VOICES OF EXPERIENCE

FINDINGS FROM FOCUS GROUPS WITH WOMEN IMPACTED BY THE CHILD WELFARE SYSTEM



HOPE 585

HOPE. HEAL. THRIVE.

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INTRODUCTION

Families impacted by the Child Welfare system are often discussed through the lens of policy, risk assessment and administrative decision-making, while the voices of parents and caregivers directly affected by these systems remain underrepresented in systems-change conversations. This report was developed to center the lived experiences of women who have been the subject of mandated reporting, Child Protective Services (CPS) investigations, family court processes, and related Child Welfare institutions in Monroe County, New York. Through four trauma-informed focus groups conducted between March 2026 and April 2026, 21 women with lived experience in the Child Welfare system were invited to share their experiences, identify barriers to support, and offer recommendations for how systems can better respond to families in crisis.[1]

Across all four focus groups, participants described experiences shaped by fear, powerlessness, emotional exhaustion and distrust of a system that was perceived as punitive, biased and unpredictable rather than supportive and transparent. An overarching theme was that a baseline stance of suspicion toward parents, rather than guarding against child harm, had the opposite effect, distorting reality and prioritizing bureaucratic processes over human need and real problem-solving. Widespread assumptions of parental guilt led to a range of traumatic experiences, from participants being reported for suspected child maltreatment when they themselves had reached out for help to caseworkers distorting parents' words and behaviors, contributing to prolonged separation from children. Feelings of profound distrust and powerlessness were exacerbated by the fact that parents reported being provided with little to no information about their rights or explanations of Child Welfare processes.

Participants also shared perceptions of bias based on race, class, poverty, mental health conditions and neurodiversity, with unmet basic needs frequently interpreted as intentional harm and children's behavioral challenges construed as evidence of parental failure rather than family crises that could be met with support. In the face of such an adversarial culture of mandated reporting and Child Protection, the belief that any acknowledgement of family

[1] Participants were recruited through referrals from partner organizations, churches, parent advocacy groups and local community networks. Nine participants (42.9%) identified as Black or African American, five (23.8%) identified as White, and five (23.8%) identified as Mixed Race. One participant (4.8%) identified as Hispanic/Latina, and one participant (4.8%) identified as Native American/Indigenous. Participants represented communities throughout Monroe County, with the majority residing within the City of Rochester and additional representation from suburban communities including Webster and Fairport. Participants represented a range of ages, family structures, and experiences with child welfare involvement. Their experiences included preventive service involvement, child removal, reunification, and ongoing engagement with the child welfare system. Several participants also described experiences with poverty, housing instability, mental health challenges, substance use recovery, and navigating multiple service systems, including schools, healthcare providers, and family courts.

challenges would be interpreted as child maltreatment was ubiquitous, leading participants to avoid seeking help in times of need, with isolation intensifying following Child Welfare involvement. These findings are in line with other recent research that has documented how fear of Child Welfare involvement deters help-seeking from both parents and children.[2]

Lastly, participants described the long-term traumatic effects of Child Welfare involvement on all family members. Parents spoke about their own enduring hypervigilance, shame, self-doubt, isolation and defeat, while describing ongoing behavioral challenges and suffering in their children, including lasting expressions of fear of future separation.

The traumatic impact of Child Welfare involvement showed up not only in the substance of participants' responses but was palpable in their behavior. Multiple participants became visibly emotional during focus groups, including one who cried while discussing separation from her newborn, and another who left the room for approximately fifteen minutes after becoming triggered by the discussion. Other expressions of strong emotion included silence, pacing and visible frustration. These responses highlighted the ongoing psychological toll of Child Welfare involvement on participants even long after system involvement.

Although the findings in the study reflect universal experiences of families affected by Child Welfare systems, Monroe County's Child Welfare system faces challenges that likely exacerbate the struggles reported by focus group participants. Caseworkers in Monroe County routinely handle caseloads that significantly exceed state benchmarks; research has found that decisions to separate families and lengths of stay in foster care increase when caseloads are high.[3] [4] In addition, Monroe County has a 37% higher investigation rate than New York City.[5] In recent years,

[2] Kelley Fong, "Concealment and Constraint: Child Protective Services Fears and Poor Mothers' Institutional Engagement," Social Forces 97, no. 4 (2019): 1785–1810; Kelley Fong, "Getting Eyes in the Home: Child Protective Services Investigations and State Surveillance of Family Life," American Sociological Review 85, no. 4 (2020): 610–638.

[3] Jennifer Lewke, "CPS Caseload Sizes at 'Unmanageable Levels' in Monroe County," News10NBC, WHEC-TV. Read the full story at WHEC-TV https://www.whec.com/uncategorized/cps-caseload-sizes-at-unmanageable-levels-in-monroe-county/

[4] Fred Wulczyn, Sara Feldman, and Scott Huhr, Caseload Reductions in New York City – An Impact Assessment (Chicago: Chapin Hall at the University of Chicago, 2019) https://bettercarenetwork.org/library/social-welfare-systems/cost-of-care-and-redirection-of-resources/caseload-reductions-in-new-york-city-%E2%80%93-an-impact-assessment

[5] Nora McCarthy & Tim Ross, Reinvesting Upstream: The Case for a Preventive Services Minimum Spend in New York, NYC Family Policy Project (Oct. 2024).

studies have increasingly shown that when mandated reporting is practiced as a first response to family crises, families isolate and crises intensify rather than resolve.[6] Seventy-six percent of investigations in Monroe County are closed without a finding of child maltreatment.[7] On any given day, Monroe County actively manages approximately 915 unfounded investigations.[8] A previous Hope585 analysis estimated direct governmental expenditures of approximately $11.54 million annually—about $2,243 per unfounded investigation—money that, with different priorities and legislation, could be redirected to supporting children and families.[9]

As is true nationwide, race plays a dominant role in Child Welfare involvement in Monroe County, with state data from 2021-2023 showing that Black children were 5.5 times more likely, and Hispanic children 3.5 times more likely, to enter foster care than White children.[10] Child Protective investigations in Monroe County are also closely linked to poverty. Nearly all reports (96.6%) to the State Central Register from Monroe County include allegations of neglect or deprivation of necessities, and those categories also represent the vast majority of substantiated reports, while participants emphasized the lack of meaningful support prior to crisis escalation.[11] Families identified unmet needs including emotional support, childcare, affordable housing, school support, community organizations, and day-to-day stabilization assistance. There was broad agreement that preventative and relational support systems were either unavailable or inaccessible before situations reached crisis levels.

This paper is organized around the key concerns of focus group participants followed by their recommendations for transforming Monroe County's relationship with families facing life stressors.

[6] Fong, "Concealment and Constraint."

[7] HOPE585, The Cost of a False Alarm: Analysis of the Socioeconomic Impact of Unfounded CPS Investigations in Monroe County (Rochester, NY: HOPE585, 2024), 3,5.
https://hope585.org/cofa-revision

[8] HOPE585, The Cost of a False Alarm, 5.

[9] HOPE585, The Cost of a False Alarm, 5.

[10] Monroe County Department of Human Services, 2024–2029 Monroe County Child and Family Services Plan (Monroe County, NY, 2024), 3.
https://www.monroecounty.gov/files/hs/2024-2029%20Monroe%20County%20Child%20Family%20Services%20Plan%20DRAFT.pdf

[11] HOPE585, The Cost of a False Alarm, 4.

Central to parents' recommendations is the need for safe, non-punitive pathways to help not tied to investigation or risk of losing children and rooted in trust, relationship and understanding; the value of peer support for parents with Child Welfare involvement and the inclusion of individuals with lived experience in service delivery and system design; greater system transparency and accountability, including mechanisms to provide parents information about their rights and ways to assess and account for harm done to children as the result of parent-child separation; and improved worker training.

Alongside this paper, Hope585 is releasing a policy brief with a set of recommended reforms for the Monroe County Department of Social Services that, if enacted, could begin to make parents' vision a reality. That vision is grounded in a desire for true support for families. As one participant stated: ***"There has to be a place where you can ask for help without it being used against you."***



KEY CONCERNS

CONCERN 1: FAMILIES COULD NOT ACCESS NEEDED RESOURCES TO ADDRESS FAMILY CRISES, WHILE MANDATED REPORTERS AND CHILD WELFARE OFFICIALS INTERPRETED UNMET BASIC NEEDS AS INTENTIONAL HARM.

Participants described struggling to find community resources, services and other sources of support to address housing instability, lack of childcare, mental health challenges and other hardships. Even after they came to the attention of Child Protection, they said Child Welfare officials frequently failed to provide them with information about the kinds of resources they needed most.

One participant shared that she'd had to leave her family of origin because of violence in the home. She'd put her belongings into storage and had managed to find a full-time job, but had had to turn it down because she lacked childcare. Her inability to take the job and provide adequately for her family, she said, spiraled into a family crisis and eventually into a report against her. ***"If I would've had childcare," she reflected, "I would've been all right, because I would've been able to rebuild."***

Another participant said that at the time that a case was called in against her, she'd been looking for a male mentor for her middle-school aged son, who was experiencing bullying in school and on the school bus, leading him to act out and miss class. She described feeling fearful for her son and unsure where to turn for help when a case was called in against her. In response to a finding of neglect related to conditions in her home, she said, *"Things at my house, I'm not worried about that. I'm just worried about mentorship for him. I don't know where to get that from. I don't want to lose my son to those streets."*

While unmet basic needs were central to participants' challenges, they shared that these needs were often interpreted as evidence of neglect or intentional harm rather than opportunities for support and problem-solving. **Participants expressed frustration that workers often documented deficiencies without helping families address them.**

One participant described being reported because multiple children were sleeping in one room. She explained: *"You can't just say, 'Oh, we got all these kids in one room,' when you need [to pay] twice as much rent [to move to a bigger apartment]...[Plus,] you got to make first month rent, last month rent and security deposit to move. And if we can't make that money, is y'all going to make it for us? Or we going to have to do the best we could with what we got? ...Offer something. Don't just say, 'Oh, I'm coming back again to check again,' and, 'We got to call. Now we got to call.'"*

CONCERN 2: PARTICIPANTS DESCRIBED EXPERIENCES OF REACHING OUT FOR HELP ONLY TO HAVE THAT HELP-SEEKING ESCALATE INTO AN INVESTIGATION. FEAR OF SYSTEM INVOLVEMENT KEPT FAMILIES FROM SEEKING SUPPORT IN TIMES OF NEED, WITH ISOLATION INTENSIFYING FOLLOWING CHILD WELFARE INVOLVEMENT.

Experiences of being reported when participants were actively seeking support led participants to believe that help-seeking was inherently risky.

One participant described going to another local nonprofit when she and her children became homeless. *"I ended up [there] because I couldn't figure out where else to go,"* she said. Instead of help, however, this mother became the subject of a Child Protection investigation.

Another participant described her inability to find a provider who could help her understand why her young children were exhibiting sexual behaviors that seemed age inappropriate. The only provider she could find didn't have availability for several months, she said. Instead of help, her efforts to responsibly address her concerns for her children's well-being led her to become the subject of repeat investigations.

As a result of these experiences, participants described living in a state of hypervigilance, carefully monitoring what they shared with professionals, and avoiding support from schools, hospitals, therapists and community agencies because of concerns that disclosure could lead to Child Welfare involvement, increased surveillance or family separation. As one participant stated, ***"I'm scared to bring them to doctors, school, anywhere." "If you reach out, someone's going to judge you and report you,"*** said another.

Participants also highlighted the lack of transparency from mandated reporters about what might lead to a report. As a result, participants consistently described attempting to manage overwhelming situations alone rather than risk intervention.

"I guess if there had been a safe place to get help in the first place, that would've been a completely different situation," shared one participant. *"If there was a way to ask, 'I need things for my home' without being afraid of being judged, or to get the therapy my kids need without it turning around... It's a huge level of shame and blame."*

CONCERN 3: WHEN TEACHERS AND OTHER MANDATED REPORTERS FAILED TO PROVIDE APPROPRIATE SUPPORT FOR AUTISM AND/OR MENTAL HEALTH CONDITIONS, BEHAVIORAL CRISES COULD ESCALATE TO CHILD WELFARE CASES.

In a number of focus groups, participants described raising children with complex behavioral and emotional needs while simultaneously navigating systems that often lacked understanding of neurodiversity and knowledge of mental health. At times, the lack of support escalated to crises that led to Child Welfare involvement.

One participant described how teachers treated her autistic son as a *"bad child"* and punished behaviors connected to his disability—such as difficulty sitting still, making eye contact and responding in class—instead of providing him with appropriate support. Parents also shared that at times their concerns were minimized and requests for evaluation were ignored or delayed, forcing them to manage their children's overwhelming behaviors and emotions alone. *"I kept saying there's something quite different about this child, without somebody taking me seriously,"* shared another participant.

This lack of prevention contributed to family crises that led to Child Welfare involvement. Participants described emotional exhaustion, chronic stress and fear of escalation when children experienced behavioral crises. At times, they said, both mandated reporters and Child Welfare officials seemed to lack knowledge of neurodiversity and instead suggested that children's behavioral challenges were the result of poor parenting.

A class action lawsuit brought in the summer of 2026 against New York City's Administration for Children's Services documents ways that race, class and neurodiversity interact to put parents struggling with challenging child behaviors in the crosshairs of Child Protection.[12] The findings of this paper parallel the concerns captured in the lawsuit, suggesting a pressing issue in Child Welfare practice and related systems in urgent need of attention.

[12] Family Justice Law Center, "Archer v. The City of New York," accessed September 9, 2026, https://fjlc.org/archer.

CONCERN 4: PARTICIPANTS EXPERIENCED A CHILD WELFARE SYSTEM THAT PRIORITIZED BUREAUCRATIC REQUIREMENTS OVER STRENGTHENING FAMILIES AND MAINTAINING PARENT-CHILD BONDS.

A major source of trauma for participants was the experience of feeling that their families' well-being and their bond with their children were treated as of less importance than the system's own bureaucratic logic.

Participants often experienced removals as abrupt, confusing and unnecessary, with little effort made to stabilize the family before separation. Once children were removed, participants reported prolonged timelines, inconsistent expectations, and shifting requirements that extended separation far beyond what felt justified and left parents and children in a state of despair.

One participant pointed to a lack of coherent reasoning for keeping her from any contact with her son, even while she was allowed to have regular visits with her daughter. *"I haven't seen my son in three years,"* she said. *"It's really hard because [my daughter] doesn't understand. She's younger and she wants her brother and her mom to be together. They have the same dad, so it's weird to go pick up one child and not pick up the other."*

She described what felt to her like a lackadaisical attitude about the importance of the parent-child bond and a lack of respect for basic attachment needs. *"[My son]'s in therapy, but every time I reach out, it's like, 'Oh, we're working through it. We'll get back to you,'"* she said. *"It's very dismissive. It's like, you lost your chance…of being a mom."*

Other participants shared the experience of being mandated to services that were frequently disconnected from what they believed their family truly needed. They described overwhelming and ever-changing demands and constant barriers to connection with her children.

One participant described her own precarious early life, growing up without a mother, and moving to Rochester as a teenager, where she had no family or friends. When she came to the attention of Child Protection, she said, she felt *"very defeated. It was really nowhere you couldn't really turn. It was just like, keep showing up to court, keep showing up to visits….And every time I got something done, they still try to put more on me, more on me, prolong the situation. 'Oh, you don't have this. You don't have that. You didn't do this. You didn't do that.' I did everything…I feel like they're very much trained to break us down mentally, especially us people living in the inner city, being through broken homes, not being able to graduate or get a high education like them,"* she said. *"It's just their job to [see]…'How much can she take?'"*

CONCERN 5: PARTICIPANTS DESCRIBED ASSUMPTIONS OF PARENTAL GUILT AND DISTORTIONS OF THEIR WORDS IN INTERACTIONS WITH CHILD WELFARE OFFICIALS.

Throughout all four focus groups, participants described experiences of being treated as guilty from the outset, with little opportunity to be heard or understood. *"It doesn't matter if you're actually innocent of it. It's,* ***'We're going to make you guilty no matter what,'*** *"* said one participant. Others described caseworkers who focused solely on allegations and failed to ask questions about family strengths or resources. Yet others said that information they shared with caseworkers was later distorted and used against them, with one participant explaining: *"The information that I've given my CPS worker, when…we go to court, it's completely different."*

One participant was the victim of repeated false and malicious reports in the midst of a custody battle. A judge eventually overturned findings of child maltreatment against her, but she described an attitude among Child Welfare officials of, *"'If you've been accused this many times, there must be [something wrong]. …You got to live with the assumption that you did it and you deserve it.'"*

Stigma against her extended to professionals in her children's lives who investigators had contacted, she said, raising questions about how Child Welfare officials talk about parents and the allegations against them while investigations are ongoing. *"I have special needs kids, so I'm advocating. I'm in IEP meetings, but they're looking at me like I'm an abusive parent, so I must not know what I'm talking about,"* she said. When she told her doctor that she believed that her daughter had special needs, the doctor suggested that her daughter's challenges might be related to problems at home and refused to do an evaluation.

Experiences of investigative bias paralleled concerns about broader social bias. Several participants referenced racially charged comments and coded language that participants interpreted as discriminatory and degrading. Participants also shared the belief that living in low-income housing or experiencing financial hardship carried stigma, and that workers often interpreted crowded living conditions or shared caregiving arrangements as inherently unsafe rather than understanding them as adaptive.

Participants consistently described feeling labeled, talked down to, or viewed as dangerous before workers fully understood their circumstances. They emphasized that many CPS workers lack both lived experience and cultural competence, noting that differences in communication styles, parenting approaches, cultural norms, and natural responses of anger to the threat of being separated from their children were often interpreted as dysfunction.

CONCERN 6: PARENTS WERE NOT PROVIDED WITH INFORMATION ABOUT THEIR RIGHTS OR CHILD WELFARE PROCESSES. THEY DESCRIBED FEAR OF RETALIATION IF THEY DID TRY TO ADVOCATE FOR THEMSELVES AND THEIR FAMILIES.

Participants repeatedly noted the lack of explanation of their rights, Child Welfare processes and the expectations being placed upon them during CPS involvement. As one participant stated, ***"They came to my house and did whatever and then they left. There was nothing. No paperwork, no resources, nothing."*** Another participant shared: *"I would ask things outright and they would intentionally not tell you."*

Participants also stated that legal representation had been inadequate and that they also had not been connected to any form of peer support or parent advocacy. Instead, parents discussed having to educate themselves on system processes, independently document interactions and gather their own evidence, relying on their own knowledge, personal networks, churches, or community relationships to survive their involvement with Child Protection.

Participants expressed particular frustration at being pressured to answer personal questions or sign documents to release private information without being clearly told about their right to refuse or limit the information they released. They described learning that they had the right to decide what information to provide only after they'd already shared it.

One participant described how intergenerational experiences with Child Welfare passed down the belief that parents under investigation have no rights. *"My mom had CPS called on her often, so that was just the mindset that I had, that…you can't tell them that they can't come to your house [without a court order],"* she said. Even after she learned that she did have legal rights, she shared the fear that asserting those rights would be seen as *"hiding something"* and could lead to negative consequences, such as increasing the likelihood of child removal. She described herself as *"very intimidated"* to say no to anything Child Welfare officials asked of her.

Other participants concurred that there could be negative consequences to challenging Child Welfare officials. They discussed how advocating for themselves, questioning workers, disagreeing with case decisions, or showing that they did know their rights seemed to intensify scrutiny and judgement. As a result, participants described feeling pressured to remain quiet out of fear that honesty, conflict or advocacy could escalate cases and increase the risk of losing children.

While workers demanded that parents conform to system requirements that often seemed arbitrary and onerous, workers themselves lacked accountability, participants said. One mother described being removed from her children's school records even though she still retained her parental rights and was working toward reunification. Other participants described experiences of having their own or other parents' personal information shared inappropriately, violating their right to confidentiality. These kinds of violations, which often went unacknowledged, contributed to profound distrust of the system and eroded the possibility of collaborative engagement.



CONCERN 7: CHILD WELFARE INVOLVEMENT LEAVES ENDURING TRAUMATIC EFFECTS.

Participants described the profound trauma of being powerless to protect their children from psychological and physical harm when they were in foster care. *"The worries of your children being in multiple homes. If they ate, if they showered, if they're being taken care of. That's what I went through,"* said one participant. *"My children have been asking the workers since they got removed…when were they coming back home? Every day, every time they seen them, when are we going back home?"* shared another.

Some participants reported that children had experienced maltreatment in foster placements, contributing to the heavy trauma load they carried. Some acknowledged intergenerational trauma and the complexity of family struggles alongside critiques of CPS systems. **However, they emphasized that Child Welfare involvement often intensified long-term child suffering rather than resolving underlying family trauma.**

Participants said that just the threat of removal and ongoing monitoring created persistent fear, destabilization and emotional exhaustion. They described operating in a constant state of hypervigilance, unsure of what might trigger further intervention. *"I was in fight or flight mode all the time,"* said one participant. Many described isolating themselves due to fear and shame, while some acknowledged that unbearable pain led them to engage in unhealthy, avoidant behaviors in ways they had not prior to CPS involvement. Participants emphasized that Child Welfare involvement had the power to reshape their sense of safety, identity and connection to community years after formal involvement with the system ended and even permanently.

During focus groups, emotional reactions intensified during discussions of the shock of removal and the trauma of separation from children. One participant cried throughout much of one session, while another shared the heartbreak at losing the opportunity to fully parent her children. Those moments reflected the unresolved grief many participants continue to carry.

At the same time, the camaraderie that quickly developed during the course of focus groups vividly demonstrated the power of peer support. Participants consistently demonstrated shared understanding through nodding, emotional pauses, a softened posture and verbal affirmations in response to one another's stories. They encouraged one another and exchanged stories even after the formal recording ended. Despite the emotional weight present in all four focus groups, conversations also reflected collective resilience.

RECOMMENDATIONS FOR SYSTEMS CHANGE

Participants offered big-picture recommendations for ways to increase support for families outside of the Child Welfare system and to reduce the traumatic impact of experiences within Child Welfare.

RECOMMENDATION 1: SHIFT FROM SURVEILLANCE-BASED INTERVENTION TO COMMUNITY-BASED PREVENTION AND FAMILY SUPPORT

Across all four focus groups, participants consistently emphasized that families need concrete support long before situations escalate to Child Welfare involvement. Women repeatedly described experiences where requests for help related to housing, childcare, mental health, behavioral support or financial instability resulted in investigations and surveillance rather than stabilization and assistance. Participants expressed a strong belief that many removals and crises could have been prevented through earlier access to practical resources, emotional support, and trusted community relationships. Participants identified needs including housing support, childcare, mentorship, transportation assistance, family stabilization services, behavioral health resources, parent advocacy and emotional support.

Importantly, participants did not describe CPS as the entity they trusted to provide prevention services. Across groups, women repeatedly expressed fear that prevention efforts connected to Child Welfare would still function through monitoring, judgment, documentation and the threat of removal. Prevention services should therefore be led by trusted, community-based organizations that have established credibility, cultural understanding and authentic relationships within the communities they serve.

Women repeatedly emphasized that families are more likely to seek help when services are voluntary, relational, community-rooted and clearly separated from punitive system involvement.

RECOMMENDATION 2: INCORPORATE LIVED EXPERIENCE LEADERSHIP INTO CHILD WELFARE SYSTEMS

One of the strongest and most consistent recommendations across the focus groups was the inclusion of parents and caregivers with lived experience in system reform, training, and family engagement efforts. Participants repeatedly stated that workers often lacked understanding of the realities families face, particularly around poverty, trauma, racism, mental health, domestic violence, and parenting under chronic stress. Many participants believed that systems would function differently if professionals were trained directly by individuals who have personally navigated Child Welfare involvement and called for lived-experience training initiatives to educate Child Welfare workers, mandated reporters, attorneys, judges, and service providers.

Participants also shared the value of parents under investigation or with open cases having the opportunity to be guided and supported by parents who have a shared understanding of the challenges of parenting under extreme stress and who have already navigated system involvement. Participants specifically recommended the development of parent advocate programs and peer mentorship models. Participants emphasized that families are more likely to trust people who understand their experiences firsthand.

RECOMMENDATION 3: INCREASE TRANSPARENCY AND ACCOUNTABILITY

Participants consistently described experiences involving confusion, intimidation, dishonesty, lack of communication and unprofessional conduct during Child Protective investigations and court processes. Many women reported not understanding their rights, feeling pressured to sign documents or experiencing misinformation in court. Participants repeatedly connected these experiences to long-term emotional harm, distrust of institutions and fear of seeking help.

Systems reform efforts should prioritize rights education and improved transparency. Specifically, families should receive clear explanations of their rights, expectations and available resources at every stage of involvement. Additionally, participants called for greater oversight and stronger accountability mechanisms when workers engage in unethical or discriminatory behaviors or practices that violate parents' rights.

RECOMMENDATION 4: INVEST IN TRAUMA-INFORMED PRACTICES ACROSS SYSTEMS

Throughout all four focus groups, participants spoke eloquently about the traumatic impact of system involvement and the urgent need to address the trauma caused by Child Welfare policies and practices. Participants stressed that building systems rooted in dignity, empathy, honesty and relational engagement is essential to restoring trust and reducing long-term harm to families and children.

Participants called for mandatory trauma-informed and culturally responsive training for all professionals interacting with families. Participants emphasized that trauma-informed practice must move beyond language and be reflected in worker behavior, communication style and decision-making processes. Creating a truly trauma-informed system would include developing mechanisms for requiring Child Welfare officials to actively weigh the potential trauma of removal alongside their concerns for conditions in the home. It would also include developing practices that honor the importance of parent-child bonds while children are in foster care.



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