, 2024. <https://bioethics.hms.harvard.edu/journal/healthcareparadox-review>

²⁷ Center on the Developing Child at Harvard University. Place Matters: *The Environment We Create Shapes the Foundations of Healthy Development*. Working Paper, 2023. Accessed December 19, 2024. <https://developingchild.harvard.edu/resources/working-paper/place-matters-the-environment-we-create-shapes-the-foundations-of-healthy-development/>

²⁸ Roberts, Dorothy. *Torn Apart: How the Child Welfare System Destroys Black Families—and How Abolition Can Build a Safer World*. New York: Basic Books, 2022

²² World Values Survey Association. *World Values Survey*. Accessed December 19, 2024. <https://www.worldvaluessurvey.org/wvs.jsp>



OPEN CALL FOR ART

The Family Justice Journal is honored to feature original artwork, poems, and other visual expressions that speak to the experiences of systems impacted individuals, community/public art projects, and artwork promoting social justice in every issue of the journal, including the front cover.

Compensation is offered for every piece accepted with artists retaining all rights to their work and attributions made.

To learn more or submit a piece for potential inclusion, please write to info@thefamilyjusticegroup.org