

Family Engagement in Child Welfare System-Level Change: A Review of Current Models

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Abstract

Family engagement is a critical component of child welfare practice. Studies report improved experiences and outcomes when families are involved in decision making. Robust engagement may also serve as a culturally responsive approach to improving outcomes for families. Although practice-level interventions have received attention in the literature, there is a dearth of research on program- and system-level family models. The present study contributes to the emerging literature by analyzing publicly available data to document U.S. state efforts to engage families. Findings describe the origin, membership, and activities of four macro-level practice models. Similarities and differences among states as well as implications for future research and practice are discussed.

Keywords

family engagement, child welfare, macro practice, peer mentoring, advisory boards, consumer-led organizing

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Introduction

Most systems of child protection in industrialized nations have recognized the need to more effectively work with parents. In the United States, the historical pendulum has often swung between child protection and family preservation (McGowan, 2014), with current trends seeking to advance policy related to prioritizing the family unit in service delivery and family engagement. The Fostering Connections to Success and Increasing Adoptions Act of 2008 provided funds for family-focused initiatives, such as family team meetings. A decade later, the Family First Prevention Services Act of 2018 provided states funding for preventive services aimed to assist families at risk for child removal to stay together

safely at home. In particular, it provides funds for substance use, mental health, and parenting supports. If children are placed in foster care, it should be in the least restrictive setting and prioritize kinship placements.

The scholarly literature describes the benefits, barriers, and strategies of engaging families at the practice level. As an example,

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Toros et al. (2018) report on 40 peer-reviewed empirical studies of worker and client views on family engagement in child welfare. Key findings include establishing trust in the worker–client relationship, using participatory methods to engage families, power-sharing in decision making, and shifting the culture of “protectionism” toward providing children information and opportunities to participate in decision making (Toros et al., 2018). The most widely used practice model for engaging families in case-related decision making is family team meeting (The Annie E. Casey Foundation, 2013), a strength-based and empowerment approach that brings together families and children, community members, and child welfare staff during key child welfare decision making points to discuss family strengths, challenges, and identify case-related goals.

Although there is information on practice level family engagement models, such as family team meetings, there has been less research focused on family engagement in the development and evaluation of programs and policies. This study contributes to the literature by using publicly available data to document U.S. state efforts to engage families in program- and system-level decision making. We begin with a brief description of the history of child welfare policy related to family engagement, the recent Family First Act of 2018 that prioritizes family-centered practice, and the need for macro interventions to support these trends. Our methodology involves a review of publicly available information on state child welfare agency websites to determine how states report engaging families in program and policy decision making. We conclude with a discussion of similarities and differences among states as well as implications for future research and practice.

Families in Child Welfare

We use the term child welfare in this article, as it includes a continuum of services aimed to promote child safety, permanency, and

well-being (Mallon & Hess, 2014). Although we located information through state child welfare agency websites and several practice models fell under the umbrella of child protective services, we intentionally use the term child welfare as it captures the data on macro-level interventions which strive toward policy and practice improvements for the broader child welfare system, and not solely on child protective services.

An estimated 4.4 million reports of child maltreatment were filed in the United States in 2019 and approximately 2.4 million families were investigated and/or received an alternative response (Children’s Bureau, 2021). The majority of cases (91.4%) were filed against a child’s parents/caregiver; with 39% being filed against a mother and 22.6% against a father (Children’s Bureau, 2021). Approximately 424,000 children/youth were residing in foster care in 2019, with 46% of children living in nonrelative foster care, and 32% living in relative/kinship foster care (Children’s Bureau, 2020). The majority of children had a permanency goal of reunification with parents (55%) or adoption (28%) (Children’s Bureau, 2020).

Like other countries, marginalized groups are disproportionately represented in child welfare and, therefore, questions related to oppression must be addressed. In the United States, these groups are often racial, ethnic, and language minorities, as well as lower income groups. For example, it is well documented that Black and Native American/Alaska Native families are overrepresented in child welfare (Dettlaff, 2021; McRoy, 2014). Racial disparity has been attributed to multiple factors including higher incidences of maltreatment among Black and American Indian/Alaska Native families (Bartholet, 2011; Drake & Jonson-Reid, 2011); the greater needs of this population because of the impacts of financial and psychological stressors due to poverty, community violence, and other environmental factors (Chibnall et al., 2003; Schuck, 2005); and the racial bias and discrimination against families of color at various

decision-making points in the child welfare continuum (Dettlaff et al., 2020; Dettlaff & Rycraft, 2008; Dixon, 2008). Our focus on macro-level family engagement aims to contribute to the needed system-level change that might address these disparities.

Historical Policy Context

Myers organizes the history of child protection into three eras: colonial times to 1875, 1875–1962, and 1962 to modern day. Prior to 1875, there was no organized system of protection. The beginning is generally recognized to be the founding of the New York Society for the Prevention of Cruelty to Children in response to a specific case of the abuse which no existing entity could address. Similar, non-governmental agencies spread through the United States. In the context of the Progressive Era of the late 1800s and the early 1900s, increased roles of government were noted, specifically through the formation of the Federal Children's Bureau, and federal, state, and local legislation aimed at maternal and child health, child labor and juvenile court for example.

As part of the Roosevelt administration's response to the Great Depression in the 1930s and the enactment of foundational legislation to develop a social welfare safety net, children's needs were addressed as part of the Social Security Act. Title IV established the Aid to Dependent Children program (renamed later to Aid to Families with Dependent Children) to provide some federal financial assistance to low-income families with children. As a result, parents would not be forced to give up children to public authorities because they could not care for their basic needs. As Testa and Kelly (2020) note, this financial assistance aimed to maintain children in their home through a selective prevention strategy of income support by targeting children who were deprived of breadwinner resources due to death, continued absence, or incapacity. This income strategy has been greatly reduced in recent years with large numbers of low-income families with children no longer

receiving this basic assistance resulting in increased hardship (Shaefer et al., 2020).

The current child welfare system began to emerge as a major public institution during the 1950s. Instrumental in the study of child welfare history was the publication of the Battered Child Syndrome (Kempe et al., 1962), which garnered widespread media, public, and professional interest and which influenced the framing of child abuse as an individual-level problem. Nelson's (1984) detailed study of the impact of this framing, the political response, and the resulting legislation (Child Abuse Prevention and Treatment Act [CAPTA]) offers many lessons that continue to affect child welfare policy development. Foremost among the lessons from this work was the effect of initial problem framing (as the individual abusive parent rather than systemic conditions) that consequently affected policy solutions that aimed at individual families. McGowan (2014) provides a further detailed history of child welfare policy development. Since the passage of the CAPTA in the 1970s, the child protective service functions began to overwhelm the child welfare system. CAPTA had the effect of many more children and families coming to the attention of the child welfare system. Often this was to the detriment of providing supportive or preventive services, and it also changed the relationship of worker and client to an adversarial one (Waldfoegel, 1998).

Public child welfare systems grew in size, particularly the investigative response, as child maltreatment came to be identified as a social problem requiring intervention. Many of the services provided by public child welfare systems, and their private contracted agencies, aim to support families, keep the family together, and strengthen families so that children do not need to be removed from the home. Titles IV-B and IV-E of the Social Security Act provide the authority for state child welfare agencies to provide child protection, foster care, and other child welfare services. Notable legislation includes the Adoption Assistance and Child Welfare Act of 1980 (AACWA) and the Adoption and Safe

Families Act of 1997 (ASFA). AACWA provided federal child welfare funding to states but required states to conduct “reasonable efforts” to prevent the removal of children to foster care. Although states were incentivized to prioritize family preservation as a requisite for funding, AACWA also established the Title IV-E entitlement for spending on foster care placements and adoptive families. The emphasis of the ASFA (1997) prioritized child safety accelerated permanency and simplified procedures to terminate parental rights. The Fostering Connections to Success and Increasing Adoptions Act (2008) emphasized efforts to move children from foster care to permanency and increase the well-being of children in foster care. Particular to the focus on family engagement, the legislation increased resources for kinship care providers and provides a small amount of funding for family-focused initiatives including family group decision making.

Despite the thread of family focus throughout the history of child welfare, the system of intervention has long been criticized for a greater emphasis on out-of-home placement than services for the family. In particular, the Title IV-E funding structure provided greater federal funding to states for foster care services than for family-based services, thereby incentivizing out-of-home placement. In addition, while child safety, permanency, and well-being have been the cornerstone goals of child welfare, for a number of reasons, child safety has dominated.

Overview of the Family First Prevention Services Act of 2018

The Family First Prevention Services Act (“Family First”) was signed into law on February 9, 2018 as part of the Bipartisan Budget Act of 2018. The core aim of this legislation is to shift the focus of child welfare to be more preventive and to prioritize keeping children with their families or in the least restrictive, most family-like settings possible. To support this aim, the law directs federal

funds to prevention services for children that are at risk for entering foster care while also limiting funding for group home residential settings.

Villalpando (2020) summarized the main goals of the Family First Prevention Services Act: (a) to break the cycle of removal and, instead, focus on developing strategies to strengthen families before the need for removal arises; (b) to change the role of foster care when it is necessary, such that foster care placements are supportive of the children’s families rather than a substitute for them. This priority helps support the goal of family reunification more explicitly; (c) to institute a more trauma-informed approach to core practices, especially surrounding removal and placement. Because removal can be very traumatic for both children and their parents, the Act prioritizes focusing on practices that help keep families together as much as possible; (d) to focus on the need for strengthening of communities, based on the idea that families are stronger and less likely to become involved with the system when their communities contain better resources and support; (e) to develop better training and expectations for individuals working within the child welfare system. As Testa and Kelly (2020) note, it is important to recognize that “prevention services” only applies to evidence-supported programs targeted toward one or more subpopulations of children who have already come to the attention of child welfare agencies. Funding is not directed toward the more primary prevention services that might keep families from coming into contact with the system in the first place.

Context of the Current Study

A variety of practice level family-engagement models have been developed in the child welfare system over several years, including family participation (Morris et al., 2015), family partnership (Roose et al., 2013), family group decision making (Buford, 2000), and wrap

around services (Coldiron et al., 2017). Although important, such models employ strategies for working with families on the individual case (practice) level (Child Welfare Information Gateway, 2021). In contrast, interventions that occur on the program and system levels may hold promise for systemic transformations to be focused on families. Program level strategies include navigating the child welfare system, advocating in court and agency meetings, and providing parent voice in the broader social and human services community (Leake et al., 2012; Soffer-Elenkave et al., 2020). Family engagement on the systems level includes participation in program and policy development, policy advocacy, quality assurance, and training (Tobis, 2013). There is limited empirical research on family engagement on the program and system levels (Augsberger & Collins, in press). Our study contributes to the literature by documenting models in the United States, including information on the origin, membership and activities of these models.

Method

The analysis included publicly available information from the websites of the U.S. statutory child welfare agencies in all 50 States (for a list of websites see Child Welfare Information Gateway, n.d.). To achieve consistency across states, the research team focused on programs and services available statewide, rather than on the city or county level. Some State agency websites provided links to partner agencies. These were subsequently searched when a family engagement program was provided in conjunction with the statutory child welfare agency.

The research team included the first author, a child welfare and family engagement scholar with extensive child welfare practice experience, the second author, an international and U.S. expert in child welfare policy and programs, and the third author, a trained graduate research assistant. The research team met biweekly throughout data collection and analysis for peer-review and debriefing sessions.

Data Collection

As part of a broader project, the first and second authors conducted a search of the literature for family models that operate on the program and/or system levels (referred to in this article as the macro-level). The literature search included key databases (e.g., Google Scholar; Social Service Abstracts), well-known child welfare journals (e.g., *Children and Youth Services Review*; *Child Welfare*), governmental websites (e.g., childwelfare.gov), and studies known to them from prior research. They also took note of the Children's Bureau's classification of family engagement strategies on the program and system levels (Child Welfare Information Gateway, 2021). The authors identified three family models functioning on the program and system levels: peer mentoring/advocacy, advisory boards, and consumer-led organizing/advocacy. Using these three models as a guide, the graduate research assistant searched each state's child welfare agency website to identify programs in each state. A two-step search was conducted. First, the graduate research assistant began from the department homepage and manually clicked and searched for relevant services being offered by reading the descriptions of programs and following the path of links between different web pages on the site. After exhausting all likely links and sources within the site that could be naturally accessed by picking and clicking, the first initial search was completed. Then, a search of the website using the site's own search bar tool was used with a set of terms and keywords that were associated with the three forms of engagement that the researchers had previously identified.

The following search terms were used: Family Engagement, Peer Mentor, Peer Advocacy, Parent Partner, Navigation/Peer Navigation/Navigator, Advisory Board, Consumer Organizing, and Wraparound Services. These terms were searched in conjunction with the population of interest: Family, Birth Parent, Biological Parent, Kinship, Board Member, Guide, Confidant and Confidante, Grassroots, and Volunteer. The graduate research assistant

also reviewed each state's Child and Family Services Plan and Annual Report. Finally, a search of key terms was done using Google Site Search using the "Site: (web address of the site of interest) + (Key term)."

All program data were entered into an Microsoft Excel spreadsheet and organized by state. Links to relevant webpages and reports were included in the excel document, as well as a description of the program, and a list of contacts. Each member of the research team independently reviewed the data in the spreadsheet and met to discuss the programs identified. During these research meetings, the team discussed the content of the data and determined whether they fit the criteria for a macro-level family engagement. Some initially identified programs were deleted at this stage if they were determined to be practice level rather than program and/or system level. This was particularly the case for interventions that were described as peer mentoring/advocacy but were aimed at developing parenting skills or interpersonal intervention. The research team mutually agreed that the majority of data fit the three previously identified categories: peer mentoring/advocacy, advisory boards, and consumer-led organizing/advocacy. After the research team reviewed approximately half of the state websites, they discussed the data that did not distinctly fit into the criteria of the three family engagement types. They identified a fourth category, which they labeled "Collaborations." These were macro-level family-focused activities that were led by or coordinated with another entity.

Data Analysis

The authors used "theoretical" thematic analysis (Braun & Clarke, 2006) to identify themes in the data related to the models of family engagement. The theoretical thematic analysis is "driven by the researchers theoretical or analytic interest in the area and is thus more explicitly analyst driven" (Braun & Clarke, 2006, p. 84). Because the research team used secondary data from state child welfare agency websites, the goal was to show patterns in the semantic content and better

understand the importance of the patterns as they relate to the structure and functioning of program- and system-level family models in the United States.

By analyzing each state individually and then comparing and contrasting the data across each of the states, the research team identified patterns (themes) related to the family engagement models. They agreed upon names and definitions for these themes, including: (a) origin—when was the program/service created; (b) membership—who are the participants, what are the experience requirements; and (3) activities—description of the duties and responsibilities, level of operation—state system-level or local services delivery-level. The research team kept detailed notes about coding of each theme in which they defined and described the program, provided examples, and identified similarities and differences in the origin, membership, and activities. Word tables were created to visually organize the data. Because of the detailed data collected, separate word tables were constructed for each of the four family engagement types. These provided the framework to discuss and describe the research findings.

The research team met biweekly for peer-review and debriefing throughout data collection and analysis. Any conflicts pertaining to the authors' agreement on how certain programs/services would be categorized were discussed, and the research team came to a consensus. The research team considered the following aspects to help categorize the program/services: the type of services delivered, the entities (parents, professionals) performing and receiving the services, and the level (program/system) that the services functioned. The authors also consulted with the literature and used their collective child welfare practice and research experience to guide the discussion.

Results

Overview of Engagement Types

Across the 50 U.S. states, 33 states listed on their state child welfare website at least one

program or system-level family engagement model, which we defined as functioning on the State system level or local services delivery level. Of these, 16 states listed one type of family engagement model, 13 states listed two types, and 4 states listed three types. The most common type of family engagement was an advisory board ($n = 29$), followed by peer mentoring/advocacy ($n = 15$), collaboration ($n = 6$), and consumer organizing ($n = 5$). Table 1 provides a list of the family models by state. Each model was compared to identify similarities and differences related to the origin, membership and activities. Below we provide further details.

Advisory Board

Origin. Advisory boards are a group of individuals (e.g., parents) with lived experience in child welfare who meet together to identify child welfare issues and priorities and advise administrators on policy, programs and practice. Efforts are often focused on program- and system-level changes (Forenza & Happonen, 2015; Havlicek et al., 2015). State websites listed different titles for their advisory boards including advisory committee, program, group, coalition, network, and collaborative. Not all advisory boards identified the date they were created; however, those that did ($n = 17$) were developed during a 10-year time span between 2011 and 2021. Although 2011 had a relatively large number of boards start, the 2018 Family First Act, and its emphasis on family voice and representation, may have spurred the creation of additional advisory boards. From the earliest founded advisory boards started in 2011 and then to 2017, which was the year prior to when the Family First Act was passed, eight boards were founded over a 7-year period. From the start of 2018 to the most recently created board in 2021, 9 advisory boards were founded in 4 years with 2.25 boards created per year on average.

Membership. Of the state's listing an advisory board, seven had members involving only parents, nine included parents and Department of

Children and Families staff, five had members who included parents and other care providers such as grandparents, foster parents, kin/resource providers, or other family members, along with Department of Children and Families (DCF) staff, and eight included parents and representation from other groups such as legal services, local agencies, schools, tribal representatives, juvenile services, clergy, and so on. In total, 14 of these boards also included child welfare department staff. The staff were typically described as serving on the board in the capacity of being liaisons to the larger child welfare system. The liaisons were generally in place for advisory boards where the input was cross-divisional or meant to influence overall department reports and policies at the state level.

Sixteen boards had a requirement that members have current or previous child welfare system experience. Three boards had more specific requirements such as having a child removed from the parent's care or prior substance use. Washington's advisory board focused on culturally responsive services and case planning for Indian Affairs. Members of this board had to have prior child welfare experience, be appointed by tribal representatives, and/or have a genuine interest in the welfare of Indian children.

Activities. There was a wide range of activities that advisory boards performed on the system and local services delivery levels. System-level activities included identifying state-level priority issues and concerns, assisting in policy and procedure development, advising on policy and procedures, engaging in legislative advocacy, and providing education (e.g., workshops, forums, newsletters, social media). For example, Arizona's Parent Advisory Collaborative (PAC) consisted of birth parents, kinship parents, and adoptive parents who

provide consultation and advice to the Department of Child Safety by elevating the voices of families to prevent children and families from being separated. The ultimate goal is to create a child welfare system that is both compassionate and respectful of children and families.

Table 1. State Family Engagement Models.

	Advisory board	Peer mentoring	Collaboration	Consumer organizing
Alabama	X			
Alaska		X		X
Arizona	X			X
Arkansas	X			
California	X	X		
Colorado	X			
Connecticut				
Delaware	X		X	
Florida				
Georgia	X			X X
Hawaii			X	
Idaho				
Illinois	X	X		
Indiana	X	X		
Iowa	X	X		
Kansas				
Kentucky	X			
Louisiana				
Maine	X		X	
Maryland				
Massachusetts				
Michigan	X	X X		
Minnesota			X	
Mississippi				
Missouri	X X			
Montana				
Nebraska		X		
Nevada	X			
New Hampshire	X X	X		
New Jersey	X X			
New Mexico				
New York	X			
North Carolina	X	X X		
North Dakota		X		
Ohio				X
Oklahoma				
Oregon	X	X		
Pennsylvania				
Rhode Island				
South Carolina				
South Dakota	X			
Tennessee	X			
Texas	X			
Utah			X X	
Vermont				
Virginia	X	X		
Washington	X			
West Virginia	X			
Wisconsin				
Wyoming				
Total	<i>n</i> = 29 (in 26 states)	<i>n</i> = 15 (in 13 states)	<i>n</i> = 6 (in 5 states)	<i>n</i> = 5 (in 4 states)

The PAC includes subcommittees focused on improving housing access for system-involved families, improving parent–child visitation for children of incarcerated parents, providing education and advocacy for young parents, and designing safe sleep messaging that is culturally responsive, strength-based, and family-focused. To ensure the voices of individuals with lived child welfare experience reach lawmakers, they also have a subcommittee focused on PAC recruitment, and another subcommittee focused on legislative affairs.

Another example, Colorado's Family Voice Council is a group of 20 members (parents, grandparents, kinship providers, and foster parents) with child welfare experience who meet monthly to share their service experiences and provide recommendations to enhance the quality and delivery of services. One additional example is NJ, which has created an Office of Family Voice. Parents, in combination with staff, work toward these primary goals: (a) aid in the creation of boards and committees that integrate service user input (fatherhood engagement committee, birth parent advisory council, youth advisory board, etc.); (b) help propel efforts of collaboration with these groups either with each other or with the DCF department; (c) aid in policy, intervention, and program development at the overall state level.

Although most states mentioned activities on the system level, some websites also described activities focused on the program level. These included providing feedback on programs and services, providing information to families about community resources, and providing training to child welfare staff of other stakeholders. California's Parent Partner Advisory Committee described providing support to parent partners and agencies around training needs, practice guidelines, and community resources. Similarly, in North Carolina, the Local Family Engagement Coalitions work alongside providers to increase and integrate family voice into their local services and communities.

Peer Mentoring/Advocacy

Origin. We define parent mentoring/advocacy as parents with lived experience in child

welfare who support and promote the rights of families through individual cases, programs and policy. Parent mentors/advocates function largely on the program level assisting parents in navigating the child welfare system and advocating for parents in agency meetings and court proceedings (Soffer-Elnekave et al., 2020). They also play an important role on the systems level, advocating and representing parent voice to the broader social services community (Leake et al., 2012). Peer mentoring/advocacy programs listed different names including parent partner, parent mentor, peer navigator, and peer leadership. Not all peer mentoring/advocacy programs identified the date they were created. Those who did ($n = 8$) were developed between 2009 and 2020. Half ($n = 4$) were established between 2009 and 2017 and the other half ($n = 4$) were established between 2018 and 2020, which may be a result of the Family First legislation.

Membership. Nine peer mentoring/advocacy programs explicitly stated the requirement that parent mentors have previous child welfare system experience. Two had the additional requirement that the parent mentor had to be in recovery from substance use. Two had the additional requirement that their mentor parents had experienced a child being removed from their care either temporarily or permanently. One program specifically focused on biological fathers. Another included parents with Native American ancestry. Parent mentors were supported by and/or collaborated with child welfare staff.

Activities. Common activities of parent mentors include providing education and advocacy to families to navigate the child welfare system. It also included parent mentors using use their own lived experience and information gleaned from their work with other parents to advocate at the program or community level for family-focused, strength-based, and culturally responsive policy and programs. For example, in Iowa's Parent Partner Program, parent partners (mentors) are trained on various topics such as domestic violence, mental health, substance use, confidentiality,

mandated reporting, and cultural competence. Once trained, these parent partners use their skills and experience to mentor families currently involved in child welfare. They meet individually or via phone and provide guidance and advocacy. They attend family team decision-making meetings, court appearances, and other meetings focused on case goals and planning. Parent mentors also network within communities and partner with child welfare stakeholders in an effort to advocate for enhanced family-focused policy and programs.

New Hampshire's Parent Partners focuses on families experiencing substance-related disorders and the supports needed to navigate the child welfare system. Parent partners facilitate access to treatment and offer support for relative caregivers. Parent partners, who are trained as recovery coaches and mentors, are matched with parents currently involved with child welfare. Parent partners help participants address their reservations about the child welfare system, access, and navigate recovery services, aid in achieving permanency for their children, and increase recovery time and chance of success.

Consumer Organizing

Origin. Consumer organizing consists of family members with lived experiences in child welfare who come together to empower other families to raise their voices and promote the transformation of child welfare policy and practice (Tobis, 2013). They typically function on the system level; however, they may provide education and training to child welfare agencies. Five consumer organizing programs were identified in four states. There was no consistency in the definition or terms used for consumer organizing. The names included references to preventing child maltreatment, child safety, wraparound services, and strengthening families. In contrast to advisory boards that serve in an advisory capacity to administrators/decision makers (e.g., commissioners and directors), consumer organizing efforts were family-led and often operated independent of the child welfare

agency. All were developed between 1993 and 2020. Three were founded between 1993 and 2017, and the other two were founded between 2018 and 2020.

Membership. The consumer organizing programs did not require that participants have lived child welfare experience. The membership was a combination of child welfare staff, nonprofit staff, parents, and additional stakeholder groups such as community providers, other government departments, schools, and tribal services. All five mentioned child welfare staff who served as liaisons between the state system and the staff of the consumer organization, and/or aided in a specific effort for a targeted issue.

Activities. The activities performed by consumer organizations were specific in focus and functioned mainly on system-level engagement. Common activities included advocating for policy changes that would provide better services and reduce gaps in care, reducing or preventing child maltreatment, and assist in the implementation of state and regional child welfare plans. For example, Georgia's State of Hope initiative consists of parents, families, nonprofit staff, local businesses, state departments, and community providers. These groups "collaborate closely to build local safety nets that will prevent conditions that contribute to disparities in education, threaten a family's self-sufficiency, and could lead to child abuse and neglect." To achieve the safety net, this organization aims to increase cross-coordination between entities that would reduce gaps in coverage and enhance the quality of services.

Another example, Strengthening Families Alaska consists of parents, families, nonprofit staff, DCF staff, providers, and community businesses. The nonprofit organization Strengthening Families first developed its presence in 2005 to help reduce Alaska's high rate of child maltreatment. The organization advocates for policy and service change that affects Alaska's system-wide approach to child welfare issues. In addition, it provides direct support to families to help build

parental resilience, social connections, knowledge of parenting and child development, support in times of need, and social and emotional competence of children.

Collaborations

In addition to these three macro family models, there were instances ($n = 6$) in which the child welfare agencies engaged in efforts at systemic change through other mechanisms. These include engagement with Casey Family Services that were targeted toward systemic reform. Maine, Delaware, and Hawaii were three states that mentioned their work with Casey in this regard. These focused, for example, on “reaching out and conducting assessments to garner feedback from parents so as to better get a representation of their voice.” In Hawaii, Casey Family Program’s helped the state agency in creating Aha community gathering opportunities, in an effort to develop a better understanding of the strengths and needs of Native Hawaiians. For these they: conduct social gatherings on all of the islands, meet with stakeholders to focus on the common goal of supporting safe and healthy communities, and share details of community norms and practices. As part of its mission, Casey Family Services provides consulting services to child welfare systems and American tribes and, in particular, supports system improvements in policy and practice.

Connection with tribal communities was also noted on some websites. Although these relationships are far broader than the specific aims of engaging family voice, strong connections to tribes (and native Hawaiian communities) are likely to have the additional effect of strengthening family voice. For example, in Minnesota, tribal staff and DCF staff meet to discuss politics, policies, programs, and problems relating to Indian welfare issues. The trained families are invited to share their experience with the child welfare system to let the tribe and DCF staff understand what works and what needs improvement to overall lead to better programs.

These efforts are consistent with the aims of the Indian Child Welfare Act (ICWA),

federal legislation, enacted in 1978, to address the serious effects of child welfare practice on American Indian and Alaska Native children, families, and tribes. These children were at particularly heightened risk of separation from parents, families, and tribal communities. ICWA requires specific consideration for Native children including working affirmatively to involve the child’s tribe and parents in decision making. According to the National Indian Child Welfare Association (n.d.): “The measures ICWA takes to keep Native children in relative care whenever safe and possible have since become a best practice in the wider field of child welfare, and increasingly codified into state and federal law for the wider population.”

Discussion

There is widespread consensus in the United States and across the globe that child welfare must be far more focused on families. The Family First Act reflects this sentiment by prioritizing family placements and removing the long-standing financial incentive for foster placements rather than in home care. These efforts are also linked with a parent’s rights perspective (Duffy et al., 2016). Yet, complex child welfare systems are slow to change and have previously also prioritized family support through legislation. Our study is the first to examine the status of macro-level family engagement efforts across the United States, several of which were developed in very recent years.

More than half of the states had macro-level family engagement models listed on their state agency website. The most common model was advisory boards. Many of the parental advisory boards were started recently, after 2011. This might reflect a growing increase in parental engagement after the passage of the Fostering Connections Act (2008), for example, which among other aims, offers new strategies for connecting foster youth with family (e.g., Family Navigator programs) as well as family-focused practice models (e.g., family group decision making). Although there is limited

research on family advisory boards, there is a body of literature on youth advisory boards in state and county child welfare systems. Havlicek and colleagues (2015) conducted a web-based survey in the United States and documented youth advisory boards in 47 states. Similar to our findings, youth advisory boards have diverse membership (Havlicek et al., 2018) and engage in various activities including identifying issues and concerns, advising child welfare directors on program and policy, providing education, and advocating for system-level change (Havlicek et al., 2015). There is also an established body of literature focused on the structure, and activities of youth advisory boards in other contexts (e.g., hospitals, schools, community research), including work by the authors on municipal government (Augsberger et al., 2017; Collins et al., 2016). The broader literature documents individual- and system-level benefits to participation in advisory boards (Augsberger et al., 2019; Forenza, 2017; Havlicek & Samuels, 2018); however, there are questions regarding the degree to which members represent the most marginalized voices (Augsberger et al., 2018), and whether the activities of advisory boards result in policy changes (Collins et al., 2016).

Peer mentoring/advocacy models also offer promise for program-level change. We distinguish peer mentoring/advocacy from a more general peer support model. Although there is some overlap, our distinction includes mentoring/advocacy to have a component of navigating the child welfare system and advocating both within the system and for system-level change. There is a definite need for more research to identify a range of peer-focused models, to distinguish case-level support versus program/systems advocacy, and to determine best practices for achieving program/system-level outcomes.

We found only a few examples of community organizing, less than either advisory boards or peer mentoring/advocacy programs. This was not unexpected as they would generally originate outside of the child welfare system although there may be a liaison relationship. There was a lack of consistency

in the definition or terms used for consumer organizing. In addition, there was not a requirement that the members were parents with lived child welfare experience. Although there has been some research focused on community organizing in child welfare (Tobis, 2013), there is a need for additional evaluation research to identify their existence and impact.

Implications for Practice and Research

More on Research at Macro Level. The child welfare system has been criticized for its lack of meaningful engagement of families in general, and in particular, the disparate treatment of families of color (Dettlaff, 2021). In recent years, there has been a shift toward family-centered practice defined as “a way of working with families, both formally and informally, across service systems to enhance their capacity to care for and protect their children” (Child Welfare Information Gateway, n.d.). Key aspects include engaging family voice and choice in decision making, treating the family as a unit, providing racially/culturally responsive services, and establishing trusting relationships between child welfare staff and families (Xu et al., 2020).

There is a body of literature examining family engagement in casework practice (Toros et al., 2018) but less is known about program- and system-level interventions. Our findings indicate that there is an effort, especially in recent years, to develop interventions that encourage family engagement in program and policy decision making. It is promising that so many states listed examples of macro-level interventions on their website. In addition, there were examples of interventions directed toward specialized populations that have historically been marginalized by child welfare and other public systems.

To move the field forward, there is a need for additional research documenting the origin, structure, activities, and impact of macro-level interventions. In particular, there is a need for more data on the degree to which family engagement models are racially and

culturally responsive, which families have a voice and choice in decision making, and whether parental engagement results in system-level changes. Community-based participatory action models would be best suited for conducting research on these topics (Wallerstein & Duran, 2010). Consistent with the identified practice models, research models of participatory action would be guided by the family members in terms of developing relevant research questions, methods, and presentation of results.

Limitations

The data came from publicly available state websites; therefore, the authors were limited to the data presented, which likely does not reflect all family engagement programs in each state. As expected, the level of information provided varied greatly by state and engagement type, with some states having significantly more information available than others. The newness of a program also affected the information that was available, with those being created in 2020 or later often lacking detailed information. Despite these limitations, it was encouraging to note that many states included some form of macro-level family engagement on their website.

Conclusion

Although child welfare has periodically engaged more robustly in family-centered practice, the current moment appears to offer a unique opportunity to more fully embrace and institute policies, programs, and practices aimed at enhancing family life. Macro-level interventions must be part of this to fully pivot complex systems in this way. Our work is a first step to examine the current scope of these efforts. We hope to prompt further research in this area and create new family models to design, implement, and evaluate.

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