

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

**Pre-Coalition Webinar 12/1/2025**

# Introductions

*Please share in the chat:*

- Name
- How you're connected to this work (your role, organization, community, or personal connection)
- What's one hope you have for how Massachusetts can better support children and families?



# Today's objectives

1. Share an overview of our initiative
2. Preview the agenda for our time together on December 11
3. Answer any questions you have



**Raise Hand:** Please use the *Raise Hand* feature if you'd like to speak.

**Chat:** Feel free to add questions or comments in the chat at any time.

**Discussion:** We'll have open discussion and Q&A at the end.

**Recording:** Today's session is being recorded and will be shared with registrants.

**Closed Captions:** You can turn captions on/off using the **CC** button on your Zoom toolbar.

**Mute:** Please stay muted unless speaking to reduce background noise.

**Participation:** We welcome your insights—this is a working conversation.

**Cameras:** Cameras on/off as you prefer.

**Privacy:** Please avoid sharing confidential or identifying information during discussion





# What we do

The Children's Trust centers family wellbeing to prevent child abuse and neglect by addressing its root causes and strengthening the systems that support families.



## **The what: Massachusetts' Initiative to Reduce Child Neglect**

# Why focus on mandated reporters?

Most mandated reports of suspected child abuse and/or neglect are not substantiated

Of the **3.9M** alleged child maltreatment referrals received by child abuse hotlines in 2021, only **15.4%** were confirmed by CPS as cases of maltreatment

Families of color are disproportionately involved in the child welfare system

An estimated **53%** of Black families will be subject to a CPS investigation prior to their child's 18th birthday, compared to **37%** of all children



# What this initiative is and is not

## Reducing neglect IS:

- ✓ Focusing on **prevention** of unnecessary 51As
- ✓ Developing an **alternative system** to provide families **resources** rather system engagement
- ✓ A more **effective, equitable** approach to family wellbeing
- ✓ **Reducing trauma** families experience through system involvement
- ✓ Alleviating the **root causes** of many issues reported as neglect
- ✓ Supporting our **workforce** and preventing burnout

## Reducing neglect IS NOT:

- x Changing the way the **Department of Children and Families** processes 51As and/or making the DCF caseload more manageable
- x Focusing on physical or sexual **abuse** cases
- x **Delaying response** when care and supports are needed





### ***Our vision***

A Massachusetts where all children and families have the agency to access and use equitable, culturally responsive, and effective community-based supports, when and where they need— so all families can thrive.

*Our vision is what we hope for families in MA – more broadly but inclusive of our work*

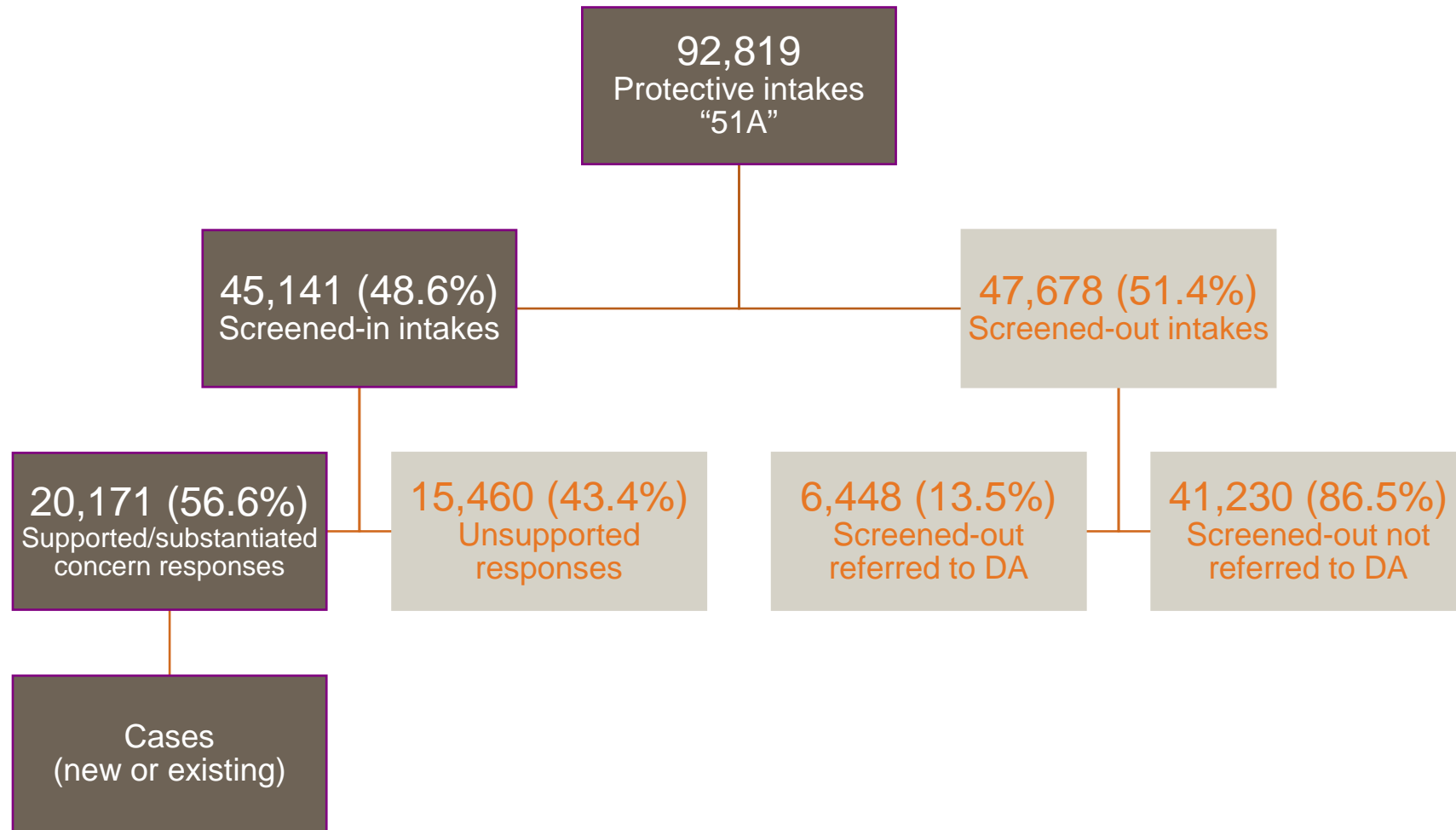
### ***Our goal***

To support mandated reporters and community organizations to partner with families to prevent unnecessary involvement of child protective services by:

- Strengthening and expanding existing pathways of support
- Creating new pathways where gaps exist
- Building clear, accessible systems of support

*Our goal is our initiative's specific contribution to the vision for families*

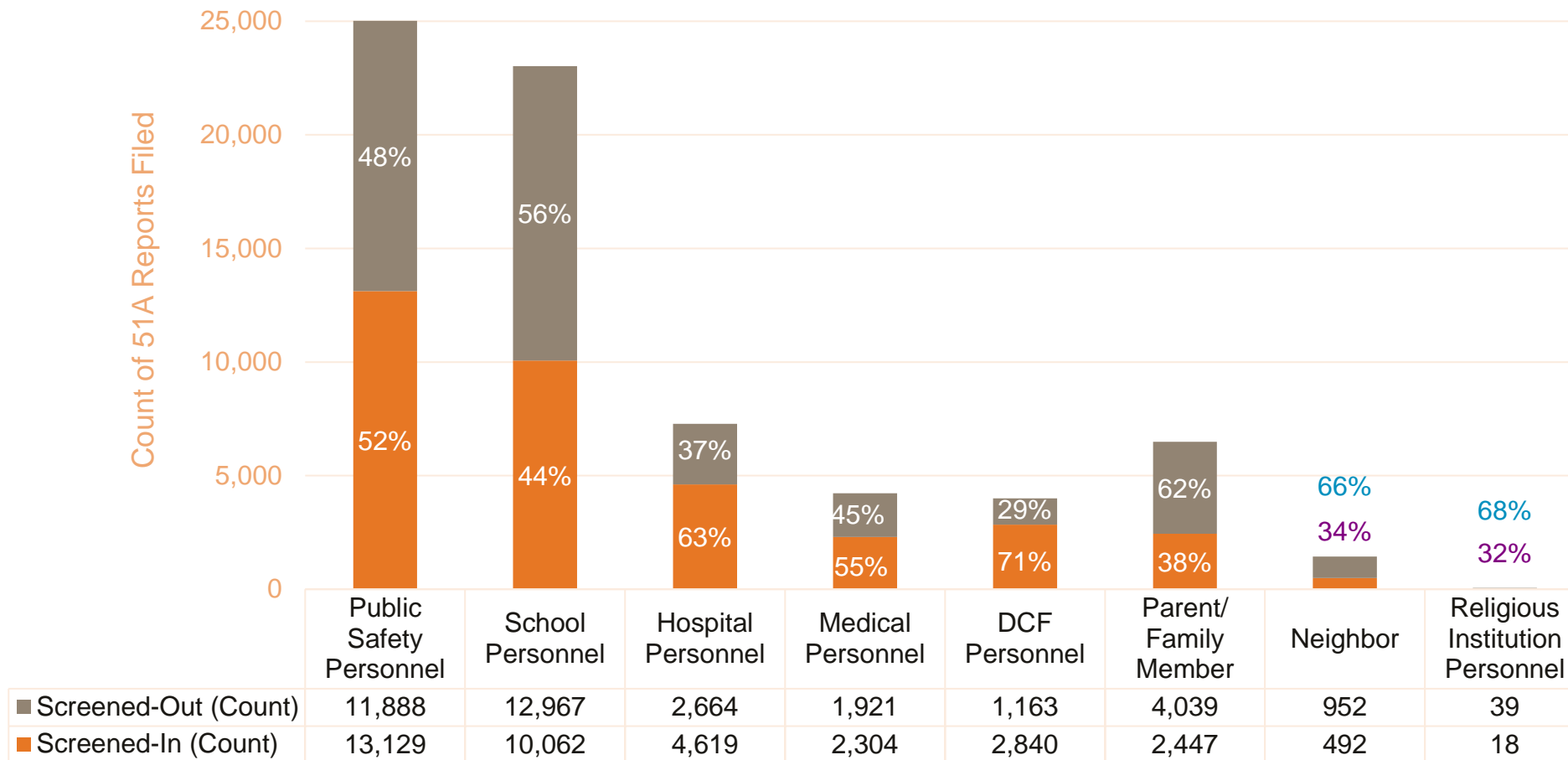
# DCF Protective Intake/Response Flow: FY24\*



\*51A reports filed at the end of FY2023 may have had an investigation completed in FY2024, and 51A reports filed at the end of FY2024 have had an investigation completed in FY2025. A 51A intake may include one or more allegations. Two or more 51A reports filed on the same incident are rolled into one investigation.

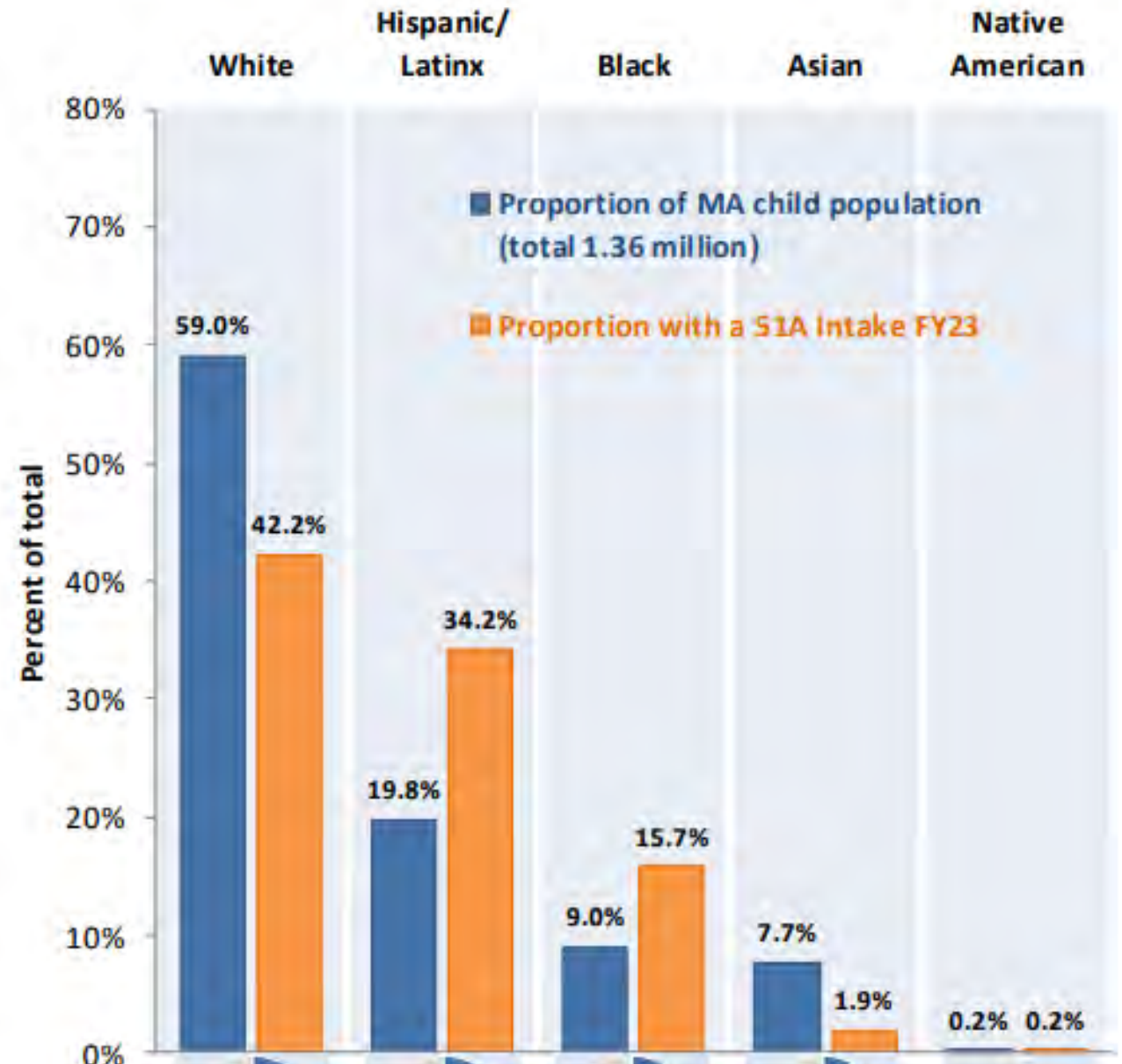
# Who Files 51A Reports in Massachusetts?

51A Reports Filed, Screened-In, or Screened-Out by Reporter Type (FY24)



## Protective Intakes by Race/Ethnicity – Unduplicated by Child FY2023

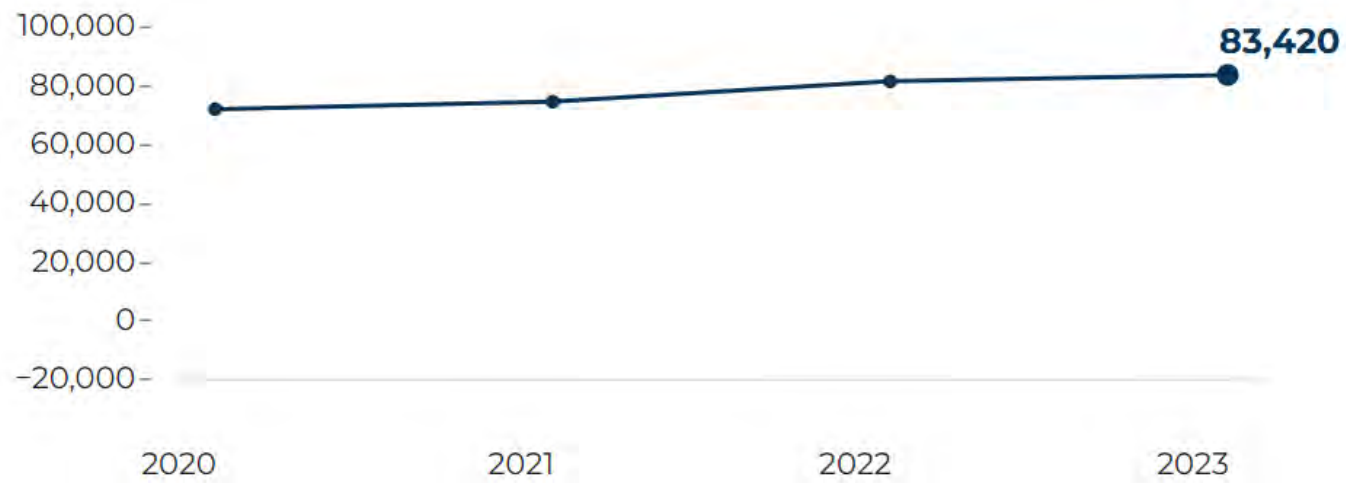
- Black children are 2.5x and Hispanic/Latinx are 2.4x more likely to be referred to the Department through a 51A report in comparison to White children





# MA vs. National

Number of referrals<sup>1</sup>



Rate of referrals per 1,000 children

	Massachusetts	U.S.
2020	51.7	45.0
2021	54.4	44.4
2022	60.2	48.6
2023	62.2	49.9

Rate of investigations or assessments per 1,000 children in the population

47.5      41.7





In many situations, neglect cases are connected to **poverty**, including a lack of childcare, housing, basic utilities, food, and medical and legal support. Some neglect situations involve children at risk of maltreatment due to a lack of services such as treatment for a **caregiver's behavioral health condition, domestic violence, or substance use.**

**All these problems may be addressed more effectively outside of the child welfare system.**

# Our work aims to create an “alternate pathway” for mandated reporters to support families to access community resources

*MA needs an alternate pathway for mandated supporters to connect families to community-based services and supports because:*

- ✓ Mandated reporters are critical in identifying and responding to signs of stress in parents and caregivers, recognizing isolated families and children, and supporting those struggling with parent-child bonding
- ✓ Mandated reporters believe that filing a 51A is the way to get families access to services and supports
- ✓ However, for cases that are screened out, the family is not offered any services / support
- ✓ If a family knows they have been filed on, the relationship with the mandated reporter is often negatively impacted and/or the family stops seeking support due to fear

*In New Hampshire, 43% of mandated reporters said they had called CPS when they did not suspect abuse or neglect.*

Sources: Children's Trust Alliance. [What Parents Say About Supporting Families Rather Than Reporting Them](#). 2024.

FONG, K. (2020). GETTING EYES IN THE HOME: CHILD PROTECTIVE SERVICES INVESTIGATIONS AND STATE SURVEILLANCE OF FAMILY LIFE. AMERICAN SOCIOLOGICAL REVIEW, 85(4), 610-638.

Prax, Chelsea. (2024). Nobody Wins: Educators' Perspectives on Mandatory Reporting. Washington, D.C.: AFT, UC Irvine

Decter, P. (2024). The Community Response Guide: Improving Mandated Reporter Decision Making [PowerPoint slides]. Evident Change.

# Where have alternate pathways been built?

## Florida

### *Training to shift mindsets*

- ✓ The Department of Children and Families incorporated the P.A.U.S.E. framework (Pause, Analyze, Understand, Self-Reflect, Extend Support and/or Report) to train its staff to think critically when there is a suspicion of child abuse or neglect. **This framework is an important part of shifting the mindset of mandated reporters from reporting to actually engaging with families and talking with them about their needs.**

## New York City

### *Prevention support hotline*

- ✓ Introduced a “prevention support hotline” that educators can call for help getting resources to families in need.  
According to Gail Geohagen-Pratt, deputy commissioner, New York State’s Office of Children and Family Services, **“Today our new mantra is: you do not have to report a family to support a family.”**  
New York ACS Commissioner, Jess Dannhauser stated that, **“If a family just needs help, such as access to childcare assistance, mental health counseling, or concrete resources ... there are ways to provide that support without making a call that will lead to a child welfare investigation.”**

## Los Angeles County

### *Data, training, and new pathways*

- ✓ Monitors data trends for hotline calls
  - ✓ Revised training curriculum for mandated reporters
  - ✓ Created a new culture of mandated supporting to link families to community-based prevention services
  - ✓ Changed the role that child welfare systems should play in helping families living in poverty.
- Tamara Hunter, director of the Los Angeles County Commission for Children and Families, shared that through the Coalition work they learned that **“over-reporting can actually create conditions in which a child is less safe because a family will isolate and not seek help when they need it”**

# DCF Data To Come

- **FY25 Screen Outs**

- Race, Ethnicity, Age of Child
- Race, Ethnicity, Age of 'Adult Suspect'
- Reporter type (mandated/non-mandated)
- Source (hospital, teacher, law enforcement, etc)

- **Focus Groups** with DCF subject matter experts (intake supervisors, intake workers, etc)

## Recommendations To Make

### Sub-types for neglect:

1. Failure to provide for basic needs
2. Failure to provide health/medical care
3. Improper behavior management
4. Improper / Inadequate supervision
5. Risk of emotional/psychological harm
6. Boundary Issues

### 3 Institutions for Data Share Pilot

1. Law Enforcement
2. School District
3. Health Care

# The how: shared governance structures



# Guiding principles for our work

- **Family-Centered:** We believe that all parents want what's best for their children, but too often, families lack the resources, support, or opportunities they need to thrive. We value families as partners in designing systems that support them.
- **Cross-sector:** We partner across state agencies and community-based organizations.
- **Equity:** We address systemic inequities and acknowledge the disproportionate impact of child welfare involvement on families of color, recognizing that many challenges stem from structural barriers rather than individual choices.
- **Culturally Appropriate:** We honor the diverse backgrounds, traditions, and experiences of families, and we adjust our approaches so support feels respectful and relevant.
- **Data-Informed:** We use data to learn, adapt, and improve, and we pair those insights with the lived experience of families and practitioners to guide decisions.
- **Strength-Based:** We focus on building family strengths rather than responding to perceived deficits.
- **Prevention-Focused:** We intervene early and upstream, addressing challenges before they escalate into crises.
- **Trauma-Informed:** We seek to minimize harm, repair trust, and create environments where families feel safe asking for help.

# What will it take? Shifting paradigms at four levels

**Programs**

**Workforce**

**Community**

**Policies**

# What will it take? Shifting paradigms at four levels

## Programs

Coordinated, robust community resources for families that promote family wellbeing

### Examples:

- Warmlines
- Financial supports for concrete needs
- Family Resource Centers

## Workforce

Education, tools, and technical assistance to support mandated reporters to be a strengths-based, and family-centered workforce.

### Examples:

- Updating training for mandated reporters
- Mandated reporting decision making tools

## Community

Initiatives that partner with communities to support and advance their priorities.

### Examples:

- Community needs assessment
- Campaigns to raise awareness of protective factors to support families

## Policies

Transforming organizational and state policies and practices to prioritize and advance family wellbeing.

### Examples:

- Updating definitions of neglect
- Legislation eliminating anonymous reporting

# 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

### System navigation, support, and technology

- 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 data warehouse to support population level data tracking
- Increase legal and advocacy support

### Health and social services

- Increased domestic violence services (LE)
- Expanded mental health /substance use care (LE)
- Expand respite care (LE)
- Expand early intervention to 5 yrs (LE)
- Expand evidence-based home visiting beyond 0-5 (CSC)
- Transportation options for families outside of urban transportation mechanisms (CSC)
- Increased shelter openings (LE)

### 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)

# Workforce

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

### Develop training & tools that are:

- Trauma-informed (LE)
- Culturally Competent (LE)
- Neuro-diverse aware (LE)
- Addressing gaps in cross-system communication /coordination
- Create a new narrative re: reporting (LE)

## 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)

### Tools:

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

### 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.)

### Throughout all efforts:

- Engage people with lived experience to address historical trauma/harm and determine the paths forward with shared decision-making (CFP, CSC)
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- 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)



# 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)
- 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)
- Create Community Advisory Groups for overall effort
- Mutual Aide Systems built in neighborhoods
- Lean on Me project
- Local maps of resources available in communities - for families and for mandated reporters (CSC)
- Medicaid reimbursement for services delivered in schools (CSC)

### 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)

# Policies

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

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

**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)

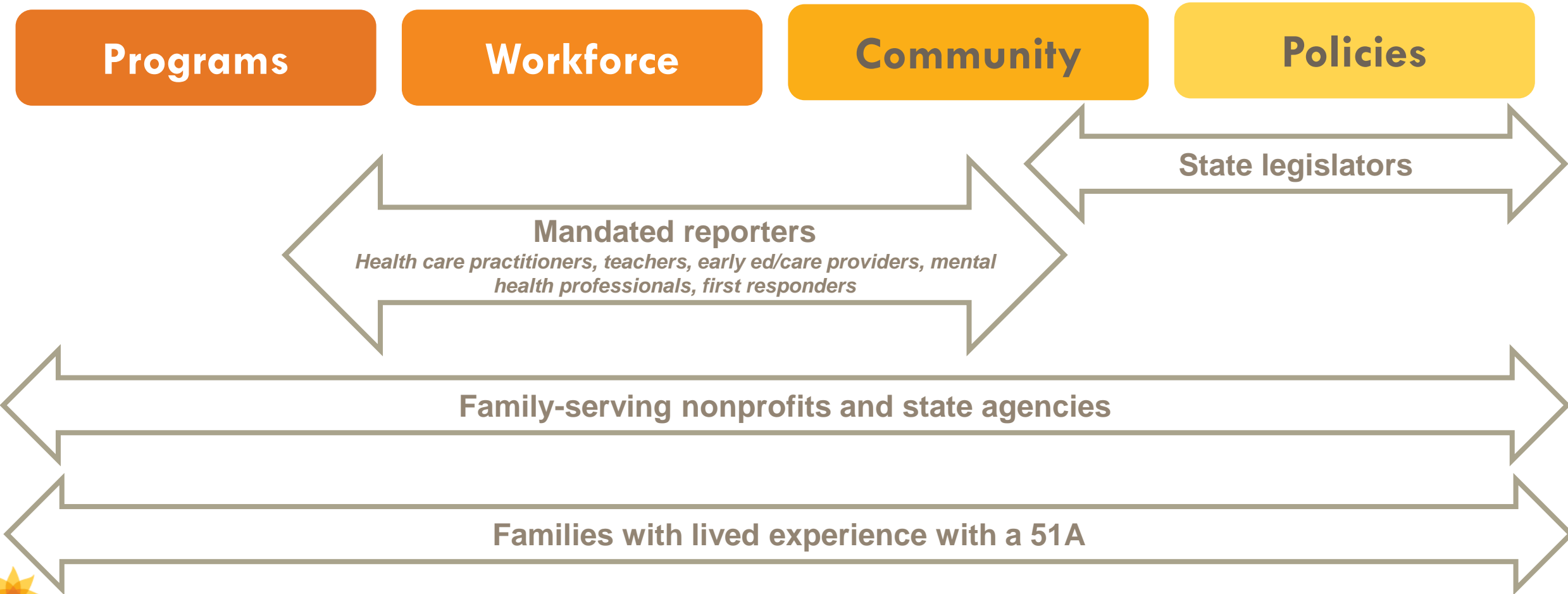
**Re-examine and adjust policies/ protocols for:**

- Agency/school response when considering filing, including requiring informing caregiver before filing (LE)
- Custody disputes and reports used inappropriately (LE)

**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)

Shifting paradigms requires engaging different organizations and individuals, including families with lived experience



# This work intends to influence change differently

*This work is designed to be different in that it is:*

- **Cross-sector** to build **relationships, trust, and respect** across and between family- and child-serving nonprofits and state agencies
- **Collaborative** to **co-design solutions** that no one organization or agency can implement alone
- Center **community voice and lived experience** in the work
- Place a priority on **equity and justice**
- Address the **root causes** of screened-out intakes to provide changes to both programs and the systems in which they work
- Consider both **state- and community-level** solutions
- Use **data** to continuously learn, adapt, and improve
- Support with **dedicated resources** to advance the coalition— a “backbone role”

# Children's Trust will play the backbone role to build collaboration amongst partners

## The backbone IS:

- A **neutral** convener
- The dedicated **staff** that provides “behind the scenes” support
- The **capacity** to keep work going between meetings – building relationships, creating urgency, advancing opportunities, and addressing challenges
- The **guide and connector** to help organizations see the “**whole system**”

## The backbone DOES NOT:

- Set the **agenda** for the group or drive decision-making
- Drive **solutions**
- **Hoard** all the resources or credit
- Implement programs as “**business as usual**”

### *CT staff, contractors, and advisors will support the backbone function, including:*

- **kate warren barnes**, Senior Advisor for Wellbeing and Systems Transformation, to provide child welfare and partnership expertise
- **Liz Marotta**, Director of Marketing and Events, Children's Trust
- **Melissa Oomer**, Strategy Consultant, to provide strategy and coalition building expertise
- **Dimple Patel**, Director of State Policy, Casey Family Programs, for MA/National policy and coalition building expertise



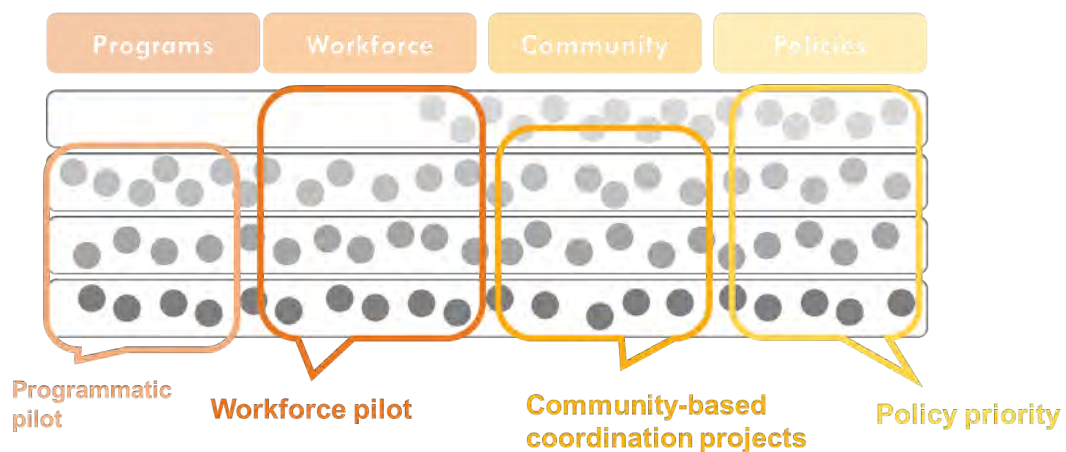
# Steering Committee Membership



1. **Backbone Support:** [Jennifer Valenzuela](#), Executive Director, the Children's Trust
2. **Parent leadership and engagement:** [Sue Covitz](#), Executive Director, Families First
3. **Family members with lived experience:** [Charles Lerner](#), State Director, Massachusetts CASA Association
4. **Legal representative:** [Marisol Garcia](#), Deputy Director, Health Law Advocates
5. **Human Services:** [Nancy Allen Scannell](#), Executive Director, MSPCC
6. **Education:** [Chelsea Prax](#), Program Director, American Federation of Teachers (AFT)
7. **Healthcare representative:** [Heather Forkey, MD](#), Director of FaCES at UMass Memorial Children's Medical Center and Professor of Pediatrics at the UMass Chan Medical School
8. **First responder:** TBD
9. **Philanthropy:** TBD

1. **Executive Office of Housing & Livable Communities (EOHLC):** [Chris Thompson](#), Undersecretary, Division of Housing Stabilization
2. **Executive Office of Health and Human Services (EOHHS):** [Mary McGeown](#), Undersecretary of Human Services
3. **Dept. of Mental Health (DMH):** [Funmi Aguocha](#), Assistant Commissioner, Office of Behavioral Health Promotion and Prevention | [Andrea Oliveira Goncalves](#), IECMH Statewide Policy and Initiatives Lead
4. **Dept. of Public Health (DPH):** [Elaine Fitzgerald Lewis](#), Director, Bureau of Family Health & Nutrition State Title V Maternal and Child Health Director
5. **Dept. of Early Education & Care (EEC):** [Joseph Rucker](#), Deputy Director, Field Operations
6. **Dept. of Elementary and Secondary Education (DESE):** [Rachelle Engler Bennett](#), Associate Commissioner Student Family Support
7. **Dept. of Transitional Assistance (DTA):** [Delrose Newman](#), Assistant Director of Family and Community Engagement
8. **Dept. of Children and Families (DCF):** [Jesenia Collado](#), Assistant Commissioner for Protective Operations
9. **Dept. of Youth Services (DYS):** [Cecely Reardon](#), Commissioner | [Lisa Belmarsh](#), Assistant Commissioner for Support Services
10. **Office of the Child Advocate (OCA)** [Melissa Threadgill](#), Sr. Director of Policy and Implementation | [Cristine Delaney Goldman, J.D.](#), Director of Policy and Legal Counsel
11. **:Office of Attorney General (AGO):** [Liza M. Hirsch](#), Director, Children's Justice Unit | [Flora Chang](#), Children's Justice Unit

# Work groups sequenced to advance different priorities within the broader coalition's work



## Primary Function

- **Decide pilot projects and systems-change approaches** for specific topics within the broader initiative
- **Align** organization's work to the initiative's goals
- **Support** the overall direction of the initiative (i.e., provide feedback and input)

## Membership

- Program directors, executive leadership

## Average Group Size

- 50+ coalition members, work groups of 10-12

## Meeting Frequency

- Monthly or as determined by group

## Estimated Time Commitment

- 4.00hrs/mo. (2.0hr monthly meeting + follow-up tasks)

# Reminder: process to guide our work



## Steering Committees

- ✓ Form Community and State Steering Committees (SCs)
- ✓ Align SCs on problem we're solving, vision for MA families, and our goal
- ✓ Combined Community and State Steering Committees meet every other month (Feb, Apr, Jun, Sep, Nov) to align on overall theory of change, support working group priorities and continue alignment between community organizations and state agencies

## Coalition working groups

- ✓ Develop list of full coalition members
- ✓ Working groups meet monthly to set initial priorities
- ✓ Working groups meet every month to design and begin implementing priority pilots
- ✓ Coalition meeting #1: define working groups (December 11<sup>th</sup>)
- ✓ Coalition meeting #2: share initial priorities (May)
- ✓ Coalition meeting #3: share progress in design/ implementation of priority pilots (Nov/Dec)

# The how:

## December 11<sup>th</sup> coalition meeting agenda

# December 11<sup>th</sup> objectives

**Broad Coalition Objective:** Join Massachusetts in advancing cross-sector partnerships among community organizations, advocates, and state agencies to support families before a 51A report is necessary

## Meeting Objectives:

- Generate enthusiasm and buy-in for this initiative amongst a broader audience
- Engage on data that helps inform our perspectives on why the time is now for MA to better support family wellbeing
- Explore ideas in a four-pillar framework—Program, Workforce, Community, and Policy
- Identify next steps to get to action

# Questions and discussion



# Next steps

- Slides will be sent out via email
- Review the alternate pathways and bring more ideas to share on 12/11
- December 11<sup>th</sup> 9am-4pm, come ready to learn
- Sign-up for a working group on 12/11



***Systems should work together to ensure  
that the child who has had a very  
difficult past does not have a difficult  
future.***

***- Faith***

# Additional slides from Jenn

# Community steering committee role & responsibilities



*Note: the **community steering committee** will co-create strategy in partnership the **state steering committee** comprised of family and youth-serving public agencies*

## Primary Function

- **Decide strategy scale/scope** based on experience/expertise; includes identifying financial resources required to advance the work
- **Champion** the work with other stakeholders
- **Align** organization's work to coalition goals
- **Support implementation** by recruiting coalition members and giving feedback to strategies/pilots

## Membership

- Executive-level leadership

## Average Group Size

- 7-10 members

## Meeting Frequency

- Monthly

## Estimated Time Commitment

- 4.00hrs/mo. (2.0hr monthly meeting + follow-up tasks)

# State steering committee role & responsibilities

*Note: the **state steering committee** will co-create strategy in partnership the **community steering committee***

## Primary Function

- **Decide strategy scale/scope** based on experience/expertise
- **Champion** the work with other stakeholders
- **Align** agency's work to coalition goals
- **Support implementation** by recruiting coalition members and giving feedback to strategies/pilots

## Membership

- Commissioners/secretaries or their designees

## Average Group Size

- 10 members

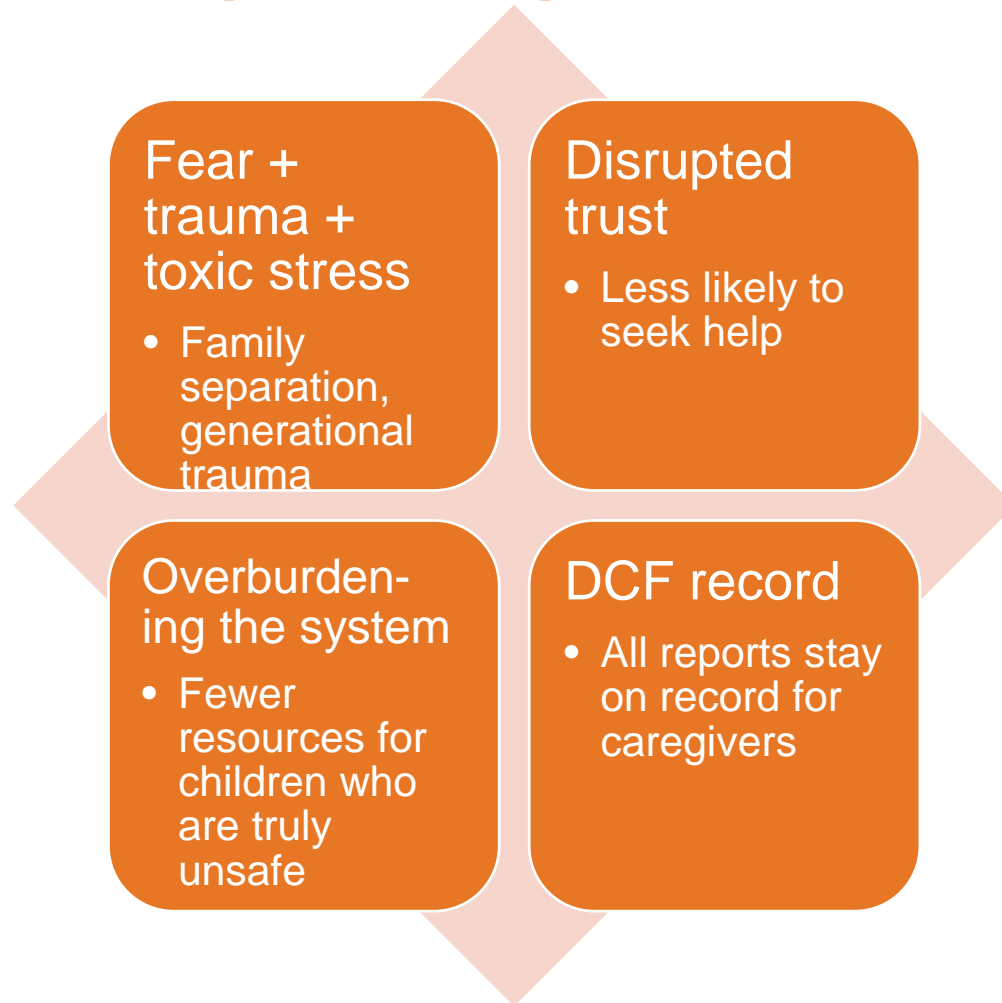
## Meeting Frequency

- Monthly

## Estimated Time Commitment

- 5.00hrs/mo. (2.0hr monthly meeting + follow-up tasks)

# Overreporting has significant unintended consequences



*From the perspective as a parent, the large number of unsubstantiated reports tells me that embedding prevention services in the community is critically important. So often parents involved with the system are issued "cookie cutter" plans and resources instead of their needs being met, which in turn results in re-entry/ re-involvement with child welfare.*

**Raven Sigure, parent, Louisiana**



- **There are limits to the benefits of mandatory reporting.** Studies show that more reporting is neither linked to better detection of maltreatment nor correlated with better outcomes.
- **Policies focus on increasing the number of reports, but do not focus on reducing unwarranted reports.** Low substantiation rates reflect overreporting.
- **People use moral judgments in deciding whether to report.** When presented with vignettes of unsupervised children, for example, research participants deemed the situation more or less dangerous based on the reason for the parent's absence. These moral judgments are particularly detrimental to families that are socially or economically disadvantaged.
- **Reporting can be used as a form of community policing.** When families are threatened with calls to CPS for picking children up late from day care, the power of the state is being misused.





## Recent Timeline of Mandated Reporting in MA

**2020:** The MA Office of the Child Advocate (OCA) convenes a commission to review mandated reporting in MA

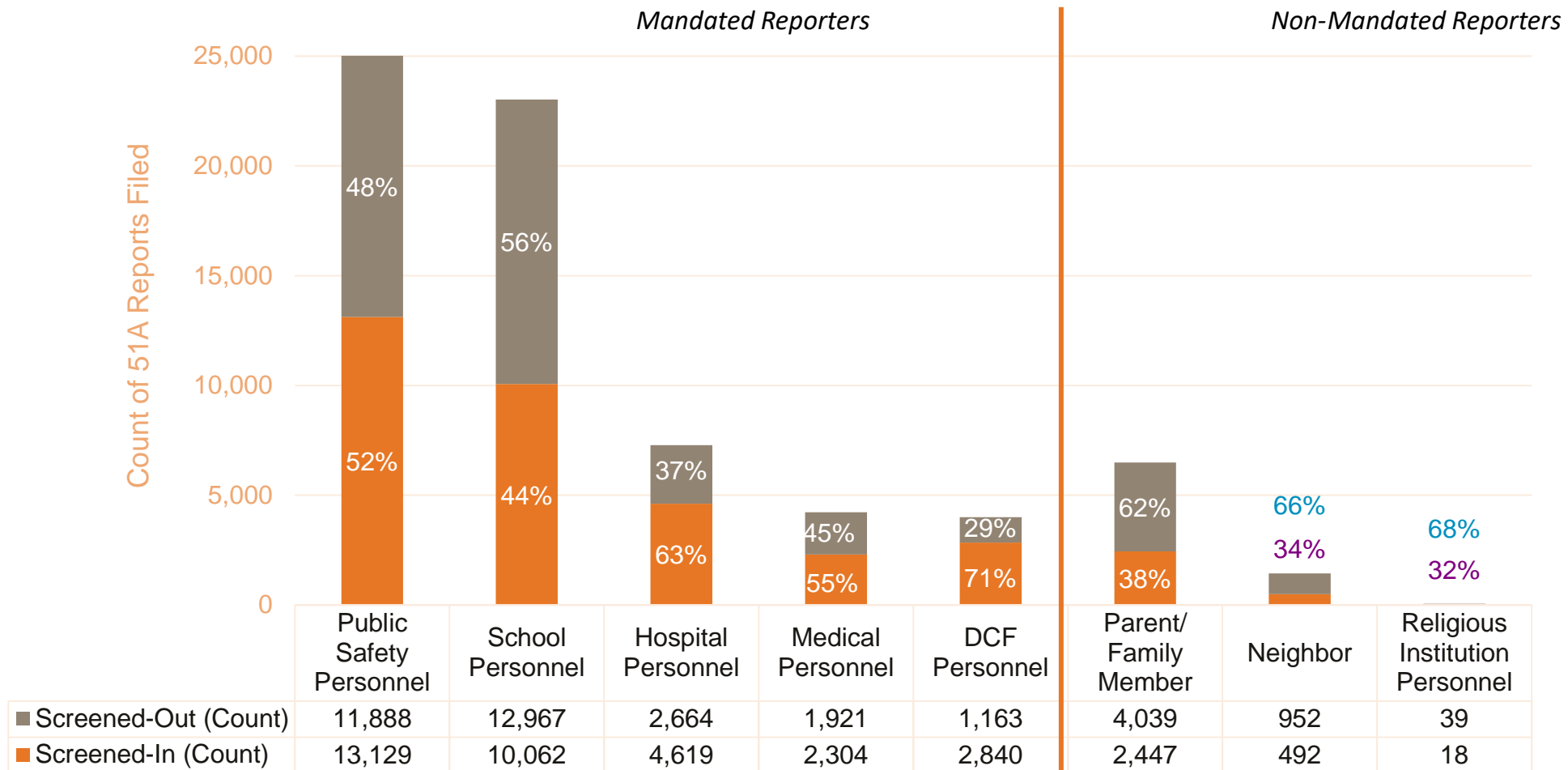
**2021:** Updated training for mandated reporters instated post OCA commission

**2021:** OCA publishes a report of findings from the commission

**2022-2024:** Children's Trust MA goes through a strategic planning process and identifies reducing 51A's as a top priority

# Who Files 51A Reports?

51A Reports Filed, Screened-In, or Screened-Out by Reporter Type (FY24)



# Examples from other communities



## Mandated Reporting to Community Supporting Task Force

*Prevention focused*

**North Star:** Keep children and families together, safe, well, and strengthened by the resources they need to thrive.

**Scope:** The Task Force is not focused on reforms aimed at child protective services or the child welfare system. It was created to review California's mandated reporting system, including the policies and practices that lead up to, but not into, child protective services.



## Child Protection Roundtable

*Broad scope, policy focused*

Convenes leaders in this field to build an equitable future for Texas children by **leveraging child welfare data, community resources and strategic policy**. The Roundtable works with the Department of Family and Protective Services and the Texas Legislature to improve children's safety, health and well-being through effective and smart **policy solutions**.



## Narrowing the Front Door to NYC's Child Welfare System

*Welfare system reform focused*

We will critically examine the existing approach to protecting children and strengthening families to identify what is working, reveal what is not, and make recommendations aimed at ending arbitrary, abusive and unwarranted government disruption and destruction of families, establishing effective mechanisms to ensure accountability for past and ongoing harms of the family regulation system, and instituting anti-racist public approaches to repair, heal, preserve, and strengthen Black families in New York City

# Learning from CA's Mandated Reporting to Community Supporting Task Force

*The work is advanced through 5 subcommittees:*

1

## Narrowing the legal definition of neglect

*Provide recommendations to limit reportable General Neglect, including but not limited to removing poverty-based neglect from the purview of what mandated reporters are required to report. The committee will also recommend steps for communicating updates to mandated reporting legislation to ensure its actionability*

2

## Mandated reporter curriculum and training

*Provide recommendations on revising mandated reporting curriculum and training to help ensure referrals focus on child safety and providing support to families where there is not an imminent risk of safety as well as reducing racial and socioeconomic bias in reporting.*

3

## Potential legal/ liability issues for mandated reporters

*Provide recommendations on legislative reform to mandated reporting laws in order to shift the current fear-based system to one that focuses on building a community of support for families. For example, this could include setting limits on liability for mandated reporters failing to report, revising the “reasonable suspicion” standard for the mandate to report, and/or narrowing California’s reporting statute which currently includes very broad categories of who is a mandated reporter.*

4

## Policy & practice reforms

*Provide state policy recommendations, such as the expansion of, and access to, concrete services and supports necessary to implement and sustain community support for families as well as organizational policy and practice reforms to help ensure that families are connected to the supports they need when there is no imminent risk of safety to a child*

5

## Research and data

*Support and advise the MRCS Task Force and its subcommittees in identifying the “big data picture,” surface and address national research & data questions, as well as provide research and data that will be needed to advance this work*

# Learning from Texas' Child Protection Roundtable

The mission of the Child Protection Roundtable is to be the leading convener and driver of child protection public policy and governmental action in Texas that:

