



LEADERSHIP LESSONS

# TRANSFORMING CHILD WELFARE SYSTEMS

## How can child welfare leaders and providers **reimagine support for children and families?**

### **Q&A with David Sanders, Executive Vice President of Systems Improvement, Casey Family Programs<sup>1</sup>**

Child welfare systems across the country are looking for opportunities to move upstream and offer proactive support to children and families. In this Q&A, David Sanders reflects on his career as the leader of child protection agencies in Hennepin County, Minnesota, and Los Angeles County, California, as well as his experience at Casey Family Programs, to offer suggestions for how child protection agencies and providers can effectively pivot upstream to support children and families.

#### **What have you learned about the public perception of child protection agencies?**

When a child is referred to the child protection agency, the public expects that the government will step in to make sure the child is safe and does not get hurt again. This expectation extends to those who are working within the child protection agency as well as those who are providing adoption services, foster care services, and others. With regard to public perception, there is also a heavy emphasis on — and interest in —



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getting kids adopted. It is difficult for the public to understand why it takes more than a few months to get children adopted.

I would invite you to think about whether we are meeting those public expectations. Two key data points address that question. First, over the last 10 years or so, child fatalities due to child abuse or neglect have increased in this country in spite of a decline in the overall child mortality rate. We could argue that children are safer today than they have ever been from accidents and diseases, but unfortunately the same is not true for abuse and neglect. Second, and in spite of incredible efforts by child welfare professionals across the country, more than 20% of children in foster care stay for longer than two years. If I were to ask my neighbors if those two statistics suggest things are headed in the right direction, they would say no. And that's the information that most people have to assess the system that we work in.

Dr. Jack Shonkoff leads the [Center on the Developing Child](#) at Harvard University, which is doing incredible work to understand child development and brain science. He shared with me that when he was a young physician, if a child came into his office with childhood leukemia, there was a 90% chance that child would not survive. Fast forward to today: If a child comes in with childhood leukemia, the mortality rate is now less than 10%. If you look at the field of child protection, we do not have something similar to point to that shows that we have improved anything.

## How do we begin to address the status quo in child welfare?

First, think about the families served by the child welfare system. Among those families, how many are on a waiting list to receive substance abuse treatment, and who are the families that are waiting? Do you accept that as routine and normal, or is that something that jars you as being unjust? If your children were removed from your home and you were told you couldn't even begin the process of getting your children back until you waited three or four months just to get into treatment, how would you respond?

Second, is it acceptable to move children in foster care from one placement to the next? I have seen countless situations where young people will share a story of their experience in care and talk about living in 20 or 25 different homes. While each of those moves may have seemed to be the right decision at the time, the reality for that young person is tragic. We can lose perspective about how devastating this can be, and we must think about the role we each play in that dynamic.

We are working hard within the field of child welfare — perhaps too hard — and may lose perspective or become inoculated to understanding the experience of families. We continue to struggle to have meaningful impact, and our incredible and dedicated staff often feel overwhelmed. These factors can all hinder your performance. The weight of the system makes exceptional performance difficult.

It is critical to be clear about what success looks like because often there is no underlying agreement. I define success as children being safe and thriving within their own families. How do you measure success? If you were to give the child welfare system in your community a grade, would it be an "A"? Given the importance of what we do, an affirmative answer is really the only one that is acceptable.

## What are your thoughts on advancing racial equity?

Black and American Indian children are overrepresented in the child welfare system. The reality is that there are certain functions that every child protection agency carries out that contribute to racial disproportionality. Every system has a hotline and mandated reporting, and every system conducts child protection investigations, and provides foster care and group care.

We have to explore the data, ask questions. Do we believe each of these system functions is working as optimally? What is happening at each of these decision points with regard to race? For example, if mandated reporters are reporting many more children of color, why is that? If there is overrepresentation among Black or American Indian children at different points in the system, what are the implications of that? Where do we focus our resources?

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## **If you were an administrator today, where would you focus resources and effort?**

Our focus should be on every child being with a family. I'm more convinced of that now than ever. That doesn't mean most children need families: that means every single child needs a family. [Group homes should be re-envisioned](#) to provide different kinds of support and services. We would not choose to have our own children in institutional settings, so why is it acceptable for any child? We need to do better for every child. For example, in jurisdictions that have reduced the use of group care, many staff and facilities formerly devoted to group care are instead being used to strengthen reunification and to support birth parents. There is plenty of work to do: every community needs [family treatment centers](#), [family resource centers](#), voluntary respite providers, and [quality family time](#), and these are all things that staff who have worked in group care settings can provide.

We also need to focus on the front door of the system. I had the opportunity to chair the national [Commission to Eliminate Child Abuse and Neglect Fatalities](#). It is the only commission that has ever been created on child protection that reported to both the President and Congress, so it was an incredible opportunity to travel the country and learn what was going on in the field. If there is one thing all the commissioners appointed to the committee agreed on, it was that the child protection agency intervenes too late, after children

have already been hurt. For our own children, ensuring safety only after harm has already been done would not be acceptable. We need to make sure children are free from abuse and neglect in the first place.

## **How can we intervene earlier to ensure child safety?**

[We know a lot](#) about which children are at greatest risk: 50% of child abuse and neglect fatalities occur among children under age 1, and 80% are children birth to age 5. Look at how we offer services across the system: Much more time is generally spent with older youth than with infants and toddlers. The system can also be overwhelmed with conducting investigations in response to calls to the child protection hotline for circumstances that have nothing to do with abuse and neglect. A little over 20% of calls to the hotline that are screened in for an investigation actually result in a confirmed finding of abuse and neglect. About 10% receive prevention services, and in about 7% of cases, children are removed. That's a lot of kids reported and investigated, but very few being served because they do not need intervention from the child protection system. How do you think the public feels about that? How do you think the families impacted feel about that? I don't ask these questions critically: we have a responsibility and an obligation given the significance of our work to ask questions that propel our field forward.



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Much of the work of case managers and social workers is currently focused on finding and maintaining placements for children and providing treatment services. While all of this is absolutely critical, by the time children and families are served by child protection, they have experienced so much trauma that it's difficult to make the kind of improvements that we would want to.

We need to make sure that child protection agencies are responsible when children are maltreated, but the front door to the child protection agency should be much narrower. We also need a [broader child wellbeing system](#) that includes an effective multi-agency response and involves partnering with early childhood, public health, mental health, substance abuse, domestic violence, and others.

If I knew then what I know now, I would start by [building a continuum of preventive services](#) focused on children from birth to age 3, including [home visiting](#) and, in particular, [Nurse-Family Partnership](#), which is the only intervention that has been demonstrated to reduce child abuse and neglect fatalities. And, I would repurpose the expertise among group care providers and staff to move upstream and ensure that children who were referred to the child protection agency receive outreach and support. For example, all babies from birth to age 1 should receive in-home visiting services and support. For older youth, we should put every resource available into assuring that no young person leaves care without a family. While that is a daunting notion, it is certainly what families and children deserve. We can and must do better.

To learn more, visit [Questions from the field](#) at [Casey.org](#).

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