



Preventing Unnecessary Removal of Children from their Families

Adopted: October 1, 2017

Overview

Children are reported to child protective services (CPS) when the community is concerned that they are being abused or neglected. However, removal of a child from their home, family, and acquainted environments, including connections to their community as well as faith and cultural norms, particularly when followed by placement in foster care with strangers can be even more traumatizing than the allegations that led to the investigation. This is especially true when the child's removal is not necessary to protect their safety and well-being, but the easiest available options for the child welfare system. Instead, child welfare professionals should offer targeted efforts to prevent a child's removal from their homes.

To develop this priority statement, the Council reviewed previous priority statements and evaluated key research publications on the outcomes of young people that experienced placement in foster care. 209 current and former foster youth (majority within the age range of 10 to 21 years old) responded to a survey to inform the development of these priorities statements.

The Council is aware that there will likely always be some cases where children must be removed from their family to protect their safety from physical or sexual abuse. But children should not be removed from their families as a result of poverty, drug/alcohol misuse or other social factors. Understanding these complexities, when the Council refers to "prevention", it is specifically related to the instances where efforts could be made to prevent the unnecessary removal of a child from their family. Child welfare agencies must explore reasonable alternatives to removal and must be mandated to collaborate with other social service agencies to provide services to prevent removals. Keeping children in their families ultimately reduces the amount of trauma children, their families, and communities experience.

1. Engage with us during the investigation and when developing prevention services for my family

Young people hold valuable information and, when developmentally appropriate, child welfare professionals should tap into this knowledge in their efforts to provide services to families in crisis. According to our survey, only 41% of youth reported having been included in the investigation that led to their placement in foster care. While most young people surveyed were able to identify the challenges within their family, they did not hold knowledge about specific services their family could have benefitted from. That's where child welfare professionals come in - to help identify and provide resources for prevention. Further, child welfare professionals should consult with young people using them as a resource for identifying supportive adults during what could be a traumatic experience for children and their families.

“I would have liked to have known sooner what was going on and why it was happening. I was just thrown in with no knowledge of why.” — 16 year old survey respondent in Arizona's foster care system

Our survey found that among alumni of foster care, 55% either did not believe or were not confident in the child welfare worker's level of commitment to their family's preservation. Preservation efforts should be taking place and young people must be informed, consulted and involved in these efforts, as developmentally appropriate.

2. Don't use our removal as a way to punish our parent(s)

Child welfare professionals should be primarily committed to helping children to stay safe and healthy; placement in foster care must never be used as punishment. Unless a child's health or safety is at immediate risk, children should not be removed from their home. If a child's family relapses or misses an appointment, a child welfare professional should determine what services can be provided to support their family in an effort to keep them together. Removal of a child should not be used as a punishment for a parent's lack of compliance or behavior, but rather should only occur when a child is at risk.

“We may not have had the luxuries that other families had, but that does not mean that I was not taken care of. My family was made of a single parent mother on disability; despite this my basic, emotional, and educational needs were being met. I had what I needed and was still deemed an ‘imminent risk’.” — Eric foster alumni from Arizona

3. We shouldn't be removed because of the way one worker views our family

Many young people across the country have shared stories regarding different standards of removal. The federal government defines “imminent risk” as the standard which must be met for removal, but the standard itself is not defined. There should be clearly defined thresholds and assessment tools to determine imminent risk, with regard to the family's culture, the child's developmental age and abilities. Difference in family culture is a cornerstone in American society and families must never have their children removed because of a family member's

race, gender, sexuality, income, disability, substance use, mental health status, or immigration/citizenship status.

“My mother’s was many things. She was a loving mother, a single parent, a domestic violence survivor, and an illiterate immigrant. She did not know and understand the United States’ expectation on discipline. She spanked us, CPS got involved, my siblings and I were removed and placed in separate foster homes. My CPS worker was not culturally informed and because of that, my whole family was torn apart and unnecessarily traumatized.” — Madison, foster alumni from Nevada

4. Educate child welfare professionals about the importance of prevention services

Child welfare professionals at all levels should be provided with comprehensive education and training on substance abuse, mental health, attachment, and childhood trauma. Training allows child welfare professionals to make consistent, appropriate, and trauma-informed assessments, reducing unnecessary removals. With adequate training and education, child welfare professionals can make community based referrals to match the needs of and preserve the family. Trainings should occur regularly to ensure retention of information and utilization of best practices.

Despite current best practices and policies emphasizing the importance of family preservation and reunification, Council members are concerned that implicit bias exists in the child welfare workforce, specifically, bias against birth families. We believe one of the most effective ways to solve this issue is to expose the workforce to the perspective of those who have first-hand experience in foster care. Training for child welfare professionals and resource (foster) parents should include funding for youth and alumni engagement in training efforts.

“I don’t want to be on the menu I want a seat at the table.” - Victor, foster alumni from Florida

5. Substance abuse and mental health crisis is tearing our families apart - treat them with the urgency and resources called for

Substance use and mental health status must never be the sole reason(s) for removing a child from their home.¹ If a caregiver(s) has a substance abuse or mental health issue, a child welfare professional should identify treatment options that allow them to stay in their home or go into treatment as a family). Child welfare agencies should be required to have substance abuse and mental health specialists within local offices who can assess individual cases, connect families to services and make recommendations to keep the family together.

In many cases there are physical barriers to accessing services including: transportation, funding, and a lack of service providers in a given region. Families should be provided funding

¹ Almost 31 percent of all children placed in foster care, parental alcohol or drug use was the documented reason for removal, and in several states that percentage surpassed 60 percent. Child Welfare Information Gateway. (2014). Parental substance use and the child welfare system. Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau.

for public transportation, especially in rural regions. Funding should focus on creating opportunities to access mental health and substance treatment resources for all families.

In our poll 51% of youth in or from care identified family struggles with mental health issues prior to their entry into foster care, and 48% identified family struggles with substance abuse.² The opioid crisis has led to a nationwide increase in the number of children removed from their families and placed in foster care due to parental substance abuse. Support for families struggling with opioid and other substance abuse issue can be particularly difficult in rural areas where access to services is a greater challenge.

Alternative methods of service delivery, such as telemedicine, which has proven “to be an effective tool for treating patients when experts otherwise would be unavailable”³ should be available as a treatment option.

“I feel that CPS limited my parents' abilities to succeed. My dad had to appear at the court weekly and had to have weekly drug testing. However, there was no transportation available. The area was too big to walk to and from appointments.” — 20 year old male, placed in Arizona’s foster care system due to parental alcohol/drug abuse, mental health and physical abuse.

6. Connect our families to services, even when we are not removed from our family and after we have been reunified with our family

When a child welfare professional assesses whether a child should be placed in foster care, they should also assess services that the family needs to stay together and prevent the child’s entry into foster care. There should be a whole-family approach to developing the safety and service plans.

Even when a report is unfounded and/or a child is not removed from the family, services should be made available to the family to ensure challenges within the family don’t escalate. In instances when a child in foster care does return home, it is critical to ensure the family continues access to services. Doing so could prevent that child from being re-traumatized and helps ensure that the reunification is successful, avoiding re-enter into foster care.

We preach engagement in services and take those same services away when we close a case.” — Kodi, foster alumni from Iowa

Families should have access to regular, planned, in-home visits by health, social service, and child development professionals. This would help families learn how to promote their child’s safety and well-being and be the best family they can.

Home visiting programs currently serve at-risk pregnant women and families with young children from birth to five years old, which is a critical period of developmental milestones. The U.S. Department of Health and Human Services (DHHS) has identified 8 outcome domains for in-home programs: (1) child development and school readiness, (2) child health, (3) family

² Respondents were allowed to select more than option

³ USDA Press Release (2016) USDA Funds 80 Distance Learning and Telemedicine Projects in 32 States. Washington, DC: U.S. Department of Agriculture

economic self-sufficiency, (4) community linkages and referrals, (5) maternal health, (6) positive parenting practices, (7) reductions in child maltreatment, and (8) reductions in juvenile delinquency, domestic violence, and crime. For a program to pass the Home Visiting Evidence of Effectiveness (HomVEE) evaluation, it must significantly and positively impact at least two domains. There are currently twenty programs which meet this criteria, including the Nurse Family Partnership (NFP).

“As a new mother who was in foster care there was a fear that I would be at risk of having my baby enter foster care. The NFP program has been an amazing resource for me to give me the skills and resources that I need to be the best mother that I can be.” - Tamisha

It is critical to continue improving the quality and coordination of home visiting programs, while also expanding their reach to more at-risk communities nationwide.

Members of the Council Prevention Workgroup:

Kodi Baughman	David Hall	Tamisha Macklin	Eric Warner
Danno Mannino	MTM	Crys O’Grady	Dani Townsend
Scout Hartley	Nico’Lee Biddle	Madison Sandoval-Lunn	Samantha Smith
Victor Sims			

Staffed by

Akin Abioye and Celeste Bodner, FosterClub

About the Council:

The National Foster Care Youth and Alumni Council convenes to provide federal stakeholders with relevant and timely information as policies and procedures are created that will affect children and families throughout the country. The Council represents a collective viewpoint of youth and alumni who have experienced the child welfare system first-hand. The Council is a partnership between Foster Care Alumni of America and FosterClub, with generous support from Casey Family Programs.