A Community Approach to Child and Family Wellbeing: Massachusetts' Initiative to Reduce Child Neglect

MENU OF ALTERNATIVE PATHWAYS

Programs

HOW will we do this? What are the guiding principles for the work?

Programs are:

- Trauma-informed (LE)
- Survivor-centered (LE)
- Accessible (LE)
- Healing-informed (LE)
- Inclusive (LE)
- Integrated (LE)
- Culturally competent (CSC)
- Evidence-based (CSC)
- Addressing gaps in cross-system coordination (LE)

WHAT will we do? Menu of alternative pathways

Economic Mobility:

- Increased childcare openings (LE)
- Increased flexible childcare with off-hours (LE)
- Increased financial support (LE)
- Financial support for concrete needs
- Expand job training
- Universal basic income
- Micro-grants to provide a safety net
- Financial institutions to consider creative debt relief
- Waivers to decrease interest accrual
- Sustain universal free school meals (CSC)

Health and Social Services:

- Increased domestic violence services (LE)
- Expanded mental health /substance use care (LE)
- Family-Systems oriented therapy for CRA diversion (SSC)
- Family supports for children w/disabilities (SSC)
- Family supports for parents w/disabilities
- In-home ABA and/or autism-specific safety supports (CSC)
- Expand respite care (LE)
- Expand early intervention to 5 yrs (LE)
- Expand evidence-based home visiting beyond 0-5 (CSC)
- Universal 'welcome family' home visit
- Transportation options for families outside of urban transportation mechanisms (CSC)
- Increased shelter openings (LE)

System Navigation, Support, and Technology:

- Family Resource Centers FRCs enhanced
- Family navigation (CSC)
- Warmline diversion program (LE)
- Coordinated Information technology resource/database (i.e., 2-1-1, FindHelp) for family resource identification and referrals
- DPH Public Health Data (PHD) warehouse to support population level data tracking
- Increase legal and advocacy support
- State benefits coordinate and one stop shopping for families in community space (FRC)

Throughout all efforts:

- Engage people with lived experience to address historical trauma/harm and determine the paths forward with shared decision-making (CFP, CSC)
- Engage cross-sector partners to determine the paths forward with shared decision-making (CFP)
- Start with and routinely examine trends / research in mandated reporting, to clearly understand issues; address bias, disproportionality and disparities; & identify effective alternatives (CFP)
- Address gaps in cross-system communication /coordination (LE)
- Require engagement before reporting for all implementation (LE)

CSC = Community Steering Committee, SSC = State Steering Committee, CFP = Casey Family Programs,
LE = lived experience input from Massachusetts Mandates, Missteps, and Missed Opportunities: Family-Led Insights to Prevent Unnecessary Reports of Neglect

Workforce

HOW will we do this? What are the guiding principles for the work?

Develop Trainings and Tools that are:

- Trauma-informed (LE)
- Trauma-informed (LE)
- Culturally Competent (LE)
- Neuro-diverse aware (LE)
- Addressing gaps in cross-system communication /coordination
- Create a new narrative re: reporting (LE)
- With cross-sector participants (to learn from one another and build connections)
- Developed for different level staff (management, direct service, admin, etc.)

WHAT will we do? Menu of alternative pathways

Training:

- How to lead with compassion & inquiry (vs. fear-based compliance) (CSC & LE)
- Steps of a 51A (CSC)
- Ethical Standards (LE)
- School role in communicating to families they have rights when working with DCF (CSC)
- Implicit bias training
- Learning different parenting styles
- Reflective practice (leading w/compassion)

Tools:

- Decision making tool and guide (before filing)
- Reporting risk factors and alternatives to reporting / connecting to supports (e.g. how to support first) (CSC)
- PAUSE (Florida model)

Research / Data:

- 'Dispel the Myth'- have mandated reporters faced consequences when not filing? (SSC)
- Annual report to school districts, health care systems, etc. with their # of reports, outcomes, demographics, etc. plus analysis and TA for improvement efforts (LE, SSC, CSC)

Capacity:

- Address capacity of social work-like expertise in various settings (schools, hospitals, etc.)
- School-based health centers (CSC)
- Specialized instructional support personnel (CSC)
- Resource Navigators/Community Workers in schools (like CHWs in hospitals)
- FRC/School partnership for CRA diversion (SSC)
- Expanded supervision and/or peer support for mandated reporters

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Community

HOW will we do this? What are the guiding principles for the work?

Include (CSC & LE):
- Extended networks of "caregivers"
- Strong social networks
- Multi-generational support/"villages"

Design (CFP & LE):
- Within communities
- Outside the child welfare system
- With increased economic investments in communities
- With trauma-informed, healing-centered principles
- To address gaps in cross-system communication /coordination

WHAT will we do? Menu of alternative pathways

- Social isolation effort (CSC & LE) to strengthen support network
- Multi-generational support/"villages" (CSC & LE)
- Community schools with community and social service navigators (CSC)
- Universal screening in schools for higher risk kids and families, with 100% referral to resource navigator/social worker
- More robust specialized instructional support personnel workforce(CSC)
- Build a new narrative to shift mindsets re: mandated reporting. Acknowledge cultures, behaviors, and norms (CFP)
- Inform public of impact of filing 51A (LE). Community Storytelling (not sure if these go together)
- Create Community Advisory Groups for overall effort, include atypical partners (banks, grocery stores, etc)
- Mutual Aide Systems built in neighborhoods
- Incentivize community building events
- Library provided space for teens to practice babysitting services while parents get work done at library (West Tisbury)
- Lean on Me project
- Front Porch Project
- Local maps of resources available in communities – for families and for mandated reporters (CSC)
- Medicaid reimbursement for services delivered in schools (CSC)
- Support for younger demographics before becoming parents – education/awareness
- Community Needs Assessment, regionally specific to learn more about what community needs are
- Employers support programs for parent employees
- Community education of ACEs and living with a trauma-informed lens
- Family empowerment and engagement programming

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Policy

HOW will we do this? What are the guiding principles for the work?

Harness the power of lived experience to inform policy changes (LE)

Create a shared definition of lived experience

WHAT will we do? Menu of alternative pathways

Re-examine and Adjust Laws on:

- Definition of child neglect
- Mandated reporters liable for non-reporting (CFP, CSC)
- Due process protections for BOTH families and reporters (CSC)
- Remove "educational neglect" from statute (CSC)- not sure if this is in MA statute, national recommendation
- Remove educators as mandatory reporters (CSC)

Re-examine and Adjust Policies / Protocols for:

- Agency/school response when considering filing, including requiring informing caregiver before filing (LE)
- must get 'second opinion' from trained colleague before reporting
- Custody disputes and reports used inappropriately (LE)
- Large variation of report outcomes based on DCF area office and culture
- IPV/DV and when filing is necessary
- DCF becomes 'home base' for orgs policy development (e.g. Org X standards are to use local child agency criteria so if DCF changes then HFM programs will follow suit instead of creating something separate and above DCF
- remove compulsory attendance enforcement as a DCF duty (national recommendation)

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