

The ACCOUNTABILITY DIALOGUES



Recommendations for States, Tribes, Territories, and Child Welfare Agencies

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.

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 18,¹ 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.² 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.³

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.⁴ 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;⁵
 - 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.

Notes

1. 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/>
2. See <https://www.casey.org/media/ICWA-data.pdf>.
3. Swaminathan, M., page 106.
4. As of 2015, a total of 348 CRPs existed in the U.S.
5. "Giving notice" by leaving something on the door (card, note, brochure) is not effective and is not considered active efforts, or even reasonable efforts.