

The ACCOUNTABILITY DIALOGUES



Recommendations and Policy Solutions to Help Families Thrive

In the Fall of 2021, Futures Without Violence, Latinos United for Peace and Equity, The National Center on Violence Against Black Women (Ujima, Inc.), and Women Transforming Families, a project of Ujima, came together with survivors of domestic violence who were impacted by the child welfare system, along with state, tribal, and federal policymakers in the *Accountability Dialogues*. The Accountability Dialogues created a platform that elevated the voices of survivors and provided an opportunity for survivors, policymakers, advocates, and judges to listen to one another and advance policy solutions that would prevent further injustice to adult and child survivors of domestic violence. These recommendations and policy solutions offer a new framework: work diligently with care and compassion, and without bias, to keep families together; robustly support survivors and their children, in their community and with the resources and supports that they have identified, to meet their family's needs; and invest in communities and culturally responsive, community-based organizations to help families thrive.

RECOMMENDATIONS FOR THE CHILDREN'S BUREAU

1. Issue an Information Memorandum on Domestic Violence and Child Welfare

Issue an Information Memorandum that provides guidance to state child welfare agencies on domestic violence (DV) practice and policy to advance their knowledge and commitment to effective and safe approaches to DV.

- State clearly that DV, in and of itself, is not child abuse and neglect.
- Require a higher standard of evidence for a failure to protect finding for DV survivors. Listen to survivors and consider all the protective actions they utilized as well as the reasons for those actions before making a failure to protect finding.
- Stop automatically asking survivors to go to support groups, obtain restraining orders, or go to shelters.
- Describe *best practice* as partnering with survivors to understand/assess danger to children and providing a range of services and resources – delivering concrete resources is a legitimate and sometimes sufficient safety and well-being strategy.
- Eliminate bias in the child welfare system, including in reporting families to child welfare, in removing children from families, and in outcomes. Provide strategies, resources, and continuous training to eliminate bias.
- Shift organizational policy and practice to place responsibility for harm, as a result of violence, on the person using violence. Accurately assess the dynamics of any physical violence, as DV survivors are often reacting to or resisting violence rather than initiating or perpetuating violence.
- Develop and implement practice guidance, supervisory support, and training for staff to safely engage with abusive partners.

- Institute a policy waiver process so that requirements to contact fathers who have used violence are renounced when it may increase risk or danger.
- Provide resources and referrals to child welfare offices so they can implement best practices when working with and supporting adult and child survivors of DV, and people who use violence.
- Strongly recommend that states, tribes, and territories partner with:
 - Domestic violence coalitions and/or local programs to ensure that child welfare agencies are thoroughly trained on issues of DV, and place DV advocates in child welfare offices across the state so that they can provide expertise and consultation on individual cases.
 - High-quality, certified programs for abusive partners, also known as Battering Intervention Programs. To be "high quality" means that they are accountable to DV survivors/programs, have practice standards to which they are held accountable, and ensure that people who use violence have meaningful access to help and support.
 - Culturally relevant immigrant support organizations – to create or expand access to meaningful help and assistance for all survivors.
 - Tribal liaisons, advocates, and/or tribal communities – to acknowledge and respect tribal sovereignty and ensure that DV work is aligned with the Indian Child Welfare Act (ICWA).
- Establish language justice practices by ensuring that every person can communicate, understand, and be understood in the language they prefer and feel most articulate and powerful.
- Stop designating survivors of DV as abusive or neglectful in central child abuse registries as a result of DV. This designation can impede future employment options in child-serving or child-contact fields. Most survivors utilize a range of protective strategies to keep their children safe, many of which are not visible to child welfare professionals.

2. Issue an Information Memorandum that Urges States to Invest in and Support Families

Issue an Information Memorandum that recommends that states invest in families, communities, and culturally responsive community programs and provide direct financial and other needed supports for families, kinship caregivers, and fictive (close family or friend) caregivers.

For all families:

- State clearly that poverty and DV do not, in and of themselves, constitute neglect.
- Convene state agencies to provide leadership and sustainable funding to strengthen families and communities and to create the conditions and experiences that help children thrive.
- Develop a robust and easily accessible family stabilization package that includes access to TANF cash assistance, SNAP benefits, housing vouchers, Medicaid, LIHEAP, childcare subsidies, transportation assistance, Head Start, Early Head Start, WIC, pre-K programs, unemployment benefits, job training programs, and parent wellness programs.
- Utilize at least \$100 million of TANF Emergency Funds to support families and meet their basic needs (housing, childcare, food and nutrition, etc.), and support innovation to reduce bureaucracy and make funding flexible and more accessible.
- Use Social Services Block Grant (SSBG) funds to provide in-home supportive services to families, such as childcare support during busy times of the day, like mornings, after school, and evenings when families are juggling multiple needs and tasks.

- Integrate service delivery so that families can obtain their family stabilization package at one location, preferably at trusted locations in the community (Family Resource Centers, community centers, schools, community health centers, libraries, etc.).
- Partner with healthcare systems and providers to support children and families.
- Expand language access so that DV survivors and families can be supported in a holistic manner.
- Provide children and families with a broad array of trauma-responsive services to help families heal and thrive, including health/wellness opportunities, recreational and artistic opportunities, cultural and community connections, mutual aid groups, etc., along with high-quality DV and abusive partner intervention services.

For families in the child welfare system:

- Support families with a comprehensive family stabilization package, trauma-responsive services, and DV and abusive partner intervention services as described above.
- Provide families with quality legal representation pre-petition and at all court appearances and proceedings.
- Utilize and support kinship care and fictive caregivers to keep children with people who love them and share cultural and family values.
- Ensure that kinship and fictive caregivers are given financial, childcare, and other supports equivalent to the resources and supports given to foster care providers.
- Address the needs of LGBTQ youth in foster care experiencing partner violence and other harms (trafficking, homelessness, criminalization, and juvenile justice involvement).

3. Integrate Gender into the Equity Focus for Child and Family Service Reviews to Advance the Biden Administration's Commitment to an Intersectional Approach to Responding to Gender-based Violence¹

Domestic violence underlies a myriad of issues for families in the child welfare system – housing instability, educational and medical neglect, lack of affordable and accessible childcare, and child abuse by a partner or ex-partner. Black, Native and Latinx survivors of DV, mostly women, are exponentially disadvantaged because both race and gender influence system involvement, as does child welfare practice and expectations of parents. This is especially significant given the correlation of race and gender with poverty in the U.S. LGBTQ survivors face additional barriers as a result of heteronormative assumptions and expectations. Immigrant survivors of DV experience further barriers around language access, legal status, and lack of familiarity with U.S. services and legal protections. Women who use reactive/resistive violence are too often identified as perpetrators of DV, or the relationship is seen as mutually violent due to inaccurate assessments of power dynamics underlying physical violence. An intersectional lens is required to understand and effectively respond to the many contexts and identities of survivors.

- Integrate gender into the equity focus for Child and Family Services Reviews (CFSR) to ensure that states and the Children's Bureau can advance equity and support for individuals who have been historically underserved, marginalized, and otherwise not provided fair, just, and impartial treatment. This means intentionally including Black, Native and Latinx survivors of DV in the CFSR process.

4. Increase Federal Funds to Native American and Rural Children and Families

- Increase federal resources to serve Native American children and families, who are disproportionately impacted by the child welfare system.
- Increase federal resources to serve rural children and families, who are disproportionately impacted by the child welfare system.

5. Establish Active Efforts as the Standard for All DV/Child Welfare Cases

- Convene and engage survivors and survivor-led organizations to define *active efforts*?²
- Require state child welfare agencies to document active efforts at all phases of each DV case, and include these additional steps:
 - Conduct a comprehensive assessment of the family's circumstances, with a focus on keeping the family together and safe;
 - Describe the practices utilized and resources provided to promote the safety and well-being of the family;
 - Set forth concrete and effective steps to contact and notify the survivor of information and notices,³
 - State how they engaged with and incorporated the concerns and needs of the survivor in their work;
 - List the services and supports survivors and their children identified that would keep them together;
 - Explain whether the family received those services and supports, and whether they were accessible, culturally and linguistically specific, and designed to meet the needs of survivors and their children.

6. Assemble a Task Force on the Role and Scope of the Child Abuse Prevention and Treatment Act (CAPTA) and Mandated Reporting

CAPTA was passed in 1974 with the intention of preventing serious injuries to and fatalities of children due to abuse and neglect.⁴ Each state subsequently codified their own laws to comply with federal laws and regulations. Over the past four decades, the scope and reach of CAPTA expanded, as did the definition of “neglect” and the categories of professionals who are deemed mandated reporters.

- Create a Task Force to review the role and scope of mandated reporting nationally and address how best to ensure that CAPTA and state mandated reporting practices keep children safe in their families and communities. Members of the Task Force should include individuals impacted by the child welfare system (including Black, Native, Latinx and other DV survivors of color), academics, policymakers, abolitionists, philanthropists, social workers, teachers, healthcare and mental health professionals, law enforcement, and federal and state child welfare professionals. The Children’s Bureau should request that the Task Force report back with recommendations in 6-12 months. Actions include:
 - Identify best practices for states to address racial and class bias in mandatory reporting; how best to shift from mandatory reporting to a *mandatory supporting* model; and which policy and legislative changes are needed to expand investments and supports to families.
 - Revise CAPTA language and secure additional Community-Based Child Abuse Prevention (CBCAP) funding to enhance upstream child maltreatment prevention strategies, provide economic and financial supports for families, and fund trained, compassionate, and culturally competent navigators/advocates to facilitate family access to services and resources without child welfare notification or involvement.

- Request that the Office of the Assistant Secretary for Planning and Evaluation (ASPE) conduct research to examine evidence underlying mandatory reporting, whether mandated reporting decreases child maltreatment, and whether it causes harm in neglect and DV cases, particularly for those families most impacted by child welfare – Black, Native and Latinx.
- Determine whether neglect that relates to DV or poverty should be removed from mandated reporting, including for law enforcement. Take into consideration the experiences of states that are currently working on narrowing the definition of neglect in instances of DV and poverty.
- Review consent requirements prior to mandated reporters filing child abuse/neglect reports on DV to child welfare.
- Consider how mandated reporting impacts the willingness of DV survivors and others to seek help, particularly from law enforcement and healthcare providers.
- Review information and data from states uniformly using a higher standard than *reasonable suspicion* for mandated reporting.
- Require annual mandatory reporter training and develop accountability mechanisms/strategies for racial and gender bias in reporting.

7. Foster Innovation and Collaboration to Create a Family Assistance Pathway and Strong Communities

- Cultivate and encourage collaboration and coalition building at the state and local levels to co-design a new pathway for families to obtain services and supports that are outside the child welfare system. This pathway to assistance (rather than investigation) must be well-resourced and easily accessible within communities, provide culturally and linguistically specific services and supports, and include staff from impacted communities who have the knowledge and skills to respond to families' needs without involving child welfare systems.

- Fund and support the development of community-connected, community-based organizations to educate and lead the design of the Family Assistance Pathway. Center marginalized survivors of DV and people impacted by the child welfare system in the co-design and creation of this new pathway.
- Look to communities for innovative solutions on the best ways to support the social, emotional, and physical well-being of children and families in their areas, and fund and empower communities to implement these innovative, cross-system solutions.

8. Host a Convening to Listen, Learn, and Co-design a Child and Family Well-being System

- On an annual basis, bring together academics, abolitionists, policymakers, state and federal child welfare professionals, health and mental health professionals, criminal legal system practitioners, philanthropists, advocates, and families with lived experience (including Black, Native, Latinx and other DV survivors of color) to share ideas, identify problems, promote promising practices and develop policies on how to strengthen families, reduce poverty, and transform the child welfare system into a child and family well-being system.
- Share and highlight narrative change and system change successes, including the anti-poverty measures being implemented in states and cities across the nation, like the Universal Basic Income and Guaranteed Income projects, Housing First, Child Tax Credits, Earned Income Tax Credits, 24/7 childcare, and family leave benefits, among others, that can help families achieve economic stability.

Section Notes

1. National Strategy on Gender Equity and Equality, The White House, pg. 8. See also: [the Gender Strategy Report](#).
2. Active efforts is defined in federal regulations and involves tribal children and families. 25 C.F.R. Section 23.2. <https://www.law.cornell.edu/cfr/text/25/23.2>.
3. "Giving notice" by leaving something on the door (card, note, brochure) is not effective and is not considered active efforts, or even reasonable efforts.
4. Congress passed the Child Abuse Prevention and Treatment Act of 1974 (CAPTA), as amended by the CAPTA Reauthorization Act of 2010, 42 U.S.C. §5101 et. seq.

RECOMMENDATIONS FOR THE WHITE HOUSE GENDER POLICY COUNCIL

1. Host Roundtables and Listening Sessions to Highlight and Share Innovative Policies and Practices that Improve the Health and Well-being of Women, Children, Families, and Communities

- Bring together academics, policymakers, abolitionists, state and federal professionals, criminal legal system practitioners, philanthropists, advocates, and families with lived experience to promote innovative and promising practices and policies at the federal, state, and local levels that improve the health and well-being of women, children, families, and communities.
- Share and highlight how early investments in families and communities, and employment supports (a living wage, affordable housing, medical and behavioral healthcare, job training, unemployment insurance, paid family and safe leave, childcare, safe working conditions), correspond to better health, resilient and stable families, and a strong economy.
- Share and highlight innovative poverty reduction and family violence prevention practices and policies that states are implementing, such as New Mexico's 10 Vital Services model, Universal Basic Income projects and Guaranteed Income projects, and New York's legislation to cut poverty by 50% in 10 years.⁵
- Share and highlight states' practices and policies that eliminate bias in the child welfare system, substantially narrow the definition of child abuse and neglect, implement a mandatory *supporting* model rather than a mandatory reporting model, and clearly state that DV, in and of itself, is not child abuse and neglect.

2. Advance Gender Equity and Equality by Recommending that the Children's Bureau Take Action

Recommend that the Children's Bureau:

- Produce an Information Memorandum on DV and child welfare (described above);
- Produce an Information Memorandum that urges states to invest and support families (described above);
- Integrate gender into the equity focus for child and family services reviews;
- Increase federal funds to tribal and rural children and families;
- Establish active efforts as the standard in all DV/child welfare cases;
- Assemble a task force on the role and scope of CAPTA and mandated reporting;
- Foster innovation and collaboration to create a family assistance pathway and strong communities;
- Host a convening to listen, learn, and co-design a child and family well-being system.

Section Note

5. Day, P.A., Day, A., McCarthy, M., Best, C., Brian-Lawson, K., & Pryce, J. (2022, Spring). Justice-Centered Child & Family Well-Being Systems to Address Neglect. *FJI Quarterly*. Spring Edition, pages 55, 64-65, <https://publications.pubknow.com/view/1055841541>. See also, <https://www.tenvitalservicesnm.org>, <https://www.nysenate.gov/legislation/bills/2021/S2755>, <https://basicincome.stanford.edu/research/guaranteed-income-dashboard/>, <https://economicsecurityproject.org/work/guaranteed-income/>.

RECOMMENDATIONS FOR CONGRESS

1. Expand the Scope and the Prevention Funding Available under the Family First Prevention Services Act

In 2018, the Family First Prevention Services Act (FFPSA) was signed into law as part of Public Law (P.L.) 115–123 and changed the way states can spend their Title IV-E funds. It allowed states to use federal funds for prevention services so that “candidates for foster care” can stay with their caregivers or relatives. With approved plans, states can now be reimbursed for trauma-informed and evidence-based prevention services, such as in-home parent skill-based programs, evidence-based mental health services, substance abuse prevention and treatment, and kinship navigator programs. Unfortunately, as codified, FFPSA does not permit states to use these funds to help caregivers meet the basic needs of their families or address DV.

Revise FFPSA to:

- Allow states to use federal funds to provide economic and community supports for families in the child welfare system and to prevent referrals to the child welfare system. Such supports should include advocacy, housing, healthcare, childcare, transportation, cash assistance, and job training, among other things.
- Allow states to use federal funds to develop or strengthen collaborative partnerships with DV programs for survivors of DV and people who use violence with child-serving community-based organizations in order to keep children impacted by DV with their non-abusing parent and out of the child welfare system.

- Allow states to use federal funds to co-design a new Family Assistance Pathway with and for families to strengthen families and communities, prevent child abuse and neglect, and avoid foster care placements.
- Allow states to use federal funds to support innovative neighborhood- and community-based solutions that will support the social, emotional, and physical well-being of children and families in their areas and empower communities to implement these innovative, cross-system solutions.

2. Increase Federal Funds to Native American and Rural Children and Families

- Increase federal resources to serve Native American children and families, who are disproportionately impacted by the child welfare system.
- Increase federal resources to serve rural children and families, who are disproportionately impacted by the child welfare system.

3. Generously Appropriate Federal Funds for Upstream Prevention Programs

Poverty, lack of stable housing, food insecurity, absence of medical and behavioral healthcare, unsafe living conditions, racism, and structural inequities contribute to children's trauma and family instability. Economic security can help reduce trauma, DV, and child maltreatment.

Congress should pass legislation that provides, among other things:

- A permanent, fully refundable Child Tax Credit (adjusted for inflation) that is delivered monthly to ensure that families, especially caregivers and children who are experiencing DV, can achieve safety and economic security and pay for monthly expenses and basic necessities.
- A robust childcare package that ensures that all low-income families have the ability to access childcare that is high-quality, stable, affordable, and available 24/7 in a variety of settings.
- A comprehensive healthcare package that is coordinated, affordable, and culturally relevant.
- A broad array of trauma-responsive services to help families heal and thrive, including health/wellness opportunities, recreational and artistic opportunities, cultural and community connections, and mutual aid groups, along with high-quality DV and abusive partner intervention services.
- A housing package that dramatically increases the supply of affordable housing, the number of housing vouchers, and the opportunities for subsidized loans for first-time home buyers.
- A transportation package that expands public transportation options in communities, starting with those with the least access, and incentivizes private transportation options (e.g., ride sharing companies, neighbors' cars) for families to access jobs and services.

Congress should increase benefit levels, flexibility, and accessibility to federal benefit programs, including, but not limited to:

- Temporary Assistance for Needy Families (TANF),
- Supplemental Nutrition Assistance Program (SNAP),
- Supplemental Nutrition Program for Women, Infants, and Children (WIC),
- Medicaid,
- Low Income Home Energy Assistance Program (LIHEAP),
- Childcare subsidies,
- Head Start and Early Head Start,
- Pre-K programs, and
- Transportation subsidies.

RECOMMENDATIONS FOR THE JUDICIARY AND FAMILY COURTS

1. Ensure that Judges Receive Judicial Education on Domestic Violence

Educate judges on DV in child abuse and neglect proceedings, including the impact of children's exposure to violence, the importance of preserving the child's relationship to a protective parent, the array of supports that mitigate exposure to violence, promising practices for abuser interventions, and exacerbating influences of families in need of support such as poverty, race, substance use, etc.

- Education should allow judges opportunity to consider evidence-based promising practices and reliable research on childhood trauma and resilience and to consider their decision-making within its context.
- Education should explore the ability of judges to engage in improvements to the fair administration of justice within the confines of their ethical rules.

2. Ensure that Judges' Actions and Demeanors Reflect a Comprehensive Understanding of Domestic Violence in Child Abuse and Neglect Proceedings

- Apply a contextual understanding of DV to child abuse and neglect proceedings at every stage of the process, from initial hearing through disposition, to enhance children's resilience and safeguard their access to a non-abusive parent.
 - This may include the review of *Nicholson v. Scoppetta*⁶ and its progeny.

- Ensure that all DV survivors and children involved with the child welfare system know their rights, have an opportunity to be heard, can ask questions, are represented in all meetings and judicial proceedings, are given the opportunity to present a victim impact statement, and have a workable avenue to seek answers and recourse.
- Make findings of fact that reflect parental strengths as well as areas of concern in every case, including clear findings about responsibility for the violence, if applicable.
- Weigh the harms that exist with the family against the harms of removal in situations where DV is an issue.
- Prioritize the mobilization of supportive resources instead of removal at every stage of the proceedings, including those that allow survivors to maintain stable housing and stable educational settings for children.
- Review actions and inactions of child welfare agencies and compliance with the courts' and agencies' obligations in cases where DV is present and hold child welfare agencies accountable, including the consideration of sanctions and penalties when appropriate.
- Elevate reasonable efforts to active efforts to ensure adult and child survivor safety and well-being.⁷ This may include asking survivors what they need and requesting that child welfare agencies articulate their thinking regarding decisions and referrals and how they helped families access resources and supports.
- Enhance survivors' and children's experiences of the court system with an emphasis on trauma-responsive court practices.⁸

3. Support Judicial Leadership to Advance Family and Child Well-being Systems

Generally, judges are “encouraged to engage” in appropriate extrajudicial activities. Judges are uniquely qualified to engage in extrajudicial activities that concern the law, the legal system, and the administration of justice, such as by speaking, writing, teaching, or participating in scholarly research projects.⁹ Judges are uniquely positioned to influence the court and community practices that impact parties in child welfare cases.

- Encourage judges to use their leadership position to convene stakeholders to improve the policies, practices, and responses to families involved with the court, legal, and child welfare systems and to build a more just and equitable family and child well-being system.

Section Notes

6. See <https://caselaw.findlaw.com/ny-court-of-appeals/1145205.html>.

7. See https://www.americanbar.org/content/dam/aba/administrative/child_law/reasonable-efforts-tipsheet.pdf.

8. See https://www.innovatingjustice.org/sites/default/files/documents/P_J_Practical_Tips.pdf.

9. American Bar Association, *Model Code of Judicial Conduct*, Canon 3, Rule 3.1

RECOMMENDATIONS FOR STATES, TRIBES, TERRITORIES, AND CHILD WELFARE AGENCIES

1. Support Prevention Strategies to Improve Family Well-being

Over one in three children overall and one in two African American children experience a CPS intervention by the age of 18,¹⁰ and as recently as 2020, Native American children were nearly three times as likely to be in foster care as other children, according to a Casey Foundation analysis.¹¹ More than half of these foster children were placed with non-relatives or non-Indigenous caregivers. Nearly 75 percent of screened-in referrals are for neglect (often including exposure to DV) and have largely targeted people living in poverty – impacting racial disproportionality, placing children and families at increased risk for harm, and exhausting Child Protective Services’ human and financial resources in the process.¹²

States, Tribes, and child welfare agencies should:

- Work with state, local, tribal, and territory leaders to invest in families, communities, and culturally responsive community programs/agencies and provide direct financial support and other needed supports for families, kinship caregivers, and fictive caregivers.
- Develop a robust and early accessible family stabilization package that includes access to TANF and Tribal TANF cash assistance, SNAP benefits, housing vouchers, Medicaid, LIHEAP, in- and out-of-home childcare subsidies, transportation, Head Start, Early Head Start, pre-K programs, unemployment benefits, job training programs, and parent wellness programs.

- Utilize at least \$100 million of TANF Emergency Funds to help families meet their basic needs (housing, childcare, food and nutrition, etc.) and support innovation to reduce bureaucracy and make funding flexible and more accessible.
- Use Social Services Block Grant (SSBG) funds to provide in-home supportive services to families – such as childcare support during busy times of the day, like mornings, after school, and evenings when families are juggling multiple needs and tasks.
- Integrate service delivery so that families can obtain their family stabilization package at one location, preferably at trusted locations in the community (Family Resource Centers, community centers, schools, community health centers, libraries, etc.).
- Partner with healthcare systems and providers to support children and families.
- Provide children and families with a broad array of trauma-responsive services to help families heal and thrive together, including health/wellness opportunities, recreational and artistic opportunities, cultural and community connections, mutual aid groups, etc.
- Deliver high-quality, certified DV and abusive partner intervention services.
- Integrate culturally responsive service delivery and expand language access so that all survivors and families can be supported in a holistic manner.
- Allocate funds for community-designed and administered plans for pre-petition representation for families in the child welfare system. Provide families in the child welfare system with quality legal representation – pre-petition and at all court appearances and proceedings.
- Utilize and support kinship care and fictive caregivers to keep children with people who love them and share cultural and family values.
- Ensure that kinship and fictive caregivers are given financial, childcare, and other supports equivalent to the resources and supports given to foster care providers.

2. Establish Authentic and Accessible Community Accountability Processes for Child Welfare Agencies

Child Welfare agencies are subject to various forms of oversight of practice and policy. At the federal level, oversight includes the Child and Family Service Reviews. At the state level, there may be an Office of the Child Advocate or Ombudsman's Office. At a local or state level, there may be volunteer Citizen Review Panels (CRPs) required by CAPTA.¹³ Despite all these oversight mechanisms, the child welfare system is not accountable to domestic violence survivors who are dissatisfied or feel unsafe as a result of child welfare practices.

Bring together survivors of DV and their families, state leadership, lawyers and advocates, DV coalitions, child welfare professionals, and other stakeholders to:

- Strengthen and/or re-design accountability pathways for survivors of DV so that they can safely and easily voice complaints and seek recourse.
- Create meaningful processes to hold child welfare agencies accountable for safe, trauma-informed practice for survivors of DV.
- Consider the use of penalties and sanctions to hold child welfare agencies accountable.
- Ensure that ombudsmen's offices (or the equivalent state offices) have access to DV expertise, and establish an ombudsman's office if one does not currently exist.
- Provide survivors of DV with the name, address, and contact information of the ombudsman's office (or the equivalent state office) and information on how to file a complaint and meet with the ombudsman.

3. Fund and Co-design with Impacted Families a New Pathway to Obtain Services and Supports Outside the Child Welfare System

- Fund DV experts, survivors of DV, and community organizers who have been impacted by DV and child welfare system involvement to educate the community on the need for a Family Assistance Pathway in the community.
- With the assistance from DV experts, survivors of DV, and community organizers, fund community-led collaboratives focused on fostering collaboration and coalition building to co-design a new Family Assistance Pathway for families. This new pathway should be located outside the child welfare system and be easily accessible to families. Some important considerations:
 - Center survivors of DV who have been marginalized and people impacted by the child welfare system in the creation of this new pathway;
 - Support and resource collaborations between sister state agencies, community-based organizations, early childhood, K-12 education, healthcare, housing, transportation, legal, behavioral health, labor and social service systems;
 - Ensure that this new pathway is well-resourced and integrates people from impacted communities and other community experts who have the knowledge and skills to relate to and respond to families' needs;
 - Integrate service delivery and expand language access so that families can obtain benefits and receive services that are culturally specific, trauma-informed, and holistic and utilize a multi-generational approach.
- Develop a toll-free, multi-lingual helpline (warmline) that can provide community resource referrals for families in need.
- Look to communities for innovative solutions on the best ways to support the social, emotional, and physical well-being of children and families in their areas, and fund and empower communities to implement these innovative, cross-system solutions.

4. Increase Access to Affordable or Free, Quality Mental Health and Behavioral Health Services to Improve the Overall Health of Communities

Children and families who have or are experiencing instability, trauma, and violence need to feel safe and secure and have access to longer-term, meaningful, tailored mental health and behavioral health services to help them heal. Additionally, families that have experienced high rates of DV and are involved with the child welfare system require survivor-centered approaches and intensive family services so that they can heal and thrive together.

- Robustly fund, expand, and provide access to quality, affordable/free, culturally and linguistically relevant mental health and behavioral health services in communities across the state, including increased partnerships with state Medicaid agencies.
- Expand access to culturally and linguistically specific parent support and parent and community wellness programs.
- Build and incentivize a more stable, diverse, and culturally responsive mental and behavioral health workforce.

5. Narrow State Laws to Stop Equating Poverty and DV with Child Neglect

- Narrow the definition of “neglect” to state clearly and acknowledge that poverty and DV do not, in and of themselves, constitute neglect.
- Provide training and protocols to all mandatory reporters to distinguish between poverty, DV, and child endangerment/abuse as well as trainings on how best to refer families to services and supports that can address their needs.

- Provide training and protocols to child welfare staff across multiple roles and at all levels, including child welfare attorneys, to distinguish between poverty-related and DV needs and child endangerment/abuse as well as training on how best to access and provide holistic services and supports for families to address their needs and help them heal from trauma.
- Eliminate legal penalties for mandated reporters and require active efforts.
- Enable meaningful, flexible, accessible, and aligned resources to fully address the needs of families impacted by DV and those who are economically burdened.
- Engage parents and youth impacted by the child welfare system in the development of legislation, policy, resources, and training content.

6. Create or Modify States' Response Pathways in All DV Cases

- Modify or create differential response pathways to respond to DV situations that present an imminent threat to safety and those that do not.
 - In situations that present an imminent threat to safety, ensure that both the survivor and the child have access to high quality legal representation (in the survivor's first language) at the beginning of, and throughout, the process to assist with all legal needs (e.g., immigration, violence, housing/eviction, public benefits, custody, financial abuse such as tax fraud, IEPs, etc.).
 - In situations that do not present an imminent threat to safety, help the survivor and child with the supports and resources they need. This may mean partnering with Family Resource Centers, Community Resource Centers, Community Health Centers, School-Based Health Centers, and peer-to-peer programs, along with other community hubs and/or programs, that can serve as economic and support navigators to sustainably meet families' needs, build protective factors, mitigate trauma, and strengthen families and communities.

- Produce public campaigns and materials in multiple languages to ensure all families know their rights throughout the child welfare process, starting with the first contact.
- Better integrate DV prevention into Family First state plans.

7. Establish Active Efforts as the Standard for All DV/Child Welfare Cases

- Convene and engage survivors and survivor-led organizations to define active efforts.
- Require child welfare agencies to document active efforts at all phases of each DV case, and include these additional steps:
 - Conduct a comprehensive assessment of the family's circumstances, with a focus on keeping the family together and safe;
 - Describe the practices utilized and resources provided to promote the safety and well-being of the family;
 - Set forth concrete and effective steps to contact and notify the survivor of information and notices;¹⁴
 - State how they engaged with and incorporated the concerns and needs of the survivor in their work;
 - List the services and supports survivors and their children identified that would keep them together;
 - Explain whether the family received those services and supports, and whether they were accessible, culturally and linguistically specific, and designed to meet the needs of survivors and their children.

8. Develop State-level Guidance, Including Therapeutic Jurisprudence, for Child Welfare Practice and Policy

- Cultivate a working partnership between child welfare offices and DV Coalitions to develop DV practice and policy, including stating clearly that DV, in and of itself, is not child abuse and neglect.
- Utilize state resources to support a cadre of DV experts that child welfare offices can contact to provide knowledge and best practices to staff as well as referrals and support to survivors of DV and their families.
- Utilize state resources to place domestic violence advocates in each child welfare office so that they can provide expertise and advice on individual cases.

Section Notes

10. Swaminathan, M. (2022, Spring). Let CPS Focus on Child Safety, Not Everything Well-Being Related. *FJI Quarterly*. Spring Edition, page 106, <https://publications.pubknow.com/view/1055841541/>
11. See <https://www.casey.org/media/ICWA-data.pdf>.
12. Swaminathan, M., page 106.
13. As of 2015, a total of 348 CRPs existed in the U.S.
14. "Giving notice" by leaving something on the door (card, note, brochure) is not effective and is not considered active efforts, or even reasonable efforts.