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THE PRACTICE OF CONNECTION

Building Pathways for Supporting Children & Families in Their Own Communities

A How-To Guide



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“It was a terrible time in my life, and I take responsibility for my bad decisions. Before all of this happened, I was trying to get mental health support. I had two kids under two, and severe postpartum depression, and domestic violence in our family. My depression led to short-lived substance use disorder. I was 34 years old and had never used substances before. I was calling domestic violence agencies and couldn’t get help until I had the CPS “title” behind me. Why couldn’t someone help me before CPS had to get involved?”

– Jenny, San Francisco Family Advisory Board member

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² See California Children’s Trust and University of California-San Francisco (2024). [Child Welfare-Involved Children and Families in San Francisco: Understanding a Unique Population: Families with Children Aged 0-5 in a Family Maintenance Placement](#) for Jenny’s words and recommendations as a member of the San Francisco Family Advisory Board.

Jenny is not alone in her search for help *before* child protective services (CPS) removed her children from her home. Her story is far too common and represents a systemic failure to support families. This article discusses a better way—a how-to guide to create a pathway to supporting families in their communities that holds safety as the priority and helps children and families stay strong together.

Defining a Pathway to Supporting Families in their Communities

This approach builds social and community connections that lead to positive social determinants of health, including access to high-quality childcare, education, and medical care; affordable housing; and, economic stability. This approach further enables children and their families to receive help *in the moment* and *at the time* that they need it the most. Services are voluntary and available through a community referral system that accesses trusted, relational, trauma-informed, healing-centered, culturally relevant, and accountable care.

A community-based support approach places families at its center to achieve improved, multi-generational outcomes for both children and their parents and caregivers; promotes protective factors to strengthen families; allows for early identification of risk factors associated with abuse and neglect; fosters connectivity with community to build meaningful alternatives to child welfare engagement; and, facilitates support systems to prevent the downstream effects of root cause issues.

How Does a Pathway to Supporting Families in their Communities Work? Services seek to promote protective factors—parental resilience, child social-emotional competency, knowledge of parenting and child development, social connections, and concrete support—that research shows strengthens families and prevents child maltreatment.³ Concrete supports—food, clothing, shelter, and safety—create an essential foundation, allowing families to build additional protective factors.

Family Resource Centers (FRCs)⁴ and other family-strengthening and faith-based organizations are key partners in this approach. One parent living in Northern California shared,

“Without the support of this [FRC home visiting] program, this would have been impossible to achieve. We have been homeless for six months, now we are doing better and have a place to raise our son.”⁵

Another parent living in Southern California shared,

“I needed to find housing within a certain amount of time and [the local child welfare agency] was not helping me. I went to my pastor in tears and asked if he could help me get enough money for the deposit. The church raised \$1,000 which made it possible for me to get an apartment.”⁶

Key partners also include pediatricians, home-visiting nurses and paraprofessionals, doulas, behavioral health counselors, spiritual leaders, community health workers, educators, childcare and after-school providers, housing and workforce navigators, and other child- and family-serving professionals.

In this approach, families—both children and their parents or caregivers—are able to access services far upstream and well before a crisis or a call to CPS is ever made. The ideal approach is significantly broader than a means to access federally funded prevention services through the Family First Prevention Services Act, which determines eligibility for child welfare services *after* a child is at imminent risk of entering foster care and limits services to evidence-based programs and practices that may not promote social determinants of health. In an ideal pathway, CPS does not track families accessing services. Nor is a family’s decision to seek or decline service considered a mark against them.

A Community-Based Family Support Pathway is Essential, Yet Unavailable

The current child welfare system is structured to react and respond after a crisis has occurred: investigating a report of maltreatment and potentially separating a child from their caregiver. This structure neither mitigates underlying concerns faced by many families, nor always addresses child safety effectively.

By way of illustration, research shows that nearly 50% of children who were the subject of a maltreatment allegation over the past twelve years in California were reported because of “general neglect.”⁷ This broad category of general neglect is inextricably linked to poverty, lack of resources, and unmet needs, including a lack of childcare, housing, basic utilities, food, and medical and legal support. Researchers also found that general neglect includes circumstances where a parent

³ See Center for the Study of Social Policy (2024). *Strengthening Families: Increasing Positive Outcomes for Children and Families*

⁴ See *National Family Support Network* for resources about family resource centers and networks.

⁵ Irwin, J., ASR (2024). *Birth & Beyond Family Resource Centers. Annual Evaluation Report, FY 2022-2023.*

⁶ Castillo Consulting Partners (2023). *From Mandated Reporting to Mandated Supporting: A Community Vision to Get Families the Resources They Need to Thrive Together.*

⁷ California Child Welfare Indicators Project (2024).

⁸ Palmer, L. Font, S., Eastman, A.L., Guo, L., Putnam-Hornstein, E. (2017).

⁹ California Child Welfare Indicators Project (2024).

or caregiver may be struggling with substance use, domestic violence, unmet mental health needs, and lack of basic resources.⁸ Over 80% of these general neglect allegations were not substantiated after an investigation.⁹ This means that an overwhelming majority of children were subjected to a traumatic investigation that may result in life-long harm—negatively impacting a child’s mental well-being, a family’s cohesiveness, and a community’s support—rather than safety and well-being.¹⁰ This harm falls inequitably on marginalized communities, with significant data evidencing racial and economic disparities.¹¹ Findings throughout the country are similar.¹²

Given these data, it is perhaps not surprising that families question whether they can trust the very people who could help during times of crisis (their doctor, teacher, therapist, counselors, and community health worker) because they are mandated to report. As one parent recently shared:

“Why would I go and ask for help when I’m struggling if it means that I might be questioned as a parent and have my kids taken away? I’d rather figure it out on my own than put my family through that.”¹³

Mandated reporters have explained that they may call CPS for the very purpose of accessing services for families living in poverty, struggling with mental health concerns, or fearing domestic violence.¹⁴ Despite these findings, services and supports are not readily available to address these root cause concerns. Of the three million children who were investigated by child welfare agencies throughout the U.S. in 2021, federal data show that the vast majority do not receive services that may result in greater family stability and prevent child welfare involvement.¹⁵

In contrast to the reactive design of the current child welfare system, let’s imagine a new paradigm: a child and family well-being system focused upstream before a family is in crisis to connect to needed services and community-based family supports to help families remain safely together. Researchers believe that: “[a]cross the social service sector and in communities nationwide, a consensus is emerging: there is a need to create a family and child well-being system that buoys families facing adversity and helps them thrive.”¹⁶ Momentum is building throughout the country to build such a system. In California, Colorado, Connecticut, Kentucky, New York, Texas, and Washington, policymakers have recently adopted legislation and taken steps to review child neglect and mandated reporting laws to address overreporting and

keep families safely together.¹⁷ In making these reforms, jurisdictions have repeatedly recognized the importance of building a robust community pathway as essential to a child and family well-being system.

For example, California recently convened a Mandated Reporting to Community Supporting (MRCS) Task Force—a statewide, multi-sector, policy committee—to review its mandated reporting system. The Task Force found that the “catch-all allegation” of general neglect goes far beyond “true issues of child safety.” The Task Force maintained that the challenges families face with regard to general neglect “may not pose an immediate safety risk to children, especially when appropriate services and tangible supports inside the broader child welfare system (SNAP, CalWorks, Behavioral Health, etc.), as well as outside of the system and in the community are available for parents and caregivers.” The Task Force highlighted that a key lever for change was the development of a community pathway to ensure resources are available to support families and mechanisms exist to connect families to these supports.¹⁸

Operationalizing Community Pathways to Supporting Families

The work ahead then is to operationalize Pathways to Prevention. To do so, we recommend three transformative actions: Create a New Discussion Table; Build Connectivity for Parents and Caregivers to Access Community Services; and, Invest in Community Infrastructure.

Create a New Discussion Table. Policy and practice reform starts at a discussion table where individuals with lived expertise are often absent. There is a simple solution to this: create a new discussion table that includes individuals with lived expertise, and is based upon principles of co-creation and shared decision-making. Valuable additions to this new table also include community-based organizations that are culturally aligned and geographically proximate to families living in vulnerable circumstances.

Effective policies and systems change that benefits all families results when “parent voice, data and research, and best practices” are collectively considered.¹⁹ For example, California’s MRCS Task Force adopted this approach when it developed legislative, policy, and practice recommendations in alignment with members with lived experiences. Upon hearing the recommendations, former California Health and Human Services Secretary

¹⁰ Casey Family Programs (2018). [How Do Investigation, Removal and Placement Cause Trauma for Children? See also National Institute for Children’s Health Quality. Our Systems Meant to Help Are Hurting Black Families.](#)

¹¹ California Legislative Analyst’s Office (2024). [California’s Child Welfare System: Addressing Disproportionalities and Disparities.](#)

¹² See Wilks, O., & Thomas, K. Chapin Hall (2024). [Establishing Community Pathways to Prevention Services: In the Context of the Family First Prevention Services Act](#) (citing data from Administration for Children & Families. U.S. Department of Health and Human Services. (2023). [Child Maltreatment 2021.](#))

¹³ Castillo Consulting Partners (2023). See also California Children’s Trust and University of California-San Francisco (2024).

¹⁴ Bear, L., Just Advocates and Safe & Sound (2023). [Mandated Reporting to Community Supporting: Educator Listening Sessions. See also Evident Change \(2024\). Community Response Guide Discovery Presentation.](#)

¹⁵ Chapin Hall (2024).

¹⁶ Rollins, K., Anderson, C., Grewal-Kök, Y., Widding, J., Thomas, K., Heaton, L., & Landes, H. Chapin Hall at the University of Chicago (2024). [Meeting Family Needs: A Multi-System Framework for Child and Family Well-being.](#)

¹⁷ Mandated Reporting to Community Supporting (MRCS) Task Force (2024). [Shifting from Reporting to Supporting Families: California’s Mandated Reporting to Community Supporting Task Force and Recommendations.](#)

¹⁸ MRCS Task Force (2024).

¹⁹ Ascend at The

Aspen Institute (2024). *Ascending with Parents: A Guide to Centering Parent Voice in Policy and Practice*.

²⁰ MRCS Report (2024). See also *The Child Abuse Prevention Center* (Sacramento, California) as an example of an advocacy organization creating discussion tables to ensure that every voice is heard.

²¹ Casey Family Programs (2020). *How Can Helplines Serve as a Better Pathway for Families to Access Support?*

²² See e.g. *Safe & Sound* (San Francisco, California) (24-7 parental stress warmline embedded within a family resource center).

²³ University of San Francisco Child and Community Health (2021). *SF Early Childhood Brainstorm: Moving from Empathy to Equity* (findings from journey mapping project to improve early childhood).

²⁴ See e.g. *Los Angeles County Mandated Supporting Initiative* (closed-loop family resource finder and other supportive tools). See also Chapin Hall (2024) (highlighting closed-loop/service directory and referral platform as promising practice).

²⁵ University of San Francisco Child and Community Health (2021).

²⁶ Pac, J., Collyer, S., Berger, L.M., O'Brien, K., Parker, E., Pecora, P.J., Rostad, W., Waldfogel, J. & Wimer, C. (2023). *The Effects of Child Poverty Reductions on Child Protective Services Involvement and Placement into Out-of-Home Care*. Social Services Review, 97(1), 43-91 (focusing on child allowance, earned income tax credit, Supplemental Nutrition Assistance Program, and federal minimum wage).

²⁷ Stoltzfus, E., Congressional Research Service (2024). *Child Welfare: Purposes, Federal Programs, and Funding*.

Mark Ghaly praised the transformation stating:

“The way the Task Force has approached this work, with the deep and transparent engagement of individuals with lived expertise throughout the process, is a model for how we should be doing the work of the Child Welfare Council and across the state.”²⁰

Build Connectivity for Parents and Caregivers to Access Community Services. When we listen to those with lived experiences, we learn how important it is for parents and caregivers to connect easily with and access supportive services before challenges become crises. Family resiliency is tested every day and night with the extreme stressors of health concerns, isolation, safety, job loss, learning challenges, and the difficulty in meeting basic family needs. Essential to meeting these concerns and building connectivity between families and needed resources include both parental support warmlines and closed-loop, community-based referral systems.

Warmlines can be considered “a universal prevention strategy”²¹ with the goal of strengthening families and promoting child well-being. Examples of best practices are found in California, Connecticut, the District of Columbia, Florida, Louisiana, Nebraska, New Hampshire, and Idaho. These warmlines offer parents and caregivers a safe place to seek problem-solving, parenting support, mental wellness, and referrals to resources. Truly effective ones allow for reflective listening.²² Reaching out is the first step toward accessing primary prevention services that keep families safely together without the involvement of child welfare. Warmlines do not surveil families, nor, do they open a family to being linked to or monitored by CPS. As such, warmlines are an essential part of communities’ efforts to support families where they live and avoid unnecessary separation.

Similarly, a robust closed-loop, community-based referral system is essential to coordinate multiple systems in a user-friendly way. Currently, many families navigate a siloed and fractured set of systems. A mother of a young child recently shared what many parents experience:

“The problem is, when you go to an appointment or they send you someplace, with a letter [and] the people who are there say ‘and what is this that you brought?’ ... well, then you’re lost. You say, ok if

the doctor gave me this, but they don’t understand, I have to wait yet another year until he’s in first grade and see if maybe there they can help me. And then later, you realize that there are kids ... younger than him who have been getting help since they were two years old.”²³

This mother’s experience could be improved by new policies and practices that link families to services, including common assessments, data-sharing agreements, and closed-loop referral tools.²⁴ With such means, a provider would be able to connect a family with appropriate and available services, and complete a warm hand-off to another organization that they know and could hold accountable. Providers would be able to determine whether a family was connected to a service or still in need. Technology and privacy laws would bolster—not block—positive relationships. The impact of such connected services is expressed by the words of another mother:

“I have my social worker [from a Family Resource Center], they call me... This helps me because I speak with them, they ask me how my daughter is doing, what does she need, and what do I need. My priority is my daughter. And they ask about her, if she needs anything, and I can tell them if I need anything for her. Quickly they see how they can help with the situation... If I have a need, like for food, I call the social worker... [and] I say, I need this. And she says okay, and someone will come and [help].”²⁵

Invest in Community Infrastructure. Finally, we recommend investing in strengthening families and sustaining organizations that provide needed supports and services. Evidence shows that “financial enrichment alone may not be sufficient to mitigate some issues, and it is important that community supports and services are also available to ensure a comprehensive strategy for reducing poverty and its deleterious effects on children and their families.”²⁶

The current system does not adequately support organizations that provide prevention services, nor the infrastructure to sustain them. Of the \$11 billion in federal spending for child welfare in fiscal year 2024, only 2.3% (\$253M) is allocated for prevention with the remainder spent on intervention. That’s roughly \$34 per child on prevention, compared to \$1,437 per child on intervention based on previous year totals for children screened for

maltreatment allegations.²⁷ While many states and counties invest in prevention, not all do and not at sustainable levels. Funding is inequitably available, leaving too many families with ineffective and unavailable services. In jurisdictions that do invest in prevention—including our own in Sacramento and San Francisco—funding is difficult to maintain and often provided only once or with restrictive spending requirements.

As jurisdictions reduce the number of children in foster care, there may be opportunities for government funding to shift upstream to prevention. For example, when New York City reduced placements into foster care several years ago, its policymakers invested in creating family enrichment centers, opening an office of child safety and injury prevention, and funding primary prevention services.²⁸ Infrastructure development also exists within communities. Throughout the country, intermediary organizations serve as trusted fiscal hubs, capacity-building backbones, and network builders to provide grassroots community organizations with needed supports and services, including billing, financial reporting, data management, government liaison, facilities, and human resource services.²⁹ This allows access to available funding and scale that would otherwise be out of reach to many family resource centers, faith-based organizations, and other family strengthening organizations that are most trusted and provide critical services central to community efforts to support their families.³⁰

Conclusion

Enacting policies to create economic supports for families is essential, as is reforming general neglect and mandated reporting laws. However, these steps alone are not enough. We must also adopt laws, policies, and practices at the local, state, and national levels to fund and empower communities to support families and prevent family break-up, particularly when poverty is the real concern. Doing so keeps safety as the priority, while also helps children and families stay strong together. Only then will we truly create a child and family well-being system.

²⁸ Fitzgerald, M., Imprint (2022). *Outgoing New York City Child Welfare Commissioner Reflects on Five-Year Tenure.*

²⁹ See promising community infrastructure in California (FRC technical assistance and advocacy networks; hubs to access Medicaid), Michigan (community-based prevention networks), Missouri (community-based prevention networks), and Nebraska (prevention public-private partnerships).

³⁰ See Public Works Alliance and California Children's Trust (2024). *To CalAIM or not to CalAIM: The Question Every Community-Based Organization is Asking* (listing readiness indicators to increase Medicaid funding to community).

