

Rise

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REPRESENTATION
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**The Bronx
Defenders**



**BROOKLYN
DEFENDER
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NYU  **LAW**

NDS

March 25, 2019

Commissioner David Hansell
NYC Administration for Children's Services
150 Williams Street
New York, NY 10038

Dear Commissioner Hansell,

This letter is in response to the Preventive 2.0 Concept Paper released for public comment. Rise, Brooklyn Defender Services, The Bronx Defenders, Center for Family Representation, Neighborhood Defender Service and the NYU School of Law Family Defense Clinic are writing to share our perspective on how this concept paper dovetails with and diverges from the needs expressed by parents facing the child welfare system. In particular, this response reflects the perspectives of parents themselves who read and discussed the paper at Rise.

It's critical to parents that poor families of color in NYC become less vulnerable to child protective involvement. In part, this depends on expanded access to effective and voluntary family supports to address basic needs; physical, social and emotional health, especially trauma; and economic mobility. We support ACS efforts to improve prevention services to better address the complex needs of NYC families by developing culturally competent, evidence-based and trauma-informed services. We applaud that the ACS vision for preventive:

- Recognizes the need for a social justice and racial equity framework in provision of family support services;
- Acknowledges the importance of designing programs to ensure families' self-determination;
- Expands access to trauma-focused treatment, a key component of family strength, especially for the many struggling parents who themselves grew up in foster care;
- Promises to evaluate potential preventive providers on their commitment to family voice, inclusivity and social justice, and their history of connection with their community of service.

In particular, we hope ACS and providers will develop robust methods for strengthening parent voice in preventive service design and delivery. We believe the only way to effectively serve families and communities is to include their input at every level of family decision-making and

of program design, implementation and evaluation. Families who must rely on public services provided through the child welfare system must have real control over their healing process, including their community process of healing from inequity, injustice and trauma. As Judith Herman has written about trauma: “The first principle of recovery is empowerment of the survivor...Many benevolent and well-intentioned attempts to assist the survivor founder because this basic principle of empowerment is not observed. No intervention that takes power away from the survivor can possibly foster her recovery, no matter how much it appears to be in her immediate best interest.”

Preventive Services in the Context of Surveillance, Investigation and Court Order

Our major concern is that this paper in no way acknowledges the context in which the vast majority of families now become involved with preventive services. More families today than ever before face the harrowing experience of a child protective investigation. While the number of children in foster care has dropped dramatically over time, ACS remains a threatening presence in the lives of thousands of families. The fear that parents feel not only receiving that knock on the door but through the entirety of preventive involvement cannot be overstated, especially for families brought to court for supervision, which reached a record high of 10,000 families last year.

Parents we serve can find real support through their preventive workers. These relationships work best when they are not coercively offered and when there is genuine effort to address the needs of the family rather than penalize behavior. Many preventive agencies are working hard to build relationships with families. Yet parents’ larger experience of the system is fear. One mother wrote in Rise that she was investigated seven times while in preventive services (because of a retaliatory abusive ex) and became so fearful that she “made it part of my daily routine to take pictures of my kids before taking them to day care and school so that I would have proof that my children were fine before they left my home.” Despite the benefits of prevention, she found ACS’ overall impact counter-productive: “It was very strange to need one part of ACS to protect me from another part of it,” she wrote. “All those CPS investigations do is add a lot more stress.”

Right now, nearly 4 out of 5 families in preventive services have been referred by child protective investigators. The surveillance and compliance dynamics of mandated prevention make it less likely that families will get the help they need, even when enrolled in potentially effective services. As one mother wrote in Rise: “For a long time, I wanted to tell my preventive worker what we were going through. But fear made me say everything was fine. Once ACS enters your life you fear being judged. You fear that your children might walk out the door and never return. I even promised to buy my boys gifts if they just behaved when the worker came.”

Just as the trauma of removal must be weighed against the potential harm of leaving children at home while supporting the family, the stress impact of investigations and court-ordered supervision must be weighed against the benefits of prevention for lower-risk families.

These tensions are not examined in the concept paper, although they are apparent throughout in its language. Indeed, the paper lists the first programmatic goal of prevention as “monitoring,” while naming the goal of building relationships with parents last. Likewise, where the “target population” is described, it is defined first as families referred by CPS or exiting foster care.

Parents “who seek services on their own accord” are listed as an afterthought. Throughout, contracted providers are expected to “assess families” not “partner with parents to assess their families’ needs.” The paper defines parent leadership methods—serving on hiring committees, parent advisory boards—as “best practices in engaging families” not methods for increasing parents’ power to shape the system. It encourages voice and choice but stops short of requiring that parents will have the power to make decisions for their families throughout their experience.

Reducing the Unintended Consequences of Addressing Well-Being

It is critical that ACS recognize the potential for harm in conflating its role of securing basic safety for children with an aspiration to strengthen families’ well-being. ACS should draw a sharp line in how it interacts with families who must immediately address safety risks and how it interacts with those who could benefit from supports designed to strengthen well-being. No parents should feel the weight of an investigation or court order behind a referral to services designed to enhance economic mobility, educational advancement, social connectedness, health, or other well-being factors. It is our strong view that service plans in place while ACS is in active supervision of the family must be restricted to addressing safety risks, with a separate process for voluntary enrollment in services to support thriving families. To meet ACS’ stated goals of social justice and racial equity, compliance methods that parents experience as intimidation and surveillance must be limited.

It’s also critical that ACS prevention programs be staffed to go beyond assessment to provide concrete support to families to help them meet their basic needs. Rise is familiar with and supportive of both the Mobility Mentoring and Solution-Based Casework models. However, too often, both preventive staff and parents report that staffing shortages, particularly lack of parent advocates, has reduced providers to monitoring parents without being able to meaningfully provide support. This only increases family stress. Preventive workers should be trained in how to advocate for clients’ access to Food Stamps, Public Assistance, SSI, and Medicaid. They should also be trained on how to refer clients to legal service providers consistent with the preventive services regulations listing legal services as a preventive service.

Likewise, while we appreciate that ACS is expanding the range of clinical services offered to families engaged in prevention services, we have serious concerns about the monitoring and information sharing involved, and the lack of “voice and choice” offered to families in the process. Families have a right to decide where they receive clinical services. We believe that ACS must inform families engaged in “Therapeutic and Treatment Models” or “Clinical Enhancements” that these providers are obligated to share treatment information with ACS, document their work in the same data-tracking system as ACS, and employ ACS standards of monitoring and risk assessment. We urge ACS to ensure that families are offered an alternative of comparable clinical services in the community, and that families are not penalized if they decide to receive services in the community instead of through ACS prevention programming.

We feel strongly that participation in “Clinical Enhancement” services through the prevention agency should be voluntary even if prevention services are court mandated. ACS should not expect families without insurance to engage these particular trauma-focused services simply because it is challenging to find community providers who will accept individuals without insurance. Clear information on services and community alternatives should be made available to families regardless of health insurance coverage.

Promoting Proven Models that Incorporate a Justice and Inclusion Lens

In this vision, the mechanics of the casework and clinical models are explained in detail. By contrast, few concrete details are provided about how preventive programs will meet vital justice and equity goals. No mention is made of primary preventive approaches, including the new Family Enhancement Centers. Although covered under different contracts, we would have expected ACS to include its vision for primary preventive services—the backbone of any ecological approach—in this paper outlining a preventive reboot.

This choice is particularly surprising because New York City is not only notable for its evidence-based preventive practices but also for its homegrown models that live out promises of social justice, racial equity, family control over decision-making, peer support and community connection. The Center for Family Life in Sunset Park was highlighted in a recent Children’s Bureau memorandum on primary prevention. The Harlem Children’s Zone, similarly, has established a rapport with its community so that families are eager to access its services. Other preventive providers and settlement houses have developed holistic models for community engagement and responsiveness. The Enrichment Center model in both New Jersey and New York City has demonstrated capacity to voluntarily engage families. The Bronx Defenders Healthy Mothers, Healthy Babies program is a vigorous example of effective peer support.

Beyond New York City, models exist that align with ACS’ stated aims in provision of prevention. Preventive legal partnerships—such as those in Detroit, Mich., and through Legal Services of New Jersey—have protected families by meeting needs for civil, housing, and educational representation. The Parent Café model offers peer support to strengthen families. And outreach efforts such as the MOMS Partnership at Yale Child Study Center offer models of community outreach and impact.

We recognize that evidence-based models are an important part of providing effective services and of compliance with the Family First Act. At the same time, New York City has incubated parent-led, community-based, justice-focused approaches that show impact and hold promise. To meet evidence standards, clinical and case practice models that show promise must be nurtured. These practices should be included in NYC’s preventive vision and nurtured to standards of evidence and replication.

A Critical Omission: The Power of Parent Advocates

Perhaps the biggest omission is parent advocates. NYC has had the longest track record of incorporating parent advocates into child welfare practice to reduce the negative impact of system involvement. Yet this concept paper does not even mention their value. There is no service, worker, or agency that parents describe more positively than parent advocates. As parents reported in ACS’ recent assessment of its Parent Advocacy Initiative in Child Safety Conferences and a similar assessment of Graham’s Family Success Initiative, parent advocates offer the opportunity to partner with someone they may more readily relate to and trust. As one mother wrote in Rise:

“The first time I walked into [preventive services], I was alone and afraid. I didn’t want to be bothered. I thought, ‘Damn here we go again, another agency running my life.’ Then a parent

advocate came to meet me. We went to her office and began to talk. Well, she talked, and I cried. Now she can't get rid of me. Anytime I feel down I call her. When they gave her a job, God placed an angel in the agency.”

While caseworkers can establish trust with parents, the natural barrier of their role slows down that process. This is lost time that can increase families' risk. Current preventive contracts make it voluntary for agencies to hire parent advocates. Parent advocates should be considered the cornerstone of any socially just, equity-focused preventive design. We ask that this omission be corrected in the RFP, placing primacy on the role of parents advocates and including parent advocate roles in evaluation of agencies' commitment to Family Voice, Inclusivity and Social Justice, and their connection to and history of serving the proposed community.

Conclusion

We recognize ACS' laudable intention to expand the role of prevention—from prevention of safety risks to promotion of well-being—in order to more meaningfully strengthen families who come to the agency's attention. However, this goal cannot be accomplished without close attention to the current preventive environment of surveillance and compliance. It cannot be accomplished through marketing or media. It also cannot be accomplished through the family and community engagement efforts of frontline staff or provider agencies alone. ACS itself must commit to changing the context in which preventive providers seek to assist families and families seek to cope with crises. If ACS is serious about changing its relationship with the communities it serves, it must publicly resolve these contradictions, acknowledge how much needs to change to achieve its goals, and set out in detail how the administration will seek to listen to the families and communities it serves in order to transform its impact.

Sincerely,
The staff of Rise
The Bronx Defenders
Brooklyn Defender Services
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