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Economic Insecurity and Families Involved with Child Welfare

The Pivotal Role of
Local Community Support

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About a year and a half ago, the Department of Children and Families (DCF) contacted me to meet me at my home for an interview. The fear and sadness that I felt was overwhelming. My children and I were in a bad place at that time. DCF met with me and spoke to all of us individually and found I was doing the best I could with the resources I had. That's when DCF mentioned Community Support for Families (CSF), a program that could give me guidance on where to go for help. My first reaction was, "Oh no, another person coming here, judging me, wondering why I would let it get this bad, wondering if I even cared about my kids." But then I thought "well I already let DCF in, why not another?" Knock, knock! There was CSF at my door. They did not judge me and make me feel lower than I already felt. The CSF workers were so easy to talk to. They wanted to hear me...all the things I was trying to do. There was a weight lifted off my shoulders after meeting with them for the first time. CSF couldn't give me immediate answers, but they did say they would help, and that they were there for me and my children.

—CSF Participant

For more than a decade, the Connecticut Department of Children and Families (DCF) has been undergoing a transformation to strengthen families. To that end, DCF launched its differential response (DR) practice in 2012 to establish different tracks to respond to accepted child maltreatment reports. Instead of opening a traditional forensic investigation for every report meeting statutory threshold criteria for potential abuse/neglect, DCF established a Family Assessment Response (FAR) track for families that meet safety criteria and are assessed as low and moderate risk for future child maltreatment (Connecticut Department of Children and

Families, 2017). FAR allows eligible families with an accepted child protective service report to access services without having to incur an investigation and possible substantiation ruling.

Families assigned to the FAR track primarily come to the attention of DCF because of neglect allegations often related to poverty. Assignment to the FAR track removes investigatory language, is short term (a maximum of 45 days), and most typically results in recommendations that the family can pursue or decline. If the initial exploration by the assigned DCF worker identifies further risk or safety factors, the case can shift to the traditional investigatory track.

A critical component of Connecticut's DR system and the FAR practice was the development and funding of the Community Support for Families (CSF) program. CSF, administered statewide by Community Partner Agencies (CPAs), is a voluntary, family-driven program that helps families strengthen natural and community support systems to maintain children safe and healthy in their homes. A referral to CSF is offered to families discharging from FAR who have continuing needs and would benefit from community-based services and support. CSF provides a model for addressing the concrete needs of families who might otherwise have remained in the child welfare system.

Historical Context

In the early 1990s, child welfare jurisdictions in the United States and other countries began implementing an alternative approach to delivering child welfare services to address the differing needs and circumstances of families coming to the attention of child protective services (CPS; (National Quality Improvement Center on Differential Response in Child Protective Services, 2011). Differential response (sometimes referred to as *alternative response*, *family assessment response*, *multiple response*, or *dual track*) provides different pathways or tracks for CPS to pursue, depending on the severity of the suspected abuse or neglect reports received. While the authority for

determination of risk severity, removal, out-of-home placement, and court involvement still rests with the child protective service system, a DR approach acknowledges that other community services may be more appropriate than CPS in some cases and can be delivered in a context that is perceived as less adversarial or evaluative by families who may be “trying their best” within the face of adversity.

Differential Response in Connecticut

To guide the development of DR in Connecticut, DCF formed workgroups across the state consisting of providers, parents, schools, DCF staff, and other stakeholders to imagine systemic change that would strengthen and empower families to promote stability and child well-being (Carlson et al., 2021). Utilizing the input from these workgroups, DCF launched its DR model in 2012 by creating a FAR track as an alternative to protective service investigation. The design of the Connecticut DR system emphasized positive engagement and empowerment of families using a team approach, listening, discovering strengths, and viewing family members as key to any solution (Connecticut Department of Children and Families, 2017).

If assigned to and remaining in the FAR track, families would participate voluntarily and avoid determination of “findings” (i.e., “substantiated” or “unsubstantiated”) but instead be offered recommendations and connection to resources in the community. The FAR track assignment involves a family assessment to identify needs and risk factors for child well-being, a service plan developed in collaboration with the family, and voluntary facilitated access to services. Families with additional needs at discharge from FAR may be offered a referral to CSF for voluntary, community-based services and support.

Community Support for Families (CSF)

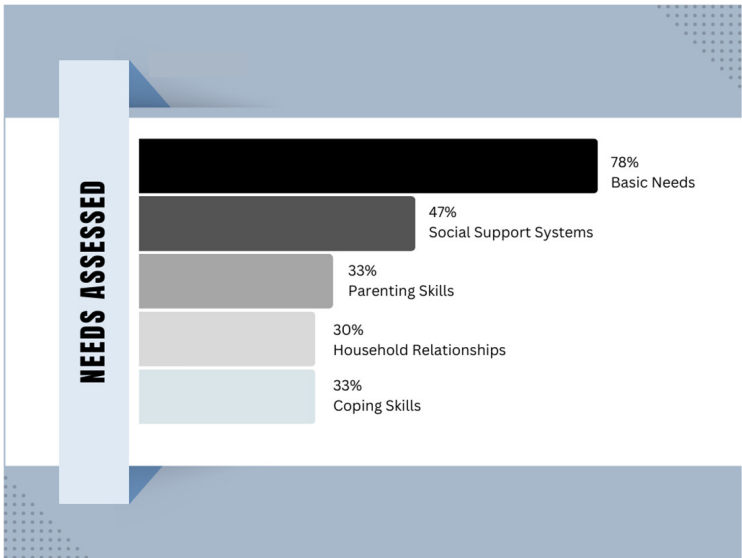
“Mary,” a single mother of three, was referred to CSF due to struggles with housing, lack of employment, and her child’s school attendance. Initially, Mary was resistant to engaging in services with CSF because of her own CPS involvement as a child. Mary had not had a positive experience with DCF when she was growing up. Mary could remember DCF “popping” up at her home, looking through the window, and making demands.

After getting past her reluctance to engage in services because of her previous experiences, Mary decided to give the program a try. Mary noted that DCF’s approach felt different, and that the CSF was there to assist her and her children. Because of the teamwork of DCF and the CSF up front, Mary was able to identify goals and gain support in accomplishing them. She learned about resources in her community and how to advocate for her family. Mary was able to create a plan to address the back rent she owed, obtain employment, and begin to work with her child’s school to address attendance. Mary expressed that she felt supported, empowered, and hopeful for the future. She wished she had these services before DCF was called but left the experience with a gratitude to DCF that she had never experienced before.

While the FAR process itself is adequate to identify and support most families in accessing the supports and resources they may need to address the concerns that led to a protective service referral, some families with more complex needs could benefit from extended guidance and care coordination support after discharge from CPS and are referred to CSF. The families served by CSF are complex. Most (67%) are single-parent families, about half (48%) have at least one prior

CPS report, 27% have a primary caretaker with a current or past substance misuse problem, 17% have a child under two years of age, and 37% have a child with a vulnerability such as a complex medical issue, a physical disability, a developmental disability, a history of delinquency, a mental health issue, or a behavioral problem. Nearly all the families (91%) who are referred to CSF have only neglect allegations. Assessments given at intake indicate that families come into the program with strong emotional ties and patterns of positive interactions with their child(ren); however, they need more support and services around accessing basic needs, family income, financial management, food and nutrition, and transportation. Of the families CSF serves (see Figure 1), 78% need assistance with acquiring basic needs such as food, shelter, and clothing and over half need assistance with accessing social support systems, other needs include parenting skills (33%), household relationships (30%), and coping skills (33%).

Figure 1
Needs of Families Served by CSF



The CSF Approach

CSF is administered in each site by a team consisting of Community Support Workers (CSWs), Parent Navigators, and Community Support Supervisors. The role of the CSW is to assume care coordination responsibilities, facilitate family team meetings, administer the intake and closure assessments, and offer service referrals. The Parent Navigator advocates, mentors, engages, empowers, and supports families to take the lead in their own Plan of Care and helps connect families to needed resources within their own community. The Community Support Supervisor provides case consultation, support, supervision to the CSW and Parent Navigator and if necessary, has direct contact with families. It is important that the assignment of staff is done in a sensitive and considered manner; for example, determining if a family needs someone that has expertise with a particular issue or a nurturing touch and then identifying the staff member best suited to help the family succeed. It is also important to know the language of origin and ethnicity of family members and identify any religious or cultural norms that might guide staff assignment.

CSF will work with families utilizing components of the Wraparound Family Team Model, a team-based process for developing and implementing plans of care individualized for each family (Coldiron et al., 2017). Services and support provided to families are family-driven, strengths-based, culturally, and linguistically responsive. Services are delivered at a time and in a place convenient for the family, including early evening hours or weekend hours if necessary. Families are seen as equal partners with expertise in the care of their children. This flexibility and respect for the family as the driver of this service is an essential component to success.

Another key component of CSF is readily accessible and sufficient discretionary funding to help overcome obstacles that traditionally had been viewed as requiring protective service involvement. Each CSF provider can use this pool of funding to support the concrete

and basic needs of families. This funding can be used to address a wide range of needs, including rent, food, utility assistance, furniture, transportation assistance, and more.

Fostering Engagement

My CSF worker has been so much more than we could ever imagine, more than a facilitator, but a friend, a counselor...like an aunt. I value her so much and I am sad to know soon I will have to see her go. I have gone through so much and always had her as a listening ear; not just supporting me, but rather someone who is always resourceful and has good advice. Anything I am going through; I want to run and talk with her about it. If I have exciting news, she's the first person I want to tell. She is the person that I didn't know I needed and someone that came at the right time, and at a rough time for myself and my family. She helped me to be inspired and see light at the end of the tunnel, pick myself up, move out of a dark time and feel more like myself again. She has been easily accessible, never makes me feel like we are just a job or clients, but like she genuinely cares. She has taught me so much about how to manage my feelings. how to reach out to others in my life when I need help.

My CSF worker has given me so many skills to succeed and I feel confident I know where to go to ask for help for me or my family. When we first met her, and because of my prior experience, I didn't expect much. She goes above and beyond for us, and life has changed because of it.

—CSF Participant

To begin services, DCF schedules a transition meeting in the family's home with CSF to discuss the reason for the referral and how the family might benefit from community support. It is during this "warm handoff" that the CSF worker begins talking with the caregiver about their ideas for change and any goals they may have identified for their family to start with beyond what was noted by DCF. Having the first meeting with the DCF worker present is very intentional; while the goal of the CSF program is to quickly pivot to hearing what the family believes will be helpful, it is important that the explicit concerns that led to an accepted call by the careline and the needs identified through the subsequent assessment by the DCF worker are made explicit. By the DCF worker identifying the "concerns," the family is not put in a position of having to "report" or "admit" struggles. Additionally, since the DCF worker is also saying that the case will be closed and that participation in CSF is only intended to give support to the family, the introduction of CSF is less threatening. At the same time, the CSF worker now has the information about reported concerns presented with full transparency in the presence of the family that can be openly talked about if necessary to maintain motivation for working toward changes.

The CSF worker has the onus of engagement and strives to connect with the family and immediately begin to provide helpful resources to encourage the family to continue with the CSF program. CSF reinforces that the program is intended as a support, not a stressor. As a voluntary program, CSF must focus their approach on the family's individual needs. For example, if a caregiver needs to learn how to effectively communicate with schools, doctors' offices, etc. the CSF worker will support or model the task for the family by making the first phone call with them or filling out an online form together. The needed skills are modeled, practiced, and repeated with the CSF staff until the family demonstrates the confidence and initiative to engage with systems independently. CSF staff know that while doing the tasks for the family might be easier, teaching those skills is important for long-term success.

CSF staff are trained to read the DCF referral with their supervisor and immediately focus on resources or suggestions that can be offered to the family at the Transition Meeting to encourage engagement and positive feelings about the program. Early successes with families are critically important and are the foundation to build on as part of the program. For example, a food pantry flyer, a free fatherhood event in their area, or a job fair in their field can be the bridge the family needs to feel connected to the program and convinced that the CSF staff are there for help and support. One early success builds onto another and soon the family is invested and fully engaged in the program. CSF staff report that, “the key is to be tenacious... it cannot be a one-time try and then give up on the client. We break the problem down and take one step at a time until the problem is resolved, and the family feels that success. That initial success then fuels the next step, and the next, until the family is more stable, and parents are feeling confident about their children’s future.”

Assessments

Two assessments are used to help gather the family’s history, understand their environment, and assess their baseline resources. The Protective Factors Survey (PFS) is a pre-post evaluation tool used to measure changes in family functioning/resiliency, social support, concrete support, nurturing and attachment, and knowledge of parenting/child development (FRIENDS National Resource Center, n.d.). The PFS helps CSF staff to better understand the needs and circumstances of the family and help identify areas where staff can focus on increasing protective factors for each family (FRIENDS National Resource Center, n.d.). The PFS is administered within the first 30 days of starting the program and again at discharge to assess program outcomes. A second assessment tool used is the North Carolina Family Assessment Scale for General Services (NCFAS-G). Like the PFS, the NCFAS-G is completed within the first 30 days of service to identify needs and strengths and again at discharge to

assess program outcomes. Ecological in focus, the NCFAS-G provides a holistic measure of family functioning in the domains of Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-being (Kirk et al., 2005; Lee & Lindsey, 2010). The NCFAS-G provides an organizing framework for a comprehensive family assessment intended to inform the construction of a service plan and document changes in family functioning after participating in the program (Kirk et al., 2005). Strengths and challenges identified through the assessment process are discussed with the family as part of the co-creation of a service plan.

Family Team Meetings

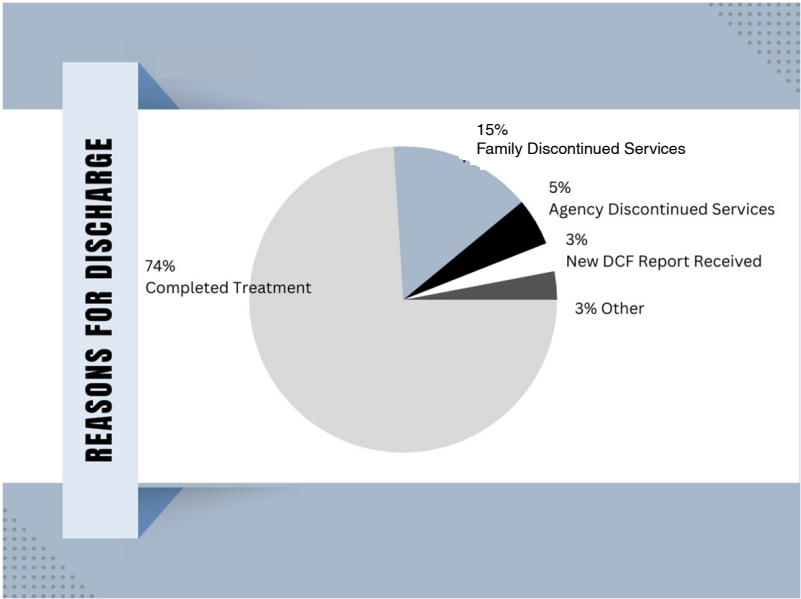
The CSF program includes a Family Team Meeting (FTM) component that allows the staff to orchestrate and model a provider meeting for and with the family to wrap around as many formal and informal supports as possible. This FTM process is an essential step in the empowerment of the family, giving them the skills and power to make changes and improve their situation. Many times it is the informal supports (i.e., the neighbor who can help get the kids off the bus, the pastor who can give an occasional ride to an appointment, a relative who is willing to translate if necessary, a friend who can listen and problem solve during a crisis) that are the most impactful, as they are the bonds that will exist after the program ends. In addition, creating new connections or reestablishing connections with existing systems like schools, doctors, utilities, other service providers and community resources help to avoid subsequent CPS involvement.

A Proven Approach

Since its inception, CSF has served more than 25,000 Connecticut families who are vulnerable. Of these families, 35% were White, 21% were Black, 40% were Latinx, and 4% were of other races/ethnicities.

Overall, 97% agreed that their problems improved and 99% agreed that at discharge they felt they knew how to access community resources. Caregiver unemployment decreased 19% from intake to discharge. Most families (74%) remained in the program until they completed treatment (see Figure 2).

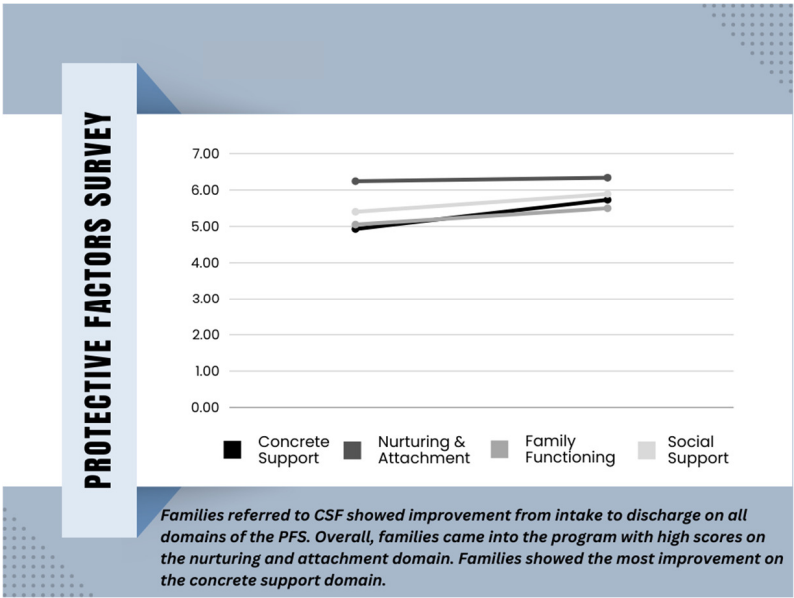
Figure 2
Reasons for Discharge from CSF Program



Results of a ten-year evaluation indicated that the program was working as intended; families were satisfied with the services they received, and their lives improved on several factors. This is illustrated by statistically significant increases on all domains of the PFS with the highest rates reflected in the domain of access to concrete support (see Figure 3). Similarly, there was improvement from intake to discharge on all domains of the NCFAS-G assessment. Further,

73% of families that received CSF services did not have a subsequent report (SR) and 93% did not have a substantiated subsequent report (SSR) of child maltreatment for 12 months. Of note, findings indicated that families who participated in CSF services—even if they discontinued services before reaching treatment goals—were less likely to get a substantiated subsequent report than referred families who did not enter the CSF program (Feely et al., 2023). The odds of getting a substantiated subsequent report were even lower for families who reached their treatment goals (Feely et al., 2023). Factors significantly associated with SSRs included having had any prior reports, a primary caregiver with a substance use disorder, a victim that was less than two-years old, four or more children involved in the incident, and treatment participation (Feely et al., 2023).

Figure 3
Protective Factors Survey



Families enter the CSF program with high levels of attachment to their children and strong parenting capabilities but face challenges in the areas of economic stability, access to resources, and meeting their basic needs indicating it's the "business of life" that has been the catalyst to their child welfare involvement. The ability to readily access sufficient discretionary funding through CSF has been critical in helping families overcome some of the obstacles and barriers that contributed to their CPS involvement. Families can get assistance with rent to prevent eviction or support moving to a better situation, appliances to keep food fresh, utility bills to keep the home habitable.

The strength of the local service ecosystem is also critically important to prevent recurrent CPS involvement. CSF works to link families to resources in their communities so that those relationships are in place when they are discharged from the service. However, there are not always sufficient community resources available. Many of the towns served by CSF do not have a strong public transportation option leaving families without access to services if they do not have their own car. Housing has been a particular challenge in the years following the COVID-19 pandemic; while CSF can help provide rental assistance or security deposits, there is not enough affordable housing available to fulfill the needs of families.

CSF must exhibit flexibility in both delivering individually tailored services within the boundaries of the program and in the length of intervention to address the complex needs of families. CSF staff say, "it's easier to tell you what we don't do than tell you all of the things that we can do." CSF services are often delivered outside of traditional business hours to meet the scheduling needs of the family and are responsive to the cultural and religious needs of the family.

"Bonnie" is a 33-year-old single mother who struggles with balancing her family's financial needs with her desire to be a present parent. Her child has a rare medical condition, which frequently causes him to

miss school. Bonnie missed so much work for medical appointments and school meetings that she was fired. CSF connected Bonnie with a landlord who was willing to rent an apartment to the family because she had the support of the CSF (including funding to cover the security deposit and first month's rent). With the support of her CSF worker, Bonnie was able to advocate for herself at work and was given her job back. CSF's discretionary funding pool helped with the purchase of beds and furniture and small appliance donations were secured. Referrals were made to organizations that assist with basic needs and they were provided with details for all local food pantries and distribution centers.

Racial Justice-focused Practice

There is a well-established link between poverty and child neglect reports, and families of color are persistently overrepresented in the population living in poverty (Bullinger et al., 2021; Creamer et al., 2022). Underlying social structures such as systemic racism, bias, and the oversurveillance of families with low income mean that children of color have been particularly vulnerable to coming to the attention of CPS (Child Welfare Information Gateway, 2021). As a result, children of color are overrepresented in the child welfare system relative to their representation in the general population (Child Welfare Information Gateway, 2021). In Connecticut, 81% of the children that live in a household with an income below the federal poverty level are children of color (Annie E. Casey Foundation, 2023).

Racial disproportionality exists when one group in the child welfare population is proportionately larger (overrepresented) or smaller (underrepresented) than the same group in the general child population. If decisions are made based on characteristics like

race/ethnicity, that are unrelated to risk, this is unfair and unjust. However, when families have different levels of need, they should get differing levels of service to support child safety and wellbeing. Black and Latine families are more likely than White or families of other races/ethnicities to be referred to CSF. This distribution of services would suggest that in contrast to past practice of a disproportionate rate of caregivers of color being labeled as “neglectful” by virtue of systemic inequities resulting in referrals to CPS, families’ now can be supported in accessing resources to lift their family circumstances without such labels and substantiations. Equally important to note is that while families are being referred to CSF at differing rates by race/ethnicity, data indicates that the program is achieving similar engagement and outcomes across race/ethnicity, suggesting that DCF is utilizing DR and making the “right” referrals of families to CSF based on identified needs.

Lessons Learned

The strategy of garnering community input in the initial planning and development of Connecticut’s DR system has contributed to the success of the program. There is stakeholder consensus that many families who come to the attention of CPS are not uncaring about their children, but rather are impacted by adversity, strained resources, or lack of knowledge about how to access support. By incorporating a community-based, dedicated care coordination resource as an alternative to ongoing protective service involvement, the CSF program has been well-received by the families that are referred. As evidence of the recognition of the positive impact of community-involvement in shaping child welfare practices, a similar approach was utilized in developing CT’s Family First Preventions Services (FFPSA) plan in response to the enactment of Public Law (P.L.) 115-123. In a similar way, the development of CT’s Family First Plan enlisted the input of over 500 diverse stakeholders, with multiple listening sessions with

families about what was needed to achieve the goals of the FFPSA, to reduce out-of-home placement of children by strengthening families. Planning workgroups identified the groups to receive services through FFPSA “upstream” of any DCF involvement and identified a process that could circumvent CPS involvement. For CT stakeholders, the success of DRS was held up as evidence that families can be uplifted to promote child and family well-being without ongoing protective service involvement.

In the 12 years since the community envisioned and DCF implemented its differential response system, Connecticut has experienced a transformation in how families may experience the child welfare system. More importantly, the development of a community-based program that wraps support around parents struggling with poverty or needing guidance, has created a way to bolster families towards self-sufficiency and empowerment without ongoing protective service monitoring. Data from the ten-year program evaluation has demonstrated the effectiveness of CSF in engaging families voluntarily in the service, having a majority complete the intervention and report gains, and reducing subsequent substantiated reports of abuse and neglect for families who received the CSF service. The families referred to DCF, and subsequently to FAR and CSF, differ in race and ethnicity from the general child population in Connecticut; however, these seem to be the “right” families for the program—i.e., those who need the additional support that CSF offers rather than monitoring by CPS.

There are three fundamental elements of the CSF program design that are posited as critical to its success based on staff observations and numerous testimonials from families served over the years. First is the core principle that families identify and drive the focus of the CSF intervention: they are asked about what help they need to reduce stress in the home and are recognized as the experts on their family’s needs. Although perhaps counterintuitive, the program requirement that the DCF FAR worker accompany CSF to the first meeting with the family to identify any protective service concerns

or recommendations allows the family-driven service plan to take shape. The CSF worker can join with the family, listen, and provide supportive guidance. As connections to resources and the easing of burdens in the home begin to unfold, the CSF worker and the family can explore if the original risk factors from protective services have been addressed. The flexibility of the program allows each family to receive the services that they need to be successful and that will be uniquely helpful to their family system. By partnering to address challenges that the family identifies first, the engagement is solidified, and future work can explore deeper issues and barriers that families may have felt uncomfortable to initially reveal.

A second core ingredient of the program's success is the broad knowledge base of CSF staff and connection to practical resources in the community. Parent navigators in the program have an essential role in compiling useful and reliable resources for families to access food, clothing, diapers, household items, furniture, toiletries, school items, and more. Availability of discretionary funding also helps to address the basic need challenges that may have been central to the original call to the protective service reporting hotline. By having access to funds that can rapidly be applied to reducing stress and increasing family stability and safety, the CSF worker can quickly be seen as a support rather than as a monitoring extension of protective services. At times, crises can be diverted by a quick payment to keep the utilities on in the house or to a fix to the family vehicle that is essential for work and income. Families contribute what they can; the program is able to pay the remainder to support the family and remove barriers.

Finally, while CSF staff knowledge about and access to resources reduces family stress and helps to engage parents, it is the attention to teaching, modeling, and supporting the parents' successful navigation of systems themselves that families repeatedly identify as what "made the difference" for them. They have expressed feeling

empowered by having the knowledge and skills necessary to navigate the systems around them and meet their family's needs. Modeling phone calls, emails, and meetings with providers helps families learn how to advocate for their children and express their concerns when they need help. The gradual learning that takes place as families practice skills that the CSF staff model is evident as the program progresses. As an example, a ride to an important intake early in the program turns into a mapping of the bus route and a check-in when the parent must navigate independently after discharge. While coming to the attention of the protective service system in the first place is unsettling for the families served, most report at the time of discharge from CSF that they are grateful they have received support.

Ginny wrote a letter to describe the tremendous burden that had been lifted from her shoulders by her involvement with CSF. It started describing the shame she felt when DCF called to say there had been a report of suspected abuse and neglect, and the embarrassment of disclosing the extent of hardship and difficulties that consumed each day, leaving her overwhelmed, withdrawn, and emotionally distant to her children.

"The DCF worker said accepting the services of CSF was voluntary...I had nothing to lose at that point; the 'secrets' had already been exposed. Through the CSF staff listening, their knowledge and connections in the community, and their guidance, I was able to turn things around for my family. Now I know how to make sure that I can meet my children's needs and that there are places to go to for help in the future. Rather than

feeling the burden of figuring out how to keep my children warm, with enough food in their stomachs, and trying to hide from anyone seeing how bad things were, now I have the time to smile at my boys and laugh. I enjoy spending time with my children now and I have the energy for family game nights and reading stories in a way I never did before CSF. Thank you for that gift.”

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