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## Constructing 'Child Safety': Policy, Practice, and Marginalized Families in Florida's Child Welfare System

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Constructing 'Child Safety':  
Policy, Practice, and Marginalized Families in Florida's Child Welfare System

by

Melissa Hope Johnson

A dissertation submitted in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy  
Department of Anthropology  
College of Arts and Sciences  
University of South Florida

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## **Dedication**

For Asher and Aylah. You are the light of my life.

## Acknowledgements

There are many people who made this work possible and for whom I am incredibly grateful. Since this project has been a long time in the making, countless individuals have been a part of this story and contributed in various ways, as colleagues, as mentors, as friends, and as family. There is an expression that ‘it takes a village to raise a child,’ which, as someone who studies child welfare, I whole-heartedly agree. In reaching this final milestone of my educational journey, I might add that it also takes a village to raise a doctoral graduate. I will try not to be overly verbose, but I would be remiss if I did not share a few words of gratitude for my village.

First, I have been blessed to have an incredible – *dare I say the best?* – dissertation committee. Heide Castañeda, Kevin Yelvington, Tara Deubel, Mary Armstrong, John Robst – you have all been so kind, so supportive, and so patient as I fumbled through this process and had to revise my plans multiple times. I have benefitted immensely from your thoughtful feedback, suggestions, and insights offered throughout this journey. It is truly inspiring to be surrounded by such brilliant people. I think I only had one complete emotional breakdown, and I must say, I feel so fortunate to have a committee who really rallied behind me and helped me work through a variety of unforeseen obstacles. (Kevin, here I have to add that your kind emails always lifted my spirits.) Never did I imagine I would be completing my dissertation during a pandemic. In these unprecedented times, having all your support has meant the world to me. A special thank you to Heide, who is the best advisor I could ever ask for. After she guided me

through my master's program, I had no doubts about working with her again when I decided to return for my doctorate. She has been a wonderful mentor going on fourteen years now.

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points of view, and to do things for myself. You were also there for me when I made mistakes or when I needed help. I know I would not be where I am now if it was not for all of you. Thank you for your love and support. I am also deeply thankful to my grandparents, who inspired me with their work ethic and helped to ensure I had the means to pursue my education, as well as my Uncle Keith and Aunt Donna, who were also an important part of my support network along this journey. I feel so fortunate to have been blessed with a loving family.

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At this point, I feel it is imperative to acknowledge a few other individuals who played a particularly influential role in my professional development when I was early in my career and just entering into the world of child welfare. I had the privilege of learning about the child welfare system through two very special projects – one with the Navajo Nation and one with a consortium of Alaska Native Tribes. I am eternally grateful to the partners involved in these projects for everything they taught me – about the system, about the ways in which the colonial legacy continues to be perpetuated and experienced in everyday practices, and about what child safety means from an indigenous perspective. These projects very much shaped the trajectory of my career and provided the foundation for what would ultimately become my dissertation. Thank you for sharing your knowledge and experience. I especially want to express my appreciation for Melissa Clyde, who was not only my colleague and partner in this work, but also my teacher, guide, and friend. I will never forget the kindness you showed me.

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## **Abstract**

‘Child safety’ has become a central concept of the modern child welfare system, an institution whose purpose is to protect children from abuse and neglect. What safety means and how it is best accomplished, however, are highly contested and characterized by definitional ambiguity, inconsistent bureaucratic interpretation, and operational variability. Situating this research within the anthropology of the state, the purpose of the current study is to develop a deeper understanding of the ways in which the state enacts power in matters of the family and childrearing through the child welfare system, casting a critical lens on the strategies used in the name of child protection. By critically interrogating these processes, this study explores the implications that the emphasis on child safety and the methods that are considered justified in its name have for the broader well-being of children and families, and imagines alternative possibilities for improving the welfare of children.

Through the use of qualitative and ethnographic methods, inclusive of interviews, focus groups, participant observation, and analysis of bureaucratic documents, this research examines how child safety is constructed, understood, and operationalized by Florida’s child welfare agencies, and how conceptions of safety promoted by the state compare with the experiences of children and families coming into contact with the system. The project explores diverse perspectives and experiences of front-line workers and system-involved youth, in conjunction with official state discourse as laid out in legislation and policy, to gain further insight into what is meant by child safety, how its conception might vary across different communities and

populations, and how ideas about gender, class, and race influence the ways in which risks to child safety are interpreted by the state. The use of ethnographic methods employed in this study produce a contextualized understanding of how the state operates in a particular setting, which help to illuminate larger processes of state power.

Findings reveal the ways in which state intervention via the child welfare system privileges particular definitions and ideologies of the family, parenting, and child safety that are culturally-specific and class-based, resulting in a system that explicitly targets and further destabilizes marginalized families (e.g. the poor, racial minorities, and single mothers). The analysis, furthermore, sheds light on the disjunctures and contradictions that arise through the state enterprise, as well as the implications these have for how the state is experienced and navigated, both by those who work within and those who come into contact with the child welfare system. Recommendations are provided for how the system could better ensure the safety of children by addressing structural inequalities and increasing families' access to resources.

## **Preface**

On a muggy August day in 2011, I accompanied Jodi, a child welfare case manager in the panhandle region of Florida, on a home visit. Jodi was a white female in her mid-twenties, and had been employed for just over two years at the time, which, in a field characterized by poor retention, made her one of the most experienced case managers at her agency. I was shadowing Jodi as part of a contracted evaluation study. On this particular day, we were conducting an initial visit to a family that had been referred to the child welfare agency for voluntary prevention services. This made the case different from a regular, court-ordered dependency case; it meant that the child protective investigator had not found sufficient evidence to indicate that the child's safety was in jeopardy, and there was no legal basis for requiring the family to engage in services. Voluntary services were designed to offer support and assistance to at-risk families to reduce the likelihood of future involvement with the child welfare system.

As we drove to the family's home, a trailer located about forty minutes outside the city, in the more rural part of the county, Jodi relayed the key details of the case to me. She had not yet met the family, but she had studied the case file and report sent over by the child protective investigator thoroughly. The allegations were that the child, a ten-year-old boy, had not attended school for an extended period of time, and that there was a suspected meth lab inside the home. The first allegation had been confirmed by the investigator, but the more serious drug allegation was unsubstantiated, leading the investigator to conclude the child was safe in the home, but that the family could benefit from some services. Jodi was very dismissive towards the investigator's

findings, however, scoffing at the decision to refer the family as a voluntary case. As she spoke, it quickly became apparent that she had already decided the family's fate without ever having spoken to them. Despite the lack of evidence from the investigation, Jodi had concluded that the parents were using drugs, and she seemed determined to prove it and have the child removed.

When we arrived at the home, Jodi was only interested in speaking with the mother, and explicitly dismissed the father from participating in the conversation, despite his clear desire to be involved. In fact, during the thirty minutes that we were at the home, Jodi repeatedly shooed the father from the room every time he appeared in the doorway. This is somewhat characteristic of the child welfare system, where the mother is often presumed to be the primary caretaker and thus also the one responsible for the child's maltreatment. The fact that the parents were not legally married may also have informed this assumption that the allegations did not concern the father, even though the parents resided together. In either case, it was very revealing of how those working within the child welfare system perceive and approach the families they encounter.

Indeed, it was immediately apparent to me that Jodi's entire approach to the family we met that day was based on pre-existing ideas. What I observed in the home that day was a seemingly healthy and happy, slightly chubby ten-year old boy, with no signs of physical maltreatment, and two parents who were struggling financially but clearly cared a great deal about their son. The mother cried profusely as she explained the reason she had taken her son out of school was because he had been bullied by the other students and developed extreme anxiety over going to school. She had intended to enroll him in virtual school, but it was unclear whether she understood how to do so. The allegations concerning the supposed meth lab, furthermore, were most likely made by a neighbor with whom the family was engaged in an ongoing feud.

False reporting among family members or neighbors who are involved in disputes is quite common. From what I could tell, the referral for voluntary services appeared to be an appropriate decision on the part of the child protective investigator. While the home might have been considered a bit unkempt and the parents had some challenges with chronic unemployment, there were no indications that the child was in danger, and the mother was agreeable to getting him enrolled in school.

Jodi was relentless in her conviction, however, and determined to prove that the mother was using drugs and thus an unfit parent. She insisted that the mother take a drug test, never once explaining that the services being offered were voluntary or that the mother was not legally obligated to submit to drug testing or any other recommendations made by the case manager. When we left the house that day, Jodi confirmed to me that she was going to proceed with the petition to have the child removed. I felt extremely disheartened thinking about this family that was potentially about to be torn apart based on a caseworker's 'intuition.' What unfolded that afternoon illustrated the ways in which child welfare caseworkers infuse their personal beliefs and biases into casework practice, and in doing so, can significantly shape a case to arrive at pre-determined conclusions.

Although it would be several years before I would decide to pursue my doctorate, in many ways, this was where my dissertation research began. I never forgot that family. I never knew the eventual outcome of Jodi's efforts, but I never stopped wondering what happened to that little boy. The questions that emerged for me on that day over how the concept of 'child safety' is constructed within the child welfare system and the implications for vulnerable children and families eventually led me to engage this topic in greater depth. This dissertation is

the product of what has now been more than ten years of interrogating 'child safety' to better understand its meaning in theory and practice.

## **Introduction**

The modern child welfare system exists as a state-run institution primarily concerned with preventing and responding to child maltreatment. While the purported purpose of this system is to protect children, what this means and how it is accomplished are highly contested (Bridges 2017; Ramsay 2017, 2016; Lash 2017; Roberts 2012, 2003; Sherz 2011; Reich 2005; Lindsey 2004). Though the notion of child welfare suggests a broader concern with promoting child well-being, in practice, child welfare systems in the United States are typically focused on responding to incidents of alleged child abuse and neglect perpetrated by a parent or other caregiver. Increasingly, ‘child safety’ has become a central concept and core mission of child welfare (NAPCWA 2009), however, this concept is surrounded by definitional ambiguity that leaves it open to bureaucratic interpretation and operational variability. Meanwhile, there is little evidence that the heightened focus on child safety has actually reduced child maltreatment or led to improved outcomes for children (U.S. Department of Health & Human Services 2021; Sedlak et al 2010). As child welfare systems continue to grapple with how best to ensure child safety, the need for critical research in this area is evident.

Cultural anthropology offers theoretical and methodological tools for a novel study of ‘child safety’ that can contribute a different perspective from existing child welfare research. Embedded within the child welfare system are particular ideas about children and childhood, parenting and childrearing practices, child safety and well-being, child maltreatment, and the family, all of which are rife with cultural values and assumptions. This provides ample grounds

for anthropological inquiry. Despite the clear potential for contributions, however, there has been limited anthropological research that explicitly examines the child welfare system. At the same time, anthropologists do have a history of examining adjacent, and at times intersecting, institutions, such as prisons, the medical system and healthcare clinics, the general welfare system, immigration, and human trafficking. Thus, an anthropology of child welfare seems both logical and overdue, given the field's longstanding interest in studying similar institutions.

Responding to this gap, my dissertation research concerns the ways in which the state enacts its power in matters of the family and childrearing through the child welfare system, casting a critical lens on the strategies used by the state in the name of child protection. Specifically, I examined the ways in which state intervention via the child welfare system privileges particular definitions and ideologies of the family, parenting, and child safety that are culturally-specific and class-based. My research illustrates how this results in a child welfare system that explicitly targets marginalized families (e.g. the poor, racial minorities, and single mothers) and holds parents individually responsible for the proper care of their children, while largely ignoring structural constraints outside the family's control that place children at risk. I was particularly interested in examining the system's narrow focus on 'child safety' and how this is conceptualized, both by those in the field and the children and families that the system is designed to 'help.' By interrogating these processes through a critical lens, I explore the implications that this emphasis on child safety and the methods that are considered justified in its name have for the broader well-being of children and families, and imagine alternative possibilities for improving the welfare of children.

My interest in this topic evolved over the course of what has now been more than a decade conducting research on child welfare in the United States. My first exposure to the field

of child welfare came in 2009, when I began working with two child welfare projects among Native American groups: one with the Navajo Nation, and one with a consortium of Alaska Native tribes. I was hired as a member of the evaluation team for a federally-funded child welfare technical assistance center, which had selected these two projects to fund through a five-year grant. The projects were very different in terms of their specific goals and scopes, but were very similar in terms of what they taught me about child welfare and the ways in which state intervention has been experienced by subaltern populations.

To learn about the child welfare system through my Native American collaborators was very enlightening and provided a rather different perspective from what is taught in mainstream schools of social work. These two projects exposed me to the ways in which the modern child welfare system is connected to the legacy of colonialism, and the use of child welfare intervention as a method to force assimilation while also ensuring the continued subordination of marginalized peoples (Johnson, Walters, and Armstrong 2015). They brought to my attention the ways in which ideas about child safety and strategies for keeping children safe are culturally-constructed, and the ways in which mainstream child welfare practice is deeply embedded with white middle-class values. Lastly, they raised my awareness of the tension that exists in mainstream child welfare philosophy between family preservation (e.g. providing services to address child welfare concerns while keeping the family together) and child safety (e.g. ensuring that children are protected from potential harm), with the dominant perception of the state, its institutions, and its agents being that these are conflicting priorities, and to pursue one is to jeopardize the other. Often, the belief perpetuated by the state is that the only way to ensure child safety is by removing children from their ‘dysfunctional’ parents.

Subsequent research projects that I worked on as an applied researcher with the Department of Child and Family Studies at the University of South Florida provided further confirmation of these initial insights and the pervasiveness with which child welfare practice is afflicted with institutionalized racial, class, and gender biases. Over the past ten years, several research projects that I worked on throughout the state of Florida, as well as one project with the state of Utah, have illuminated the highly subjective nature of child safety assessments, service planning, and decision-making processes in child welfare. Across numerous projects, I observed that child welfare services and case plan requirements were largely indicative of the cultural assumptions held by the state, its institutions, and its agents about what constitutes ‘good parenting’ and the presumed shortcomings of families who become involved with the child welfare system. These observations provided the impetus for this study. In bringing an anthropological perspective, I seek to provide a critical analysis of the child welfare system that questions the status quo of current child welfare practice and the role of the state in ensuring the well-being of children, while also exposing the ways in which state conceptions of child safety are subjective and culturally-constructed. Ultimately, I hope this research contributes to new ways of envisioning our approach as a society to ensuring the welfare of children.

### **Study Purpose and Objectives**

The current body of research in child welfare points to the ways in which inequalities along lines of gender, class, and race place particular families at risk for child welfare involvement, specifically those who are poor, female-headed households, and families of color (Bridges 2017; Dunkerley 2017; Ramsay 2016; Summers 2015; Roberts 2012, 2003; Fluke et al. 2010; Reich 2005). Poverty, in particular, has proven to be the best predictor of whether a child will be removed from their family (Walsh 2010; Barth, Wildfire, and Green 2006; Lindsey

2004), and research indicates that neglect, which comprises the majority of child welfare cases, is often indistinguishable from poverty (Roberts 2003, 1999; Bailie 1998). While a connection between poverty and higher rates of child maltreatment is generally accepted among those in the field (e.g., Fluke et al 2010), existing studies have been limited to cases that are reported to the state, and thus fail to capture those cases that go unreported. Nor do such studies take into account the ways in which the poor are subjected to greater surveillance than more affluent families, increasing the likelihood that they will be reported for child maltreatment (Bridges 2017). Furthermore, a reliable method for predicting which families will experience future maltreatment does not exist, creating an environment of uncertainty and unrelenting concern over liability within the system (Scherz 2011; Gillingham 2006; Knoke and Trocmé 2005; Lindsey 2004). This suggests a considerable gap in the existing research with regard to what constitutes child safety and how to determine which children are safe and, perhaps more importantly, which children are unsafe and in need of the state's protection.

Child safety, and its presumed conflict with family preservation, has been a common theme throughout my research (e.g., Armstrong et al 2019a, 2019b; Vargo et al 2017; Johnson, Walters, and Armstrong 2015; Armstrong, Johnson, Sowell, and Vargo 2014), but how child safety is conceptualized and operationalized remains largely unexplored. Child welfare agencies and workers that I encountered generally referred to child safety as if its meaning was universal and self-evident, when in fact ideas about what constitutes child safety are grounded in deeply embedded cultural assumptions about children's needs and how those needs should be met. This common thread that kept resurfacing across multiple projects piqued my interest in better understanding what is meant by child safety, how its conception might vary across different

communities and populations, and how ideas about gender, class, and race influence the ways in which risks to child safety are interpreted by the state.

Through the use of qualitative and ethnographic methods, my research examines how child safety is constructed, understood, and operationalized by Florida's child welfare agencies, particularly among front-line staff. Furthermore, I explore how conceptions of child safety promoted by the state compare with those of children and families coming into contact with the child welfare system, and to what extent children's experiences of state interventions align with the state's proclaimed intentions to ensure their safety. By comparing the perspectives and experiences of child welfare professionals and system-involved families, particularly the children who are the focus of child welfare interventions, I aim to expose the cultural values and assumptions embedded within child welfare practice and policy, and explore the implications this has for families who do not conform to the ideology of the state. Additionally, the timing of my dissertation, coinciding with the onset of the COVID-19 pandemic, provided a unique opportunity to explore the impact of the pandemic, and the implications for conceptualizing and ensuring child safety. The research questions that guided this study are presented in Table 1.

This research advances anthropological theorizing on the state (e.g., Thelen, Vettters, and von Benda-Beckmann 2018; Yelvington, Dillon-Sumner, and Simms 2014; Gupta 2012; Hoag 2010; Mathews 2008; Sharma and Gupta 2006; Das 2004) to develop a deeper understanding of the child welfare system as an instrument of state governance and to provide a theoretical foundation for an emerging anthropology of child welfare. While limited anthropological research explicitly examines the child welfare system, related areas of study indicate that parenting is increasingly constructed as problematic by state governments and thus a site requiring legislation, surveillance, and intervention (Bridges 2017; Ramsay 2016; Sered and

Norton-Hawk 2011; Morgen 2001). As a state institution deeply concerned with the regulation of family life, the child welfare system presents a particularly insightful avenue for the study of the state and its expanding reach, through modern technologies of power, into the private lives of families. Given the field's longstanding interest in similar institutions and relations of power, an anthropology of child welfare is long overdue. By contributing a greater understanding of how the child welfare system operates within a specific context, this study offers contributions to advancing anthropological theory beyond the particular site by expanding upon current theorizing in the areas of political economy, governmentality and power, the anthropology of law and policy, and the study of law and social sciences, more broadly. Furthermore, by interrogating the concept of child safety and the actions of the state concerning children, this research also illuminates the disjunctures that occur across different contexts beyond the child welfare system.

*Table 1. Research Questions*

1. <b>What are the underlying values and assumptions about children, parenting, and family embedded in the child welfare system?</b> How are these values and assumptions incorporated into law and policy? How do these shape and inform child welfare practice?
2. <b>In what ways do caseworkers embrace and/or resist the underlying ideology of the child welfare system?</b> What factors constrain or facilitate them in implementing state policies and effectively carrying out their work?
3. <b>How do caseworkers conceptualize 'child safety,' and how do they operationalize this?</b> To what extent does the operationalization of 'child safety' in practice reflect its conception in policy? What gaps exist between policy and practice?
4. <b>How do youth experience child welfare interventions implemented on their behalf?</b> How do these experiences compare to caseworker perceptions of child safety? How do youth embrace or resist the child welfare ideology of the state?
5. <b>How do caseworkers perceive the families with whom they work and understand the reasons they come into the child welfare system?</b> How are these interpretations influenced by gender, race, and class?
6. <b>How do these various factors impact the way caseworkers approach and engage with families?</b> What are the implications for families who comply with the system's demands? What are the implications for families who are unable to comply, or who actively resist?
7. <b>How has the emergence of the COVID-19 pandemic impacted child welfare practice and ideas about child safety?</b> How are child welfare agencies responding to the pandemic? What are the potential implications for vulnerable children and families?

## **Reflections on Positionality**

I envisioned this project as an endeavor in ‘native anthropology’ of sorts, albeit with some important caveats. The research described here was carried out in the United States, where I was born and raised, and more specifically in Florida, where I have resided for nearly fifteen years. In this respect, I share exposure to the same dominant culture and socio-political processes as the participants in my study. This does not necessarily equate to a shared identity, however. Even those engaged in ‘native anthropology’ cannot assume shared experiences and solidarity on the basis of a shared nationality or culture, since differences based on class, race, and education often emerge between the native anthropologist and the particular communities they study (Alcade 2007). Furthermore, positionality is often not self-ascribed, but rather is attributed to us by those we interact with in the research setting (Stiedenroth 2014). Thus, regardless of the anthropologist’s personal identity, the way she is perceived by the community may have a more significant impact on the research endeavor. In this way, positionality is dynamic and co-constructed through interactions with various research participants and their particular subjectivities. Indeed, these more specific nuances and the assumptions that participants made about my identity were often as important, if not more so, in determining my positionality vis-à-vis the individuals who participated in my research.

Although I might be considered a native anthropologist, I would be remiss to assume I shared a common identity with the communities and specific individuals with whom I conducted my research. The specific focus of this study, child welfare, is a system with which I have only ever engaged as a researcher. I have never been employed as a caseworker or any other position within the child welfare system; nor have I ever been subjected to child welfare intervention, either as a child or an adult. I am not a parent or caregiver for a child, thereby precluding me

from the possibility of such intervention. These facets of my identity positioned me as more of an outsider in terms of the specific scope of the research endeavor, although I may have shared various aspects of my identity more or less in common with different research participants. In fact, the participants in my study, inclusive of child welfare caseworkers and youth involved in the child welfare system, comprised an extremely heterogenous group. The diversity of these participants meant that my positionality had to be negotiated in different ways as I interacted with various individuals, keeping in mind the way perceived similarities or differences could shape the dynamic, and being continually aware of the power imbalances that were often present between participants and myself.

As a white, educated woman from what would probably be considered an upper-middle-class background, my position in society is very much one of power compared with the individuals who participated in my study. In fact, my upbringing bears striking resemblance to the ideology of ‘good parenting’ and the ‘proper’ family promoted by the state. I grew up in the classic two-parent nuclear family with a stay-at-home mother and a breadwinner father. Both my parents are college educated, politically conservative, and identify with ‘traditional’ Christian family values. In this regard, my positionality is much aligned with that of legislators, policy makers, and administrators who determine how the state defines and responds to matters of child welfare and safety. Although I do not personally identify with many of the beliefs and values of my parents (for example, I am not religious, I identify as a feminist and a socialist, and I am unmarried but living with my partner), from the perspectives of study participants, I was most likely viewed simply as an affluent white woman.

While I shared common identities with some participants, I differed from many participants in terms of my race, class, education, and family upbringing, especially with regard

to the youth who participated in the study. Even among caseworkers, my level of education, profession, and involvement with child welfare evaluation projects often resulted in my being perceived as more similar to upper leadership and administrators at their agencies. This undoubtedly impacted the extent to which they felt a sense of solidarity and their willingness to speak openly, and many participants wanted to hear more about my objectives before proceeding with interviews or focus groups. I found that caseworkers were sometimes suspicious that I was there to do the state's bidding, though I was usually able to clarify my independence from the state and emphasize my interest in learning from their expertise about the realities they face on the frontline. Many caseworkers seemed to view me as being largely aligned with them and spoke quite openly. While I felt a need to be cautious about how much I disclosed about my personal positions and critiques of the child welfare system, lest participants feel I was criticizing them, I found that many caseworkers were themselves quite critical of the system, and was often able to build rapport in commiserating with them.

Building rapport with system-involved youth, on the other hand, was more challenging and required a careful balance between being candid about my perspective while also trying to avoid influencing youth. It is possible that youth assumed that I shared the state's ideas about family, parenting, and childcare, along with the race and class biases that are often embedded within these ideas, though they did not explicitly express this to me. The youth who participated in my research were predominantly girls of color, and most were currently in foster care or had been in foster care previously. As someone who has never experienced the child welfare system first-hand, I cannot claim to truly know or relate to their experiences, and they undoubtedly recognized this fact. Being involved with the child welfare system, furthermore, these youth were used to encountering various professionals, and often were given little agency or choice.

For this reason, I was particularly careful to explain who I was and my interest in meeting with them, as well as emphasizing the voluntary nature of their participation. Most importantly, I was careful never to pressure youth, but allowed them to decide how much or how little they wanted to share, and followed their cues when it appeared that they did not want to talk about a particular subject. While I could not claim solidarity with them on the basis of a shared experience, I did my best to convey a desire to align myself with their interests and to make their voices heard.

Finally, I feel it is critical to acknowledge that, while I do not share the specific experience of encountering the child welfare system, there are other aspects of system-involved children's and families' experiences to which I am able to relate. Child welfare involvement often entails or intersects with domestic violence, sexual violence, substance abuse, and mental illness. These are issues with which I do have experience, personally in some cases, and through people with whom I have had close, intimate relationships. These experiences undoubtedly influence my understanding and abilities to sympathize and empathize with the experiences of system-involved children and families. At the same time, my race and class position have undeniably shaped these experiences in ways that differ from those of system-involved families. Various aspects of identity intersect and interact in complex ways that shape experiences and interpretations of those experiences. As Vaidya (2011) notes, shared experiences may increase acceptance and rapport among study participants, but this may also contribute to a situation that feels manipulative in taking advantage of feelings of solidarity. In this regard, I felt it was important to be careful not to impose my own experiences on participants or presume a sense of solidarity on the basis of some seemingly common experience.

In approaching this study, from its conception through my data collection and analysis, I have continually reflected upon my own experiences and how these were shaped by my race, gender, and class positions. Indeed, I recognize that it is largely due to my racial and class privilege that I have not experienced the state in the same ways as system-involved families. These reflections have been crucial in shaping how I have come to understand my research findings.

### **Organization of the Manuscript**

This dissertation is the culmination of many years of contemplation and data collection interrogating the concept of child safety in depth. In the following pages, I seek to provide a comprehensive examination of how child safety is constructed and operationalized, as well as the implications for how children and families are differentially subjected to child welfare surveillance and intervention. My analysis of Florida's child welfare system provides an insightful illustration of these processes that allows for a deeper understanding of how broader mechanisms of state power play out in specific contexts.

First, in Chapter 1, I summarize the relevant anthropological and ethnographic literature to provide a comprehensive background for the current study. While anthropological literature pertaining specifically to child welfare is limited, I outline studies in a variety of interrelated areas, including the family, parenting, and childhood, upon which the current study builds. I then lay out a theoretical framework for the current study in Chapter 2, situating this research within the existing body of work on the anthropology of the state. Subsequently, Chapter 3 details my research approach and methods. Here, I further discuss the distinct contributions that an anthropological approach offers to the study of the child welfare system, and describe the specific methods for data collection and analysis employed in my research.

The next chapter offers further context on the child welfare system. Chapter 4 provides a historical overview of the development and evolution of the child welfare system in the United States, outlining the key defining moments, ideological underpinnings, and legislative changes over time. Additionally, I describe the particularities of Florida's child welfare system, providing the specific context for this study. Here, I outline major transformations and policy shifts in Florida's system over the last three decades and leading up to the current study. This overview sets the stage for my research findings, which are presented in Chapters 5 through 10.

The first set of findings concern the construction and operationalization of 'child safety' as a concept within the child welfare system. In Chapter 5, I examine how child safety is defined in Florida policy and legislation, highlighting the ambiguities inherent in its conceptualization. I then explore how child safety is conceived and understood by caseworkers, pointing to the challenges that definitional ambiguity presents to frontline staff. Next, Chapter 6 delves further into the processes entailed in implementing the policies surrounding child safety into practice, noting the disjunctures that arise between policy and practice. Here, I underscore the ways in which the ambiguities identified in Chapter 5 result in diverse interpretations of child welfare policies, leading to variability in practice.

From here, I proceed to take a closer look at how system-involved children and families are impacted by these policies and practices. In Chapter 7, I explore caseworker perceptions of system-involved families in greater depth, focusing on how particular perceptions of families inform caseworker decisions surrounding child safety. This analysis reveals how the intersection of pre-existing biases and empathy shape caseworker interpretations of the family context. Chapter 8 then builds upon these findings to further explore the experiences of children who are the subjects of child welfare interventions. In this chapter, I emphasize the perspectives of

system-involved youth, and specifically interrogate the assumption that foster care is inherently safe for children who have experienced maltreatment.

Following this, Chapter 9 further examines the organization of the child welfare system as an intricate and complicated web of various state and non-state actors, rather than a singular coherent entity. This chapter illustrates how the very structure of the system impedes efforts to ensure child safety, underscoring the myriad places where disjunctures arise between various agencies, including different arms of the state. Finally, in Chapter 10, I explore the ways in which the pandemic has impacted the child welfare system and the children and families the system serves. In looking at the pandemic's impact, I am especially interested in the questions it raises about how 'child safety' is conceptualized, and the role and responsibilities of the state in ensuring the safety of children.

I conclude with recommendations for improving child welfare policy and practice, in line with the overarching goal of ensuring child safety. In particular, I call for a 'reimagining' of the concept of child safety to better respond to the needs of vulnerable children and families. I also describe the study's contributions to anthropological theory, and outline some recommendations for future research to further advance the anthropology of child welfare.

## **Chapter 1**

### **Toward An Anthropology of Child Welfare**

The child welfare system has been largely neglected by the field of anthropology, with limited anthropological research and theorizing explicitly focused on the topic of child welfare. Indeed, like women, children were frequently ignored and considered irrelevant for much of anthropology's history, with an anthropology of children and childhoods only emerging in the latter portion of the twentieth century (Bluebond-Langner and Korbin 2007; Korbin 2003). The acknowledgement and examination of violence towards children has been an even more recent advent in anthropology (Korbin 2003; Scheper-Hughes and Sargent 1998). As Scheper-Hughes and Stein (1987) note, the issue of child abuse itself only recently emerged in public discourse, and it was largely through the medicalization of the problem (e.g., Kempe et al 1962) that it became recognized and legitimized as a critical social concern. The combination of these factors has likely contributed to the relative lack of anthropological examination of child welfare, but the field has increasingly taken an interest in issues of violence and social justice, including the ways in which such issues impact the lives of children.

Although anthropological literature that specifically explores the child welfare system is somewhat scarce, a broad array of literature on related topics does exist that can further inform an anthropological investigation of the child welfare system. These range from examination of the cross-cultural variability in how conceptions of appropriate and inappropriate childcare practices are constructed and defined, to critical analyses of the role and practices of the state in

ensuring the welfare of children, broadly defined. This chapter provides a comprehensive review of the relevant literature that offers a foundation for building an anthropological understanding of child welfare, and is organized around three areas of inquiry. First, I explore the cultural construction of child welfare, which includes conceptions of childcare and child maltreatment as culturally and historically specific, variable, and dynamic. Second, I address the context of child maltreatment and protection at multiple levels – the individual/family, the collective/community, and the societal/state level. Third, I examine studies pertaining to state responses to the issue of child welfare, including the construction and enactment of policy and practices to address child maltreatment, and the implications these have for families who fall under the scrutiny of the state. Together, these sections lay the groundwork for the current study and an emerging anthropology of child welfare.

### **The Cultural Construction of Child Welfare**

Embedded within the contemporary Western construction of child welfare are culturally and historically specific ideas about children, parenting, and the family. Child welfare allegations, investigations, and interventions are generally concerned with the perpetration of ‘child maltreatment’ within the family, a concept that is based on particular beliefs, values, and assumptions regarding children and their appropriate treatment. The anthropological literature emphasizes the ways in which such conceptions are shaped by a myriad of interacting historical, social, political, and economic processes, which serve to constrain or facilitate particular parenting practices. Thus, parenting must be understood “in terms of dynamic, negotiated, and contextualized processes” (Sered and Norton-Hawk 2011:303). In this vein, anthropologists have explored diverse experiences of reproduction and parenting that underscore the ways in which various factors such as race/ethnicity, class, migration and legal status, gender, and sexuality

shape parenting experiences and practices (e.g., Castañeda 2019; Sedano 2013; Bridges 2011; Elegbede 2011; Walks 2011; Hyndman-Rizk 2011, Challinor 2011, Rudzik 2011; Widmer 2011; MacDonald and Boulton 2011; Sered and Norton-Hawk 2011; Craven 2010; Griffith 2010; Cardarello 2009; Githinji 2009; Alcalde 2009; Descartes and Kottak 2009; Morrison et al 2008; Rodriguez 2008; Jones 2007; Schalge and Rudolph 2007; Villneas 2001; Barrow and Laborde 2008; Schalge 2004; Inhorn 2000; Lerer 1998; Bourgois 1998; Scheper-Hughes 1992).

From an anthropological perspective, understandings as to what constitutes ‘good parenting’ and what constitutes ‘child maltreatment’ are far from universal (e.g., Faircloth, Hoffman, and Layne 2013; Walks 2011; Widmer 2011; Dombroski 2011; MacDonald and Boulton 2011; Barlow 2004). Even within the child welfare system, conceptions of child abuse and neglect are not always clearly defined and may be vulnerable to diverse interpretations (Scherz 2011). Such ideas, furthermore, are not static, but change and evolve over time. Faircloth, Hoffman, and Layne (2013) note that the term ‘parenting’ is itself a relatively recent concept, first coming into prominence in the mid-twentieth century. From an anthropological perspective, “‘parenting’ might be seen as a particular historically and socially situated form of childrearing, a product of late twentieth century ideological shifts around family, kinship, risk and social morality” (2013:1).

Similarly, conceptions of child maltreatment are historically specific as well. Brettell (1998), for example, points to the common and socially accepted practice of child abandonment to the care of public institutions in both Europe and the Americas well into the twentieth century, most often due to circumstances of poverty. This analysis emphasizes that the labeling of abandonment as a form of child maltreatment is an invention of the recent past and reflects changing ideas about parental responsibilities. Korbin (1981c) suggests that definitions of child

abuse and neglect vary across cultural groups, but that every cultural group has a conception of behaviors that are understood to comprise the unacceptable treatment of children. Conversely, every cultural group has a conception of behaviors that constitute appropriate and acceptable child treatment. In her ethnographic research among a Hawaiian-American community, for example, she identified a number of cultural proscriptions with regard to the appropriate care of children, such as placing young children in a separate bed to sleep at night, or bouncing or jiggling a child (Korbin 1990). When it came to disciplinary practices, furthermore, she found that physical discipline of children was considered acceptable, within reason, but that such practices were subjected to community regulation, and close neighbors or kin would intervene if a punishment was deemed excessive.

While anthropological research has emphasized cultural variation in ideas about parenting, Barlow (2004) argues that research on parenting/mothering has been largely dominated by the field of psychology, which has a tendency to explain variations in mothering primarily in terms of deviance or pathology, rather than recognizing cross-cultural variability in normative parenting practices. These psychology-based theories on parenting and childcare permeate the child welfare system and tend to dominate conceptions of child maltreatment, despite ethnographic evidence that Western childrearing practices and ideologies are not universal. Lancy (2007), for example, argues against the notion that mother-child play is universal and essential to child development, suggesting instead that constructing a lack of mother-child play as a deficiency fails to acknowledge the differing concerns, responsibilities, and values of parents in various cross-cultural contexts. In examining the cultural construction of child welfare and related ideologies about children and childrearing and drawing attention to the various processes at play within these constructions, the anthropological approach provides a

counter-narrative to the dominant discourse on child welfare that challenges the ways in which certain ideologies of childcare are privileged, promoted, and enforced.

### ***Children and childhood***

Anthropological theorizing has been resistant towards universal definitions of children and childhood, emphasizing instead the diversity of children's experiences and the ways in which childhood is shaped both by global processes and by local social and cultural contexts (Bluebond-Langner and Korbin 2007; LeVine 2007; Scheper-Hughes and Sargent 1998; Goldstein 1998). In underlining the cross-cultural variability in the lives of children, anthropology calls into question Western models that "assume a universal progression from childhood through adulthood" (Bluebond-Langner and Korbin 2007:242) and increasingly points to the ways in which Western concepts of 'normal' child development, such as ideas about child-caregiver attachment or the turbulence of adolescence, are not supported by evidence from the ethnographic record (LeVine 2007). Anthropological critiques highlight the ways in which contemporary dominant ideologies of children reflect particular social and historical conceptions of children and childhood that fail to recognize the cross-cultural diversity of children's lives and furthermore fail to fully acknowledge children's voices and attempts to express agency.

In particular, anthropological studies of children argued against the privileging of adult perspectives and conceptions of childhood, calling for the integration of children's voices into a more inclusive view of culture and society (Bluebond-Langner and Korbin 2007). In doing so, studies of children and childhoods present "provocative accounts that challenge many of the taken-for-granted assumptions" about children's daily lives and lived experiences (James 2007:264). This approach recognizes and validates children's distinct ways of knowing and being, as individuals who engage in processes of interpretation and who act upon those

interpretations (Terrio 2015; Toren 2007). Bluebond-Langner and Korbin (2007:245) propose “the notion that children live in and negotiate worlds that they create for themselves (e.g., play, peer groups, games), worlds others create for them (e.g., schools, hospitals), and worlds in concert with others (e.g., families, marketplaces, neighborhoods) must be simultaneously visible in the study of children and childhoods.” Knezevic (2020) further offers an understanding of childhood as embedded in and shaped by socially-constructed, but nonetheless materially significant, embodied categories including age, gender, race, class, and sexuality. Thus, in contrast to universalizing discourses on children and childhood, the holistic approach of anthropology emphasizes the interaction of various social, political, and economic processes that shape the lives and experiences of children.

Additionally, anthropological inquiry into children’s lives has brought attention to the intersection of childhood and politics. The idea that children’s lives are deeply permeated by political processes was first articulated by Robert Coles (1986), in contrast to dominant views that considered childhood and children’s experiences to be unaffected by politics. In writing on the cultural politics of childhood, Scheper-Hughes and Sargent (1998:1) note that this way of conceptualizing children’s lives speaks both to “the public nature of childhood” and to the “political, ideological, and social uses of childhood.” Thus, anthropology understands childhood as both political and politicized, recognizing the ways in which children’s daily life is shaped by cultural politics (Scheper-Hughes and Sargent 1998; Stephens 1995). Increasingly, these politics are informed by the global distribution and application of moral sentiments regarding children, facilitating their construction as victims, what Fassin (2013) proposes constitutes a moral economy of childhood. Moreover, anthropological perspectives further contrast with traditional

views that understand children primarily as “passive recipients of action” by arguing for a conception of children as social and political actors (Bluebond-Langner and Korbin 2007:243).

Anthropologists further note that there is a long-established history of viewing children as innocent within the social sciences, as well as among the broader public, resulting in a hesitancy to interpret children’s actions as expressions of agency when those actions are regarded as morally wrong (Rosen 2007; James 2007). Rather, there has been a predisposition towards understanding children as victims of exploitation, largely denying their agency to make decisions and act on their own. Children who challenge dominant ideologies that construct children as passive and dependent upon adults are frequently problematized by public institutions and policy makers (Musto 2016; Terrio 2015; Marcus et al 2014). In contrast, anthropology understands the potential for children to simultaneously possess agency and be vulnerable. As Bluebond-Langner and Korbin (2007:242) note, “It has been a hallmark of anthropological work to recognize that these attributes manifest themselves in different times and places, and under particular social, political, economic, and moral circumstances and conditions.” This approach, therefore, seeks to understand children as social agents while recognizing the various processes that shape and constrain children’s actions and which may empower them or contribute to their vulnerability.

Finally, anthropology also draws attention to the ways in which ideas about children and their needs are historically specific and continually changing. Among Western societies, Edwards and Gillies (2013) note that drastic changes in ideas about children and appropriate childcare have taken place over the last fifty years – children’s lives have become much more structured and supervised, and many widely accepted parenting practices from the relatively recent past would, by today’s standards, be viewed as neglect or child abuse. Furthermore, “expectations that parents should actively cultivate cognitive and emotional skills in their

children reflect uniquely contemporary preoccupations” (Edwards and Gillies 2013:31). Despite their recent origin, such ideas about child development have become embedded in the universalizing discourse on children and parenting.

Berry (2013:95-96) additionally notes that this discourse “conceptualizes children as individuals whose needs are separate from and superior to the priorities of the family.” Thus, the current dominant ideology on parenting is characterized by a ‘child-centered’ approach, placing the needs of children first and foremost. Sedano (2013) suggests that this change in ideology has created a shift in the balance of power between parents and children in contemporary Western society, which may be experienced as a threat for marginalized families. Children have been given increasing agency to challenge and defy their parents, and this changing balance of power may serve as a means for children to assert themselves and their interests over those of their parents. Furthermore, Hoffman (2013:238) points to the irony of child-centered parenting approaches, in that attempts to manage power struggles with children through the offering of ‘choices’ and talking about emotions, “the ‘child-centered’ self is always narrated and constructed by adults, and thus always exists in tension with, and potentially undermines, what may be children’s own visions and experiences of the world.” Thus, despite the intention to ‘empower’ children through child-centered parenting, in reality children are rarely given the opportunity to speak for themselves, as their speech is constrained and interpreted by adults.

These critiques are particularly applicable to research in child welfare, which rarely gives voice to children’s self-identified interests, perspectives, and experiences. A few studies in the field of social work have explored questions regarding children’s perceived safety while in out-of-home care, experiences of maltreatment while in care, and relationships with caregivers and biological family during out-of-home care episodes (Chapman, Wall, and Barth 2004; Fox and

Berrick 2007; Wilson and Conroy 1999), but such research has been fairly limited, and typically has not given children the space to identify their own priorities. Moreover, consideration of how child welfare intervention is experienced by ethnically marginalized children has been largely overlooked. Recently, Navia, Henderson, and Charger (2018) examined experiences of Indigenous youth in Canada's child welfare system, illustrating the ways in which youth experience state intervention as unjust and a continuation of colonial practices aimed at assimilation. This study further highlights strategies of resistance that youth employ in the face of this injustice, such as refusing to provide information to service agencies and efforts to reconnect with family or Indigenous communities following displacement by the child welfare system. This clearly demonstrates the value that an anthropological approach brings to the study of child welfare in understanding children as social and political actors with their own perceptions and agendas.

### ***Family and childcare arrangements***

Assumptions about the family are deeply embedded in discourses about child welfare and parenting, which include ideas about the 'normal' or 'natural' family structure, kinship relations, and roles with regard to childcare tasks. Despite the implied neutrality in the term 'parenting,' anthropologists emphasize that parenting is highly gendered, typically conceived of as women's work and integral to women's identities (Walks 2011). In arguing for an anthropology of mothering, Walks (2011) draws attention to the gendered nature of parenting. The dominant Western discourse on parenting assumes a nuclear family unit, with mothers serving as the primary caregiver of children and where 'mothering' is their primary or sole occupation. Anthropological research has challenged such assumptions by highlighting the diversity of family structures and childcare arrangements.

In many cultural contexts, parenting is not accomplished by individuals acting alone but entail many relationships and multiple caregivers (e.g., Widmer 2011; MacDonald and Boulton 2011; Stone 2011; Ferguson 2011; Barlow 2004). Ferguson (2011) emphasizes the prominent role of grandmothers (in addition to mothers) in childcare among the Southern Tutchone in Canada. Sedano (2013) similarly discusses the emphasis placed on collective childrearing practices among Dominican mothers. MacDonald and Boulton (2011:137) point to the fact that multiple caregivers and cooperative parenting are an essential part of our evolutionary history and requirements for providing adequate childcare: “We prefer the term parenting because a mother is only one of the people required for good parenting, even if a central one. To focus on a mother is to leave her vulnerable: the mother is only one among others... who share in the mutual constitution and care of an infant.” Similarly, Ginsburg and Rapp (1995:13) note, “when parenting is reduced to ‘mothering,’ the other people involved in childcare – fathers, foster and adoptive parents, nannies, and day-care workers – are rendered invisible, and mothers alone are held responsible for their children’s well-being.” Thus, anthropological critiques highlight the ways in which parenting discourse serves to reinforce gender inequalities and places an unequal burden on women for the care of children (Rudzik 2011; Chary et al 2011). While critics have pointed to the ways in which this ideology of parenting serves the interests of those in power (e.g., white men, the upper classes, and state leaders) (Hays 1996), Layne (2013:255) argues that it also serves the interests of women “privileged enough to engage in it.” The anthropological literature therefore suggests that women experience and interact with these discourses on family and parenting in a variety of ways.

In addition to noting the prevalence of ideologies about collective child caretaking among different cultural groups, anthropological research has also noted the existence of informal

cultural systems of child fostering and adoption. These entail practices whereby children may be sent to live with extended relatives, family friends, or other community members for a period of time, and possibly permanently, particularly if the biological parents are struggling to care for them (Verhoef and Morelli 2007; Sargent and Harris 1998; Korbin 1990). This body of research has demonstrated that in a variety of non-Western contexts, child fostering to kin or friends is a common and culturally accepted practice as well as an integral component of kinship relations. Such research challenges Western notions that children belong to and are the sole responsibility of their biological parents and lend further evidence to the argument that many cultures instead promote an ideology of shared responsibility with regard to the care of children.

Studies of immigrant and minority families within Western societies further demonstrate how the dominant Western view of parenting fails to understand the kinship ideologies and obligations held by minority populations. In her research with undocumented Mexican migrant families, Berry (2013:96) argues that while,

Expert-led parenting advice is regarded as both objective and neutral... an exploration of kin ideologies implicit in expert-led parenting shows that it is not neutral at all. Rather expert-led parenting emphasizes that parents contribute to the technical project of building autonomous individuals with the right skills who can successfully fledge from their families... these values stand to clash with the 'family project' of immigration that is shaped by a relational view of self that prioritizes the family over the individual and emphasizes the reciprocal obligations and responsibilities of different family members.

This study highlights the ways in which conceptions of family relationships and structure, responsibilities of both parents and children, and ideas about what constitutes sacrificing for one's children differ between immigrant families and the dominant parenting discourse in the United States, serving to further marginalize migrant families.

In a similar vein, Cohen and Gershon (2015) found that among Samoan migrants to New Zealand, conceptions and experiences of family differ significantly from state constructions. In

examining an attempt by the government to enact culturally sensitive child welfare legislation, they note that supporters of the legislation continued to understand what constitutes a family largely in terms of the nuclear family. Part of this assumption was that all families function with a common goal to ensure the needs of each family member, especially children, are met, and ultimately to cultivate children into productive members of society. Ethnographic research, however, suggests that this view of the family conflicts with the experiences and desires of Samoan migrant families, who juggle conflicting obligations between meeting the needs of their own households and those of their extended family network. They found that “extended family networks do not always recapitulate the aims of the nuclear family but instead can push against them” (Cohen and Gershon 2015:20), a finding that contradicted the assumptions of the New Zealand legislation that the extended family supports the goals of the nuclear family in ensuring the appropriate care of children.

Additional anthropological research examines the use of paid caregivers (e.g. nannies, au pairs), particularly in Western societies. Schultes (2011) highlights the ways in which the use of paid caregivers allows mothers to meet the social expectations of a ‘good mother’ without having to devote all their time to their children. Her analysis draws on Macdonald’s (1998) conception of ‘shadow motherhood,’ which refers to women’s unpaid, invisible reproductive work, seen as ‘naturally feminine’ and unskilled tasks rather than ‘real’ work. Applied to paid caregivers, this highlights the expectation that caregivers perform mothering tasks, which they are naturally predisposed to based on their female gender, while staying in the shadows. In this way, mothers maintain the appearance of carrying out the role of primary caregiver.

Finally, the normative ideology of the nuclear family is also challenged by studies of single parent households. Anthropological studies have noted the ways in which the dominant

parenting ideology blames single mothers for having children outside the ‘normal’ nuclear family structure (Layne 2013; Tarducci 2011; Elegbede 2011). Tarducci (2011:285) notes that poor single mothers are labeled as ‘bad mothers’ for their ‘decision’ to have children without “a present father as economic provider and authority figure.” Similarly, Layne (2013:213) suggests that women who are single mothers by choice are “accused of jeopardizing the well-being of their children by not providing a father.” Elegbede (2011) finds a similar pattern of blame in her examination of divorced Malay mothers, whereby the need to take on the traditionally paternal role of breadwinner leaves women susceptible to accusations of failing to fulfill their traditional mothering role of ‘emotion work’ (e.g. the stay at home mother who is there to attend to her child’s every need). Each of these studies points to the ways in which the lack of a nuclear family structure is conceived as pathological by the dominant parenting ideology. In highlighting the ways divorced mothers have resisted these critiques, however, Elegbede (2011:246-247, referencing PuruShotam 1998) notes that “While the construction of ideological family structures may be held by social elites, the power of maintenance and reproduction of such structures, and thus change, is held by the middle-class mother who negotiates aspects of the social system in which she lives to provide meaning and order to her life.” Thus, she suggests that women do not passively accept this pathologizing, but instead actively resist and challenge such ideas.

### ***Power and inequality***

As mentioned earlier, one of anthropology’s significant contributions has been in demonstrating the ways in which parenting/mothering is experienced differently across different social, political, economic, and cultural contexts. In examining these differences, anthropologists have argued that ideas and experiences of reproduction and parenting are shaped by power

relations. The theoretical concept of *stratified reproduction* has been particularly useful, referring to “the power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered” (Ginsburg and Rapp 1995:3). Stratified reproduction is concerned with social and political inequalities of gender, race, ethnicity, class, migration status, and position within the global economy as these relate to procreation and parenting responsibilities (Colen 1995). The impact of such unequal power relations is that the values and practices of the dominant class often take on a hegemonic status, placing already marginalized families at greater risk for their non-conformity while ignoring the ways in which such families are largely precluded from participation (Berry 2013; Sedano 2013; Jensen 2013; Rudzik 2011; Tarducci 2011; Hinton et al 2013; De Graeve and Longman 2013). As Jensen (2013) notes, the dominant parenting discourse positions subjects in classed registers and racialized formations, whereby “whiteness is able to remain assumed, silent and unmarked in parenting culture” (54). Thus, while dominant parenting ideology is portrayed as neutral, it is in fact deeply gendered, racialized, and classed, serving to disempower those unable to achieve this ideal.

In particular, anthropological research has pointed to the ways in which impoverished and racially/ethnically marginalized mothers are stigmatized and disempowered from raising their children. These processes are perhaps best captured by analyses of the circumstances and discourses surrounding adoption. In studying poor mothers who give their infants up for adoption in Argentina, Tarducci (2011:288) argues that the adoption process “reveals the crude gender and class inequalities that redistribute children from less favored layers of society towards a destiny of increased social advantages,” reflecting and reinforcing social inequalities. Her research highlights the ways in which the dominant discourse places blame on these women for their

inability to provide (economically) for their children while idolizing adoptive parents on the basis of their greater wealth and access to resources. De Graeve and Longman (2013:139) similarly argue that “interpretations of ‘the best interest of the child’ current in OECD countries that naturalize and universalize the middle-class heterosexual nuclear family have been used to legitimize and to regulate the neo-colonial transfer of poor ‘Third World’ children to affluent and intensive parenting ‘First World’ families.” In their study of Belgian parents with adopted Ethiopian children, they note that the narratives of adoptive parents construct the birth parents of their children as too poor to be able to parent properly, thus legitimizing the adoption process that removes children from these perceived problematic contexts and places them with more affluent families.

Contributions from medical anthropology have further examined the medicalization of women’s reproductive processes, including pregnancy, childbirth, and most recently mothering. Drawing on this literature, Urbanowski (2011:149) argues that the emphasis on following ‘expert advice’ that has become central to constructions of ‘good’ mothering “constitutes motherhood as a medicalized and medicalizing role.” This medicalization is at least in part a result of the changing nature of pediatric practice. As Brett and Niermeyer (1998:113) explain, improved standards of living, widespread immunization, improved nutrition, and improvements in maternal health reduced infant morbidity and mortality to such an extent that the field of pediatrics had to redefine its basic mission “from infectious disease control and nutrition to more marginal health conditions, especially those of a behavioral, emotional, and psychological nature and the area of well-childcare and parental guidance.” Thus, the expansion of pediatrics into the realm of childcare and parenting created an increasing emphasis on the following of expert advice as critical to child health and development.

This medicalization of mothering further exacerbates the processes of stratified reproduction as it increasingly subjects women to the power of the biomedical system and constructs deviations from the dominant parenting ideology as exposing children to unnecessary risks and thus problematic. Dow (2013) notes the ways in which this expert-led parenting ideology provokes a belief in the importance of surveillance, thus facilitating the expansion of state surveillance of mothers and mothering through public institutions such as the medical system and social welfare programs. Additionally, Hinton and colleagues (2013:74) critique the individualistic approach often taken by public health agencies that view parenting behaviors as “under the control of individuals and unrelated to external structural or economic factors.” They challenge the assumption that parents have full control over risk management in the home by drawing attention to the “complex relationships and behaviors that have to be negotiated between parents and wider family members” (81).

While this body of research has tended to emphasize the unequal balance of power between parents (primarily mothers) and the medical system, Urbanowski (2011:150) argues that mothers are not powerless against a hegemonic biomedicine, but “participate in the construction of medical power relations.” Her research among Muslim immigrant mothers describes the ways in which these women drew on various forms of biomedical, traditional, and lay medical knowledge in making childcare decisions. Rudzik (2011) and Chary and colleagues (2011) examine the cultural politics of breastfeeding ideology in relation to constructions of ‘good mothering’ and the agency of women to respond to, negotiate, or resist this ideology. In examining the uptake of breastfeeding among low-income women in Brazil, Rudzik (2011:159) argues that “the ways in which breastfeeding is promoted can be harmful to women who already occupy a marginalized position in society.” The discourse that is employed in promoting

breastfeeding as central to ‘good mothering,’ however, “largely denies that women’s varying social positions in terms of class, race, marital status and socio-economic condition can be relevant to their ability to reach the standards set by the discourse” (Rudzik 2011:169). Chary and colleagues (2011) similarly point to the socioeconomic constraints (e.g. poverty, gender inequality) that shape breastfeeding practices in Guatemala, as well as the ways in which women resist the ideology of ‘mother blame’ and instead are able to identify the socioeconomic causes of their breastfeeding problems.

Sedano (2013) presents another example of resistance to the intensive mothering ideology in her study of Dominican immigrant mothers living in Spain. She notes that Dominican immigrants encounter significant challenges to mothering in their new cultural environment, as the dominant parenting ideology in Spain differs significantly from that of the Dominican Republic. Dominican mothers find that their cultural practices of collective caregiving networks and ways of correcting and punishing children are not shared by Spanish mothers and may even be labeled as maltreatment by Spanish institutions. In this context of “unbalanced interethnic relations,” Sedano (2013:181) finds that Dominican mothers respond with resistance to Spanish ideologies of parenting, concluding that “the authority of experts is not taken for granted by immigrant mothers under suspicion; instead, they delegitimize the experts’ discourse by interpreting it as a cultural conception of an ethnically strange other.”

A final example from Jensen (2013) further indicates that resistance and negotiation occur even among the more privileged classes who embrace the dominant ideology. Among middle class parents in the UK, for whom intensive parenting ideology is generally accepted, Jensen (2013:51) suggests that “it is *through* negotiations with different experts and philosophies – resisting, refusing, disclaiming – that parents produce versions of themselves as ‘choosing to

become' specific kinds of parents and attach themselves to particular forms of moral value.” Drawing on Bourdieu (1979), she argues that social class entails “divisions that must constantly be reproduced,” as something that is not given but which must be *done* (2013:55), and parenting practices are one way in which this is achieved. Thus, this research emphasizes the implementation of certain parenting practices as a way in which individuals establish themselves as belonging to a particular social class.

Furthermore, anthropological analyses concerned with power relations also illuminate the ways in which parenting has been politicized. Parenting is increasingly constructed both as the cause of contemporary social problems and as a means to address them (Edwards and Gilles 2013; Dow 2013; Jensen 2013; Berry 2013). Edwards and Gillies (2013:22) note that the “construction of the family as a problem” has long been a feature of public, political and academic debates in Britain, which claim that there has been a decline family life and parenting and see this as responsible for current problems facing society (e.g. poverty, crime, homelessness, etc.). Jensen (2013:51), similarly, notes the ways in which parent training has increasingly been conceived of as a means to reduce social welfare programs “through a transfer of responsibility from the state to ‘parent-citizens.’” Thus, parenting is increasingly seen as a cost-effective solution to address social problems, but this approach fails to acknowledge the social, political, and economic processes that constrain parenting choices.

Along these lines, Berry (2013:86) argues that “Inequitable relations of power can easily become disguised in ideologies that purport to help disadvantaged children.” Terrio (2015) notes the increasing scrutiny of immigrant parents as appropriate caregivers, especially if they do not meet American middle-class standards, carried out under the justification of protecting and looking out for the best interests of children. In studying undocumented immigrants in North

Carolina, Berry's (2013:86) analysis of the claim that immigrant families lack adequate parenting skills emphasizes the importance of considering power relations "that underwrite judgements of deficient parenting in non-dominant populations." Castañeda (2019) further notes the ways in which access to 'good parenting' practices is restricted among mixed-status immigrant families due to differential eligibility for healthcare and social services based on family members' differing legal statuses and the fear of deportation for those who are undocumented. By constructing such parents as deficient based on their failure to access resources for their children, such discourses fail to recognize the ways in which marginalized parents are precluded from participating in 'good parenting' practices.

Sered and Norton-Hawk (2011) identify similar themes in their research on incarcerated mothers. They argue that criminalized women tend to be demonized, regardless of their actual parenting practices, because their moral failings are seen as evidence of a failure to fulfill their responsibility of transmitting 'good' moral values to their children. This analysis suggests that the universal labeling of criminalized women as 'bad mothers' fails to understand the circumstances that contribute to their criminalization (e.g. interactions of poverty, domestic violence, sexual assault, substance abuse) and assumes that 'poor choices' made in other areas of their life are a reflection of their parenting. Similar to medicalization, then, the politicization of parenting further reinforces social and political inequalities in blaming marginalized families and their failure to conform to the dominant parenting ideology as the source of contemporary social problems.

### ***Impact of globalization***

Much of the anthropological literature described above points to the ways in which global processes impact ideas about children and childcare practices. Indeed, Bluebond-Langner and

Korbin (2007) note that it was through increased global interactions and communication that the relatively poor condition of children throughout the world and the diversity of childhoods became visible. Scheper-Hughes and Sargent (1998:2) suggest that “the treatment and place of children... are affected by global political-economic structures and by everyday practices embedded in the micro-level interactions of local cultures.” This argument calls for an understanding of the interaction between micro-level and macro-level processes that shape the circumstances of childhood and the practices utilized by parents. Faircloth, Hoffman, and Layne (2013:3-4) further this argument for a global perspective, drawing attention to the exportation of Western parenting ideologies throughout the world:

While the discourses and practices of parenting may be seen as culturally and historically specific... they are currently acquiring a global significance as they diffuse and interact with local and indigenous conceptualisations of raising children. A global perspective is essential, both because parenting is at present a globalising set of ideas and practices that cannot be separated from considerations of global power inequities... and because the interactions of globally circulating discourses, and constructions of parenting with localised constructs, reveal assumptions and tensions within parenting that enhance our practical and theoretical understandings of the phenomenon.

They further note the connection between the spread of these particular parenting ideologies and the global spread of capitalism, stating that,

There is some evidence to suggest that parenting as a set of ideals and practices that is ‘child-centered,’ resource-intensive, and focused on the maximisation of individual achievement potential, are in fact associated with rising capitalist economies around the world... Parenting is clearly being targeted globally as an arena in which states can create new generations of workers/citizens who embody ideals integral to the success of new capitalism: individualistic, risk-taking, entrepreneurial selves. (Faircloth, Hoffman, and Layne 2013:4).

This analysis points to the significant influence of global economic processes in promoting particular conceptions of ideal parenting practices. Scheper-Hughes and Sargent (1998) also call attention to the impact of global economic transformations, particularly the spread of

neoliberalism and rise of structural adjustment policies. They posit that the proletarianization of poor women throughout the world has contributed to the deterioration of childcare practices while at the same time the global economic shifts over the past decades have created worsening conditions for the poor. Widmer (2011) and MacDonald and Boulton (2011), furthermore, emphasize the ways in which colonialism has altered parenting practices among formerly colonized populations, highlighting the fact that colonialism's impact continues to extend into the present day.

Another important impact of globalization has been an increased international focus on child health. The heightened visibility of children's poor health outcomes has sparked a flurry of humanitarian efforts focused on the 'rescue' of the world's children. Anthropological analyses have been critical of such initiatives, highlighting the often short-sighted nature of interventions focused solely on children rather than understanding the needs of children within the context of the family (Scheper-Hughes and Sargent 1998) and pointing out the ways in which international ideologies tend to place the responsibility (and blame) on mothers (Chary et al 2011). Research in this area illuminates the "contradictions between international policies and local realities" by identifying the constraints that condition parenting practices, such as breastfeeding (Chary et al 2011:179). In critiquing the promotion of breastfeeding by agencies like the World Health Organization as a cost-effective strategy for improving child survival and health, Chary and colleagues note, "In many ways, the WHO insistence on exclusive breastfeeding for six months (WHO 2003) is symptomatic of a larger inability to address the true root causes of maternal-child morbidity;" namely, poverty (Chary et al 2011:180). Thus, anthropological research has underscored the ways in which international humanitarian discourses promote parenting

interventions as solutions to the poor health conditions of children while ignoring the political and economic processes that contribute to the vulnerabilities of children and their families.

In addition, globalization has been important in the emergence and spread of ideas about 'children's rights.' In 1989, the United Nations adopted the Convention on the Rights of the Child (UNCRC), which was subsequently ratified by the majority of government leaders while gathered in 1990 for the World Summit for Children (Scheper-Hughes and Sargent 1998). As Bluebond-Langner and Korbin (2007) note, the UNCRC has been crucial in the development of policies to improve the lives of children. Interestingly, the United States remains the only member of the United Nations who has not signed the UNCRC. Anthropologists, coming from the position of cultural relativism, expressed initial concerns about the emerging international rights discourses of the time and the implications of applying a universal conception of human rights to diverse cultures. However, ideas about cultural relativism within anthropology have undergone significant changes in recent decades, and anthropologists like Scheper-Hughes (1995) have argued for a new ethical approach that moves beyond understanding practices that place vulnerable individuals at harm in purely cultural relativist terms. Thus, anthropology has gradually come to embrace notions of human rights, although still critical of the ways in which particular rights discourses may reflect Western biases rather than universal principles. In 2007, the Society for Medical Anthropology released a public policy statement endorsing the UNCRC and calling for its ratification by the United States. Thus, the emergence of discourses about children's rights have brought critical attention to the treatment of children globally and the need for an anthropological understanding of child welfare.

## **Conceptualizing Child (Mal)treatment at Multiple Levels**

While child welfare policy in the U.S. and other Western nations defines child maltreatment specifically in terms of abuse or neglect committed by a child's parent(s) or caregiver(s), who are presumed to have full responsibility for the child's well-being, anthropological theorizing has been more inclined to consider a broader conceptualization of maltreatment that understands the care of children to be a responsibility of the community and society. This approach, therefore, questions the distinction made by the state between a parent's treatment of the child and other forms of violence towards children. In working towards the development of an anthropological approach, Korbin (1981a) proposes the conceptualization of child maltreatment at three levels: 1) the individual and family level; 2) the collective or community level; and 3) the broader societal and state level. At each of these levels, there exist factors that both contribute to child maltreatment, and factors that protect against maltreatment.

At the individual and family level, inquiry concerns practices of maltreatment inflicted by the child's caregiver(s), which are understood to be idiosyncratic deviations from collectively shared cultural norms of appropriate child rearing. The collective level concerns culturally sanctioned practices with regard to child rearing among a particular socio-cultural group, which may be defined as maltreatment by an external cultural group but are considered appropriate or acceptable within the particular community or cultural group (e.g. rituals, rites of passage, healing practices). Within a socially and economically stratified society, such as the United States, this analysis also considers the variability in practices that may exist between different socio-economic class as well as different racial/ethnic communities. Finally, examinations at the state and societal level are particularly concerned with broader social conditions that are detrimental to child well-being, such as poverty, inadequate housing, food scarcity, and

community or state violence, and the role of the state in both contributing and responding to such conditions through policies and practices that affect children and families. The conceptualization of child maltreatment at these three levels provides a useful framework for exploring the different factors affecting children, however, the literature also points to the inter-connectedness of these levels. Thus, anthropological research tends to stress the interactions across levels, bridging together the micro- and macro-level factors that shape child treatment and maltreatment. This section examines the available anthropological literature on child maltreatment according to these three levels of analysis, while also acknowledging the places where the boundaries between levels become somewhat messy and blurred.

### ***Individual and family level***

The perpetration of child maltreatment at the individual and family level is the place where child welfare allegations and interventions typically occur, yet it is also the place where, from a cross-cultural perspective, there is the least amount of shared understanding as to what constitutes maltreatment. In considering child maltreatment at the individual level, Korbin (1981a) suggests that examination should focus on aberrant, idiosyncratic cases of maltreatment based upon local cultural definitions. In this way, the analysis takes a culturally relativist approach in distinguishing those practices that fall outside local cultural constructions of appropriate childcare as the basis for defining child maltreatment at this level. In contrast to more psychologically oriented research on child maltreatment that tends to emphasize the role of individual pathology, however, anthropological inquiries at this level of analysis have tended to understand aberrant behaviors largely in regard to the influences of socio-cultural processes.

Anthropological literature suggests that family characteristics and social relations are important factors affecting the likelihood of maltreatment. Anthropological research has shown

that parents who have strong local ties to kinship and community are less likely to maltreat their children, while parents who are socially isolated and lack supportive family and community networks exhibit higher rates of maltreatment (Korbin 1990; Johnson 1981; Ritchie and Ritchie 1981). This research indicates that kin and community networks may provide two functions that reduce the likelihood of child maltreatment: they distribute the burden of childcare responsibilities among a network of caregivers so that these tasks do not fall entirely on a single parent, and they intervene when a parent's behaviors present a risk of serious harm to the child. Additionally, they are present to criticize and correct such behaviors.

Furthermore, whereas child maltreatment research conducted primarily among Western nations (e.g., Daly and Wilson 1988) has indicated that children being cared for by non-biological parents are at greater risk of maltreatment, cross-cultural research on fostering suggests that this is not necessarily the case. In examining fostering experiences in an urban community in Cameroon, Verhoef and Morelli (2007) found that the relationship between the biological parents and the foster parents and the particular circumstances by which a child came to be fostered are critical factors in determining the child's treatment. Their research indicates that children who came to be fostered through a joint venture entered into agreeably by both the biological and foster parents were found to be treated no differently than the foster parents' own biological children. In cases characterized by what the authors called an 'ambivalent takeover,' whereby the foster parents reluctantly agreed to take in a child at the request and persistence of the biological parents, on the other hand, these children experienced greater rates of neglect and differential treatment compared to the foster parents' biological children. These findings lend further support to the anthropological research indicating the importance of social networks that support community caretaking in preventing child maltreatment.

Another body of anthropological research suggests that ‘marginalized’ children are at greater risk of maltreatment. Cross-cultural research indicates that certain characteristics of children are associated with marginalized social status and consequently greater risk of being maltreated, including physical and mental disabilities, chronic medical illnesses, severe behavioral disorders, illegitimacy, and being raised by a non-biological caregiver (Kohrt 2014; Walker et al 2007; LeVine and LeVine 1981). While much anthropological research claims that children are highly valued across cultures, ethnographic evidence also indicates that not all children are valued equally. Anthropological research has shown that physically deformed or sickly infants are commonly rejected and subjected to infanticide in some cultures (e.g. Scheper-Hughes 1982; Sargent 1982). LeVine and LeVine (1981) found that among the Gusii in Sub-Saharan Africa, illegitimate and non-biological children received inferior care and were neglected at higher rates compared to other children. Graburn (1987) notes that while observed cases of child abuse among the Inuit of Canada were rare during his fieldwork, those that he did encounter mostly involved children who were mentally handicapped or were perceived to be so by their families. In studying “appearance impaired” children in Israel, Weiss (1998) found that abandonment of such children was extremely common, and of those parents who kept their children, the majority subjected these children to differential treatment that could be considered abusive, including the use of physical seclusion and stigmatizing language (e.g. referring to children as monster, devil, etc.). Finally, in examining perceptions of mothers in the United States incarcerated for the fatal maltreatment of their children, Korbin (1987b) found that many of the women in this study perceived their children to be developmentally abnormal and also expressed feeling rejected by their children. Her research suggests that these beliefs facilitated the mothers’ ultimate rejection of their children.

Although the cultural norms in these examples do not explicitly sanction the maltreatment of such children, the research suggests that the social marginality of these children might provide the offending parents with the means to justify their actions to themselves. Furthermore, the community may be less likely to intervene on behalf of a child of marginal status, or may even view the actions of these parents as socially acceptable within the particular circumstances. Korbin's (1987b) research further suggests that a better understanding of parent-child interactions in cases of child maltreatment is critical to understanding the behavioral reactions of maltreating parents towards their children. Thus, the perceptions of parents regarding their children, shaped by a combination of cultural beliefs and individual characteristics, appear to be an important factor contributing to "aberrant" acts of child maltreatment. This research suggests that deviant parental behaviors may arise in response to a perception of deviant child characteristics, or perhaps that children who do not fit within culturally-defined conceptions of 'normal' may be regarded as deserving of or requiring abnormal treatment.

Additionally, there is further indication from the anthropological literature that when aberrant acts of child maltreatment do occur, they may be at least partly influenced by cultural processes. Among the Inuit, Briggs (1970, 1975:157) describe a "fusion of affection with aggression" that is characteristic of parental interactions with their children. Briggs claims that the aggressive undertones built into Inuit displays of love are an integral part of their socialization that teaches Inuit children to transform feelings of anger and aggression into more benign emotions, but Graburn (1987) suggests that the ambivalence created by this fusing of aggression and love may under certain circumstances lead to the inverse outcome, resulting in violent outbursts. As discussed above, 'abnormal' children may be more likely targets of such

violence on the basis of their marginality. Among societies where physical punishment is sanctioned as an appropriate parenting strategy, furthermore, it becomes exceedingly difficult to determine when a punishment goes ‘too far’ and might be considered aberrant by cultural standards (Korbin 1990; Kavapalu 1993). In such cases, physical punishment such as beatings may be culturally sanctioned when used for the purpose of socializing children about appropriate behavior, but may be deemed aberrant based on contextual factors that indicate a parent is acting primarily out of rage rather than for the purpose of teaching.

Wagatsuma (1981) provides another example of the ways in which cultural processes appear to influence the perpetration of maltreatment, noting that incidents of child maltreatment in Japan exhibit a pattern that is culturally distinct from typical child maltreatment patterns among Western nations. Japanese cases most typically involve abandonment or homicide of children, sometimes involving joint murder-suicide, as opposed to the Western pattern of ongoing, non-fatal physical abuse or neglect. Wagatsuma suggests that this pattern may be connected to the collective identity of Japanese culture, which emphasizes interdependence among people rather than individual autonomy, with traditional cultural beliefs that reflect collective responsibility for child rearing. Amidst contemporary transformations in social patterns that increasingly place responsibility for children within the family, Wagatsuma suggests that, particularly for parents who find themselves unable to properly care for their children, there may be lingering conflicts at the individual level, where cultural beliefs about interdependence are still strongly valued.

Finally, Korbin’s (1998) research challenges the etiological assumption that abusive parents are socially isolated and lack social support. While research has indicated that higher rates of maltreatment are found among families that lack strong social supports, as described

above, Korbin found that fatally maltreating mothers in her study had active social networks, however, these networks were ineffective in recognizing or intervening in the maltreatment. In fact, she found that the women's social and professional networks provided reassurance that the women were 'good mothers,' which facilitated their continuing abuse, ultimately culminating in the deaths of their children. The support and encouragement that they received from their social networks reinforced the notion that their behaviors were not considered abusive and were actually socially acceptable parenting practices.

Thus, the literature examined here suggests that acts of recognizable child maltreatment unfold in culturally specific ways that are connected to socio-cultural processes, although they may reflect distortions of socially-sanctioned practices or a failure of socialization to fully shape the individual's behavior according to social expectations. Furthermore, this research also calls into question the extent to which such acts of maltreatment are in fact 'deviant' behaviors, or whether they actually fall within a spectrum of socially accepted parenting practices.

Emphasizing the critical role of broader societal forces, particularly social inequalities, in shaping 'cultural' practices, Goldstein (1998:392) presents the following critique:

Korbin cautions the reader to distinguish acceptable child-rearing practices from idiosyncratic maltreatment of children that falls outside a culture's accepted range of behaviors. I suggest here that the conditions of poverty and the lack of options make extreme forms of discipline and punishment fall within a continuum of acceptable behavior.

This analysis points to the limitations of using a culturally relativist framework to examine child maltreatment purely in terms of deviance from culturally-sanctioned practices without critically examining the processes that shape such practices. In addition, while socio-cultural processes may be at least partly indicated, the anthropological research described here still does not fully explain why deviant acts of child maltreatment occur, an area of research that has received less

attention. In considering anthropological perspectives with regard to sexual abuse and incest, for example, both Korbin (1987a) and La Fontaine (1987) note that anthropological theorizing has emphasized the widespread existence of taboos that prevent against such behaviors but has largely failed to acknowledge the evidence that violations of such taboos occur. In this regard, La Fontaine (1987) asserts that both biological and social functional theories that have dominated this literature are inadequate for explaining why idiosyncratic violations of established cultural rules occur. Greater anthropological research is needed to understand the circumstances in which individuals deviate from cultural norms and expectations.

### ***Collective and community level***

Anthropological investigation at the collective level has emphasized that conceptions of appropriate and inappropriate child rearing practices are culturally variable, and that culturally sanctioned practices among one cultural group may be deemed inappropriate or abusive by another group's cultural standards (e.g. Korbin 1981a; Langness 1981; LeVine and LeVine 1981; Poffenberger 1981). Research at this level of analysis, therefore, has most commonly come to embody the anthropological tradition of cultural relativism. Collective practices may be further conceptualized within two distinct categories: those practices that are explicitly culturally sanctioned (e.g. food proscriptions, disciplinary practices, healing practices, rites of passage, collective caretaking) and those practices that are not explicitly condoned but are socially accepted among the community (e.g. infanticide, selective neglect). While the former category may be best understood as representing official cultural practices, the latter category often represents survival tactics within the context of scarcity, understood by the collective group as necessary but not ideal practices.

While the field of child welfare has a tendency to conceptualize culture as a ‘barrier’ to child safety, anthropological research demonstrates that most cultures exhibit collectively held practices that serve to prevent the perpetration of child maltreatment. Among Native Hawaiians, for example, Korbin (1990) notes that while some degree of physical discipline is accepted in response to child misbehavior, it is subject to community regulation. Within the context of close social and kin networks, she observes that it is not uncommon for neighbors or relatives to interject if a punishment becomes too severe, and that children, aware of such safeguards, would frequently exaggerate the severity of the punishment through crying and screaming to alert the neighbors to intervene. Korbin (1981b) describes similar processes at play in the People’s Republic of China, where she reports neighborhood vigilance is built into the structure of society and ensuring the welfare of all members is a collective responsibility. Community practices such as collective caretaking of children and informal fostering systems, as described earlier, also reduce the likelihood of maltreatment (Korbin 1990; Johnson 1981; Ritchie and Ritchie 1981). Thus, anthropological literature indicates that at the collective level there are often mechanisms for preventing and intervening when child welfare is jeopardized.

In considering the category of culturally-sanctioned childcare practices, anthropology has a long tradition of describing seemingly bizarre practices of cultural ‘others,’ including practices directed at children, although only recently have discussions considered these practices in terms of maltreatment and the potential implications for child well-being. Traditionally, anthropology has emphasized the importance of understanding such practices within their particular socio-cultural context. Rites of passage, for example, have been documented across a wide range of cultures, many of which involve the infliction of considerable pain upon children. Langness (1981) describes a variety of initiation rites among various cultural groups of New Guinea,

which include severely beating adolescent initiates, infliction of painful scarifications, induced vomiting and bloodletting, and ritualized fellatio or sodomy with older males for boys, or ritual defloration for girls. In Sub-Saharan Africa, genital operations, including both male circumcision and female genital cutting, are practiced among a variety of cultural groups as part of the child's rite of passage (LeVine and LeVine 1981). While international attention and outrage has focused on procedures performed on females (deemed 'female genital mutilation'), it is noteworthy that among many cultural groups males are also subjected to circumcision at around the same age as females, and that both male and female procedures are highly painful and often performed in unsanitary conditions. Thus, anthropological analyses suggest that the tendency of Westerners to respond with shock and horror at such practices has less to do with genuine concern about the treatment of children and more to do with ethnocentric notions of 'normal' child treatment and a desire to sensationalize the practices of exotic 'others.' (e.g. Walley 2002; Korieh 2005). Seeking to understand these practices within their cultural context, anthropology has tended to focus on the socializing functions and cultural meanings embedded within such practices.

Disciplinary practices represent another set of cultural behaviors that have typically been described in terms of their socializing function. Anthropologists have documented the culturally sanctioned use of physical punishment in a number of societies (e.g. Korbin 1990; Kavapalu 1993; Poffenberger 1981; Wu 1981). Poffenberger (1981) suggests that in rural India, highly authoritarian and harsh discipline practices serve a normative function in preparing children to conform in a group-oriented society that favors passive and obedient behavior. Along similar lines, Wu (1981) describes the use of harsh discipline for child socialization in Taiwan, where filial piety is a central cultural value that emphasizes parental authority and child obedience. According to Wu, filial piety functions as a social contract through which parents secure the

unconditional support of their children to care for them in their old age. Kavapalu (1993) describes a similar functional explanation for physical punishment in Tonga, where cultural emphasis is placed on actively teaching children appropriate values and behaviors, which Tongans believe is most effectively achieved through physical punishment. She notes that punitive socialization methods are particularly motivated by the importance of children's obedient and respectful behavior, and that the use of harsh physical punishment forcibly teaches behavioral and emotional control. Among all these cases, the use of even extremely severe physical punishment is described as serving a functional purpose in child socialization.

While offering a cultural context by which to understand the social functions behind seemingly abusive practices, this approach has considerable limitations that have increasingly come under scrutiny in contemporary anthropological theorizing. Social functionalism tends to perpetuate a rather static view of culture that understands the primary function of social structures as the maintenance of the status quo, which is presumed to be socially desirable and unproblematic. Such theorizing ignores or minimizes the presence and role of intra-cultural conflict, processes of cultural change, unequal power relations, and individual agency. Kavapalu (1993:315) observes, "However much practices 'make sense' in their particular contexts, their impact at the level of subjective experience must also be considered... The historical processes that have influenced existing practices must be recognised, and the notion of 'tradition' carefully scrutinized." When confronted with examples of extremely violent cultural practices, the ethics of cultural relativism and efforts to justify the continuation of such practices by providing functional explanations come into question.

Anthropological theorizing in the latter part of the twentieth century has increasingly questioned whose interests are really served by the perpetuation of existing social structures and

the ways in which unequal power relationships are preserved, strengthened, and naturalized through such processes (e.g., Bourdieu 1977; Gramsci 1971; Foucault 1978). Kavapalu's (1993) analysis of punishment in Tonga, while describing the functional purpose of such socialization, also highlights the ways in which such practices reflect an assertion of power and status, notes the processes of social change underway with increasing globalization, and questions the very notion of 'traditional' practices by identifying connections between the emphasis on physical punishment and early contacts with European missionaries. Wu (1981), similarly, notes the sociopolitical motives behind efforts to maintain the cultural value of filial piety in Taiwan, suggesting that the system may be exploited by individuals seeking personal advancement. These analyses, therefore, emphasize the need to consider the imbalance of power between adults who promote the maintenance of particular cultural practices and children who are directly affected by these practices.

Concerning the second category of practices identified at the collective level, anthropologists have described practices characterized as forms of family planning or 'selective neglect' among societies faced with scarce resources, harsh living conditions, and limited options. Such practices include deliberate infanticide, 'indirect' infanticide, and deprivation of children's basic needs including food and medical care (e.g. Miller 1987; Mull and Mull 1987; Scheper-Hughes 1987, 1992; Cassidy 1987; Poffenberger 1981). Much of this literature points to the socio-economic factors influencing the practice and community acceptance of such strategies. Cassidy (1987) and Scheper-Hughes (1987, 1992) suggest that the practice of selective neglect is largely a response to broader societal and economic conditions that increase the likelihood of child death. The conditions of scarcity found in much of the developing world require parents to make choices about who receives what resources, and these circumstances

serve to encourage practices of selective child neglect and the delay of parental attachment to children who may not survive. Thus, it is often children who seem unlikely to survive or are unable to contribute to the household economics that are most likely to be neglected. Mull and Mull (1987), for example, found that among the Tarahumara in Mexico, who live in extremely harsh conditions and depend upon children's contributions to the household labor, children who were deformed, sickly, or perceived to be unable to contribute were most likely to be either discarded at birth or neglected. A lack of paternal support or insufficient family resources for the number of children was also associated with practices of infanticide or neglect. Scheper-Hughes (1987, 1992) similarly describes the practice of selective neglect in the context of extreme scarcity among shantytown mothers in Brazil. In particular, children who are sickly or deemed too weak to live are frequently 'allowed to die' through the deprivation of food and care, and mothers often withhold affection or show indifference towards these children as part of what Scheper-Hughes argues are actually maternal survival strategies.

Providing a slightly contrasting example, in North India, both Miller (1987) and Poffenberger (1981) describe systematic practices of neglect, maltreatment, and at times infanticide specifically of female children. Within the context of a strongly patriarchal society, the ethnographic evidence shows a strong preference for sons among Indian families. Anthropological theorizing about the reasons for sex selective neglect in this context has emphasized economic demands, noting that within the patriarchal system in India, the sexual division of labor precludes women from contributing to the household economic well-being, and the marriage structure results in daughters leaving their family of birth to join their husband's family while at the same time a dowry must also be provided. These aspects of the social structure make female children an economic burden for families, and as a result the practice of

neglect of female children has been found to be widespread and commonly accepted among such communities. In contrast to ecological perspectives that suggest such practices are linked to scarcity in resources for the given population size (e.g., Harris 1977), both Miller (1987) and Poffenberger (1981) emphasize that female neglect is practiced even among wealthier and higher caste families, and even seems to be more strongly adhered to by these higher status families. Miller (1987) and Cassidy (1987) further note that interventions failing to understand the local social context and culture that support practices of selective neglect and maltreatment may fail to address the underlying causes and as a result might save the lives of children only to extend their suffering. Additionally, Scheper-Hughes (1987, 1992) maintains that the conditions of scarcity and limited access to resources that perpetuate poor living conditions for children are not natural phenomena, but are man-made conditions resulting from the unequal distribution of wealth and resources.

Finally, Bourgois (1998) points to the ways in which community violence and dysfunction contribute to child abuse and neglect. In studying gendered violence and social suffering among the families of inner city Puerto Rican drug dealers, he describes the ways in which ‘street culture’ exacerbates women’s oppression in its acceptance of abandonment by fathers, noting that, “the irony of the institution of the single female-headed household is that, like the former conjugal rural family, it is predicated upon submission to patriarchy” (Bourgois 1998:345). While mothers who use drugs are demonized by the public, the drug using/dealing fathers remain elusive and out of sight. Bourgois’ (1998:349) analysis highlights the fact that raising children in an environment of persistent community violence and poverty is seen as a hopeless endeavor, as mothers inevitably watch their children grow into “victims and protagonists of violence and substance abuse.” Community level factors clearly contribute to the

occurrence of abuse and neglect in this context, however, the study further indicates that this community level violence is connected to broader structural inequalities. The research examined in this section, therefore, underscores the intersection of processes at the collective and societal levels affecting child well-being, highlighting the critical role that systems of power and oppression play in shaping the welfare of children, and the need for analyses that take into account gender, racial, and economic inequalities.

### *State and societal level*

Anthropological analyses of child maltreatment at the state and societal level have been particularly concerned with macro-social global processes impacting child well-being, as well as the role of the state as both the perpetrator of violence towards children and protector of children. It is at this level where conflict over the rights and responsibilities of families versus the rights and responsibilities of the state with regard to children emerges, and where anthropological theorizing has been most prominent in problematizing the deteriorating conditions of childhood and increasing incidence of child maltreatment.

One line of anthropological inquiry concerns the emergence of increasingly high rates of reported maltreatment among cultural minority populations within state child welfare systems. Anthropological research has postulated that this increasing occurrence of child maltreatment is connected to the deterioration of traditional cultural values and practices brought about by rapid social and economic changes (e.g., LeVine and LeVine 1981; Hauswald 1987; Ritchie and Ritchie 1981). This research, therefore, connects aberrant parenting behaviors to processes at the societal level. Among the Navajo, Hauswald (1987) found that maltreating parents often tried to justify their behaviors as traditional cultural practices, but that these explanations often represented a misuse or misinterpretation of traditional practices. Hauswald's analysis of the

context of child maltreatment among the Navajo indicates that rapid socio-economic changes and forced assimilation efforts endured by the Navajo have resulted in a disruption of traditional socialization processes, leaving many contemporary Navajo with a very fragmented understanding of cultural practices and behaviors.

Similarly, Ritchie and Ritchie (1981) argue that disproportionately high rates of child maltreatment reported among the Maori in New Zealand are connected to processes of migration and urbanization that have disrupted traditional child rearing practices. They report that Maori women in urban and suburban communities are isolated from kin and community networks that traditionally helped with childcare and provided mechanisms for relieving parental stress. Furthermore, they note that there is substantial societal pressure from welfare and medical agencies for Maori to adopt Western parenting practices, which may be a source of internal conflict for Maori parents. MacDonald and Boulton (2011) likewise note this phenomenon of forcing Western parenting practices on aboriginal mothers in Australia and connect this to the contemporary context of poor infant outcomes: “In no other area of social and emotional life has Western knowledge been so oppressive as in the practices associated with parenting” (MacDonald and Boulton 2011:140). This research suggests that local contexts of child maltreatment must be understood in connection to broader socio-economic processes that influence them, particularly processes that have served to dismantle traditional child caretaking practices.

These studies also allude to the legacy of colonialism, including forced assimilation and proletarianization, and the impact that these unequal power relationships have had on colonized peoples. Additional anthropological analyses have specifically examined the ways in which state interventions in the name of child welfare have been enacted within the context of colonialism.

The systematic removal of Indigenous children was characteristic of colonial practices in the United States, Canada, Australia, and New Zealand (Navia, Henderson, and Charger 2018; Motta 2016; Briggs 2012; MacDonald and Boulton 2011; Van Krieken 2004). Van Krieken (2004) has argued that the systematic state removal of aboriginal children from their families in Australia during the 20<sup>th</sup> century was a form of cultural genocide with the primary intention of forced assimilation, with MacDonald and Boulton (2011) further noting that these removals often served the primary purpose of proletarianizing aboriginal children. Motta (2016) additionally emphasizes how the use of child removals has served to systematically pathologize and criminalize subaltern women. While this practice began under colonialism, it has continued into the neoliberal era, justified through discourse that individualizes social problems such as poverty, domestic violence, and mental illness, conceptualizing them instead as personal defects and deficits. In this regard, the use of child removal has expanded to subject additional populations to this pathologization and disciplinary intervention, such as African Americans in the U.S. post-Jim Crow era (Briggs 2012; Roberts 2003), refugees (Ramsay 2017, 2016), and undocumented immigrants (Woodward 2021; Rodriguez 2017; Terrio 2015).

Along similar lines, Helleiner (1998) suggests that in Ireland, the state used claims about ‘protecting children’ to force assimilation on minority Traveller peoples. Invoking notions about the inadequacies of traditional Traveller parenting practices, the state asserted the need for intervention to implement “appropriate” modern child rearing practices, yet Helleiner’s analysis indicates the state’s primary concern was in fact the assimilation of a population deemed problematic in public discourses. McElhinny (2005) provides another example of the stigmatization of traditional child rearing practices for the purposes of colonialism, this one in the U.S. occupied Phillipines. McElhinny argues that through public health campaigns targeted

at the adoption of modern childrearing practices, the bodies of Filipina women became the primary objects of colonial power. The claims that such campaigns were carried out in the name of public health and child welfare disguise the true interests of the United States in producing ‘modern’ Filipino children for the capitalist system. Together, these analyses point to the inherent violence directed towards cultural ‘others’ embedded in structural arrangements of social, economic, and political relations, and the ways in which this violence is enacted by states under the guise of child welfare. This line of inquiry suggests the ways in which state interventions on behalf of children are in fact mechanisms for the state to exert power and control over citizens, what Foucault (1978) refers to as *biopolitics*.

Furthermore, anthropological analyses such as these have also called attention to the ways in which societal treatment of children differs according to race and class. The studies identified above suggest that interventions on behalf of ethnically ‘other’ children (e.g. non-white) have historically sought to socialize such children for future roles within the working class. Scheper-Hughes and Hoffman (1998) and Goldstein (1998) further illuminate the processes by which societies differentially assign value and inflict violence upon particular segments of children. In examining the “discourses and practices that endanger street children in Brazil,” Scheper-Hughes and Hoffman (1998:354) point to societal violence perpetrated against children in the form of pathologizing and criminalizing poor children rather than recognizing and addressing poverty. Their analysis indicates that the construction of street children as a social problem has to do with their visibility and placement on the main streets and plazas of town, where middle- and upper-class Brazilians must encounter them, and that “focusing on the criminally ‘addicted’ street child is a convenient way to avoid confronting the more fundamental social and economic problems affecting the families and communities of the poor” (368). They

argue that the dominant discourse and widespread social acceptance of violence towards street children (e.g. execution by military police) reflect “public indifference to the survival of the children of the urban poor. Inherent in this logic is that the ‘right to life’ is a conditional value, ultimately the privilege of affluent children” (376).

Similarly, Goldstein (1998) argues that childhood itself is a privilege of affluent children. Her examination of the treatment of poor children in Brazil points to the role of societal forces that shape parenting practices among the poor in Brazil, particularly the ways in which they encourage the use of discipline and punishment. In contrast to the life of leisure experienced by wealthier children, the treatment of poor children is shaped by an ethos of survival in a highly stratified society, whereby poor mothers need to prepare their children at an early age for a life of subservience to the upper classes. Thus, in regard to seemingly abusive parenting practices among the poor, Goldstein (1998:392) argues that “social rather than individual abuse is an appropriate concept for social scientists to use in examining the question of child treatment among the extremely poor, since the perpetrator is so clearly society itself.”

Another avenue of anthropological analyses have examined warfare as a form of societal violence that affects children. Providing a rather extreme example, Suarez-Orozco (1987) describes the political violence inflicted upon children in Argentina during the ‘dirty war’ of the 1970s, during which children were tortured or forced to witness the torturing of their parents as a political tactic used to obtain information or confessions from suspected subversives. Suarez-Orozco (1987:242) notes that “in all modern police state[s]... children are used to get at the parents.” Olujic (1998) presents an examination of the post-war circumstances of children in Croatia, noting the ways in which war imparts both direct and indirect violence towards children. This analysis highlights that not only were children killed and wounded during the war, but they

also continue to be victimized in the aftermath of war: by increased poverty, the loss of parents, displacement, and the development of emotional and behavioral disorders as a result of their traumatic experiences. Placement in public institutions for economic reasons has also become quite common in post-war Croatia: “That so many of these institutionalized children [59%] have parents who are unable to care for them is yet another indicator of how severely the war disrupted family life and led to an increase in child neglect and child abuse” (Olujic 1998:326). These analyses, therefore, indicate the ways in which war inflicts both immediate and long-term harm upon children.

Applying a global perspective to the analysis of child maltreatment, a number of anthropological scholars have emphasized the role of the world economy, particularly large-scale economic transformations that include the spread of neoliberalism and structural adjustment policies, which have produced the current conditions contributing to poor child health, well-being, and chances of survival (e.g., Scheper-Hughes and Sargent 1998; Sargent and Harris 1998; Lerer 1998; Bourgois 1998). As described in the previous section (e.g., Scheper-Hughes 1987, 1992; Cassidy 1987), practices of selective neglect most often represent a response to economic deprivation and material scarcity, which are not naturally occurring phenomena but rather the result of global political-economic processes that have contributed to worsening conditions for the world’s poor. Sargent and Harris (1998) note that structural adjustment policies have exacerbated poverty while simultaneously cutting back on social services among developing nations, with low-income women experiencing the greatest impact. In Jamaica, they found that the declining economy was correlated with a rise in child abandonment, arguing that this is a consequence of structural factors that include high unemployment, foreign migration and the collapse of traditional child-fostering systems among kinship networks.

Lerer (1998) documents the relationship between poverty, oppression, and poor child health outcomes in South Africa, particularly infant mortality, noting that high infant mortality rates among severely deprived populations often invoke suspicion and blame from officials. The response of social institutions to chronic deprivation and hunger has been to place blame on impoverished women and wage accusations of child neglect, ignoring the role of structural violence in creating such circumstances. Similarly, MacDonald and Boulton's (2011) examination of aboriginal mothers and infants 'in crisis' also underscores the ways in which poor mothers are typically blamed for their children's poor health outcomes while the role of structural violence is ignored. Their analysis challenges the dominant discourse that blames women for inadequate childcare by focusing on the barriers that prevent them from providing sufficient care.

Additionally, Bourgois (1998) points to the ways in which large-scale economic changes and shifts in gender and family structures are directly related to the welfare of children. His analysis notes that working class fathers are increasingly unemployed or underpaid and thus unable to support their families, and while women's rights have been significantly transformed, at the same time motherhood roles have not changed, with women continuing to be responsible for the majority of childcare, a role which they are increasingly less willing to accept. Bourgois suggests that these circumstances have precipitated an increase in child abuse and neglect over the past generation, but this phenomenon is rarely examined in terms of the contributing societal factors:

Politicians, the press, and the general public in the United States interpret the visible problems faced by poor urban children as evidence of 'a crisis in family values' (Stacey 1996). Structural problems of persistent poverty and segregation, as well as the more complex issues of changing gender power relations or the trauma of rural-urban migration and unemployment due to restructuring, are rarely addressed in public discussion. The most immediately self-evident policy

interventions to address 'family crisis' – such as offering affordable, developmentally appropriate day care for children of overwhelmed or addicted mothers – are not even part of most policy debates... Longer-term solutions promoting stable employment and/or full provision of basic human needs are not even understood as relevant to the problems faced by poor families in the U.S. inner city (Wilson 1996). (Bourgois 1998:334).

Thus, Bourgois concludes in arguing that the responsibility and burden of childcare cannot be placed exclusively within the family, and specifically on the shoulders of mothers alone, but must be shared by the larger society that structures social marginalization.

Furthermore, Scheper-Hughes and Sargent (1998) note the proliferation of 'child-hostile' policies among many Western nations, such as reductions in welfare. Based on widely held public beliefs and stereotypes about individuals, particularly (non-white) women, who are perceived as taking advantage of the system, such discourses about welfare reform mask the fact that the individuals most affected by these policies are children, for whom access to food, shelter, and medical care are seriously impacted. Along these lines, in examining the social context surrounding the emergence of child abuse as a publicly recognized social problem among Western nations, Scheper-Hughes and Stein (1987:341) argue that the increased focus on child abuse at this time is in fact a societal attempt to conceal "the extent to which we are an abusive society." Korbin's (1998) work lends support to this claim, suggesting that acts of abuse at the family level are in fact supported to some extent by broader social values:

The acceptance in our society of physical aggression toward children cannot be ignored... We tolerate a level of assault against children, in the name of good rearing and socialization, that would be unacceptable if directed at adults. This acceptance of violence toward children is linked with the values placed on the privacy of the family and on the so-called right of parents to do with their children as they wish. (Korbin 1998:271)

Weiss (1998), furthermore, suggests that by perpetuating the myth of unconditional parental love, society avoids direct responsibility for children, and particularly stigmatized children, by

placing the burden on parents to care for them. When these children are maltreated in their homes, the parents are held accountable while the broader society, which has contributed to their stigmatization and rejection, avoids blame. Thus, critical analyses examining the role of the state and society with regard to child welfare suggest that, far from being the protector of children, states are often the perpetrators of violence, either directly or indirectly, towards children.

### **State Intervention in the Realm of the Family**

The final body of literature examined here concerns anthropological research regarding the role of the state as ‘protector of children’ and the ways in which the state enacts this power. While the rise of the modern child welfare system is a fairly recent phenomenon, it is noteworthy that state intervention in the realm of parenting and childcare have a much longer history, serving as a critical strategy in the colonial enterprise of the West, as noted in the previous section. This history is in many ways illuminating, as it speaks to what continues to be the ultimate function of the child welfare system, that of assimilation. The literature in this section examines the ways in which marginalized families are scrutinized by the state, the socio-cultural processes embedded in state policy and practice concerning children and families, and the implications these processes have for families coming into contact with the state.

### ***Gender, class, race, and state surveillance***

Anthropological research indicates that parenting is a domain increasingly falling under state control and regulation. As noted earlier in this literature review, parenting has become highly politicized, constructed as problematic by state governments and thus a site requiring legislation, surveillance, and intervention. Mothers in particular are the focus of much of this regulatory effort. Sered and Norton-Hawk (2011:303) explain as follows:

In the United States, mothering increasingly has become a matter of legislative policy and judicial control. Abortion restrictions, prosecution of women for pre-

natal harm, TANF (Transitional Assistance to Needy Families, formerly known as ‘welfare’) regulations regarding children, removal of children from mothers who use drugs, contract motherhood (so-called surrogacy), and the authority of family courts in child custody decisions are manifestations of a broad cultural consensus that the State has legitimate powers to decide what constitutes good mothering and which women are good enough mothers.

Through this process, the dominant parenting ideology, embedded with gendered and classed assumptions, becomes enforced on all citizens. Thus, Sered and Norton-Hawk (2011:298) note in their study of criminalized mothers, “the role of the correctional and child welfare systems extends to teaching and preaching particular understandings of motherhood,” namely models that assume a two-parent nuclear family and reasonably high income. Similarly, a number of scholars have discussed the ways in which welfare reform has shifted policy from helping poor mothers in the care of their children to one of reforming these mothers, with a particular emphasis on neoliberal principles of ‘personal responsibility’ and ‘self-sufficiency’ (Woodward 2021; Lee 2016; Wacquant 2009; Roberts 2003; Morgen 2001). Through such policies and interventions, the standard of the middle-class nuclear family is enforced and applied to families who cannot possibly achieve this standard. The embeddedness of gender biases is further evidenced in assumptions that mothers serve as the primary caretakers of children and are thereby responsible for any harm that befalls the child, resulting in systemic blaming of mothers for child maltreatment, including ‘failure to protect’ children from an abusive partner (Woodward 2021). As a whole, these policies and practices not only contribute to the further marginalization and stigmatization of already marginalized families, but create legal ramifications for their non-conformity to state-supported parenting ideologies as well.

These analyses have, furthermore, emphasized the ways in which the state differentially subjects parents to surveillance and intervention. Families that encounter the state child welfare system are disproportionately poor, disadvantaged, and belong to racial/ethnic minority

populations (Woodward 2021; Lee 2016; Reich 2005). Anthropologists have suggested that this is because such families encounter significantly greater levels of government scrutiny and surveillance compared to their white middle- and upper-class counterparts. Scheper-Hughes (1998:301), for example, questions whether the higher incidence of reported child abuse among disadvantaged families is due to “physical or social deficiencies that accompany poverty, or is it an artifact of statistical record keeping? The lives of poor people are exposed to far greater scrutiny and public surveillance.” Anthropological analyses indicate that marginalized families are more visible to state agencies through their utilization of programs such as Medicaid, welfare, food assistance, public/subsidized housing, public hospitals and clinics, and the Social Security Administration, and that their participation in these programs places their behaviors under state scrutiny, whereas their middle- and upper-class counterparts are largely free from such intrusions and monitoring (Bridges 2017; Lee 2016; Sered and Norton-Hawk 2011; Reich 2005; Conolly 2000; Appell 1998). In this vein, Woodward (2021) argues that the child welfare system serves as a key institution of ‘poverty governance,’ which aims to manage low-income populations and convert them into proper neoliberal subjects. Ramsay (2017) makes a similar case for viewing the child welfare system as an exercise of ‘pastoral power,’ referring to the governance of moral conduct, through which the state instills normative standards of behavior onto ‘deviant’ parents.

Increasingly, there have been calls for analyses that explicitly examine the intersections of race, class, and gender within the child welfare system (Woodward 2021; Roberts 2014). In her research, Reich (2005) found that the greater surveillance of poor and minority families often went unquestioned by child welfare professionals, and that their desire to improve the child welfare system to ‘better serve’ struggling families generally encouraged increasing state

surveillance. Her analysis indicates that state policy ultimately serves to “reinforce dominant definitions of family life” (Reich 2005:5) and reify social inequalities along gender, race, and class lines. Lee (2016) similarly finds that child welfare decision making processes are embedded with (white) middle class biases that often fail to recognize the problems of poor families of color as symptoms of systemic inequalities along lines of race, class, and gender. Roberts (2014, 2012, 2003, 1999) has been a pioneer in elevating an intersectional analysis of the child welfare system, with particular attention to the regulation of Black mothers. This body of research suggests that marginalized families are more likely to be subjected to state intervention both because their family structure and childrearing practices do not align with the dominant parenting ideology promoted by the state and because they experience a greater degree of surveillance by the state. Intersectional experiences of multiple forms of systemic inequalities and oppression lie at the center of state intervention into the family, with the policies and practices of the state serving to further exacerbate the marginalization of these families.

### ***The enactment of policy into practice***

While ‘official’ conceptions of good parenting and child maltreatment are constructed through policy, it is primarily through the actions of front-line workers (e.g. child protective investigators and case managers) that these policies are enacted. An important theme emerging from the anthropological literature in this area is the role of interpretation by ‘street-level bureaucrats.’ These analyses note that policy often entails poorly defined ideological concepts that may be interpreted in various ways (Bridges 2017; Dubois 2014; Scherz 2011; Morgen 2001). Morgen (2001) suggests that while workers’ interpretations are typically shaped by dominant ideology, they also reflect the individual experiences and values of the worker.

Similarly, Dubois (2014) indicates that workers use their own personal “folk notions” to operationalize vaguely defined concepts.

In regard to the child welfare system specifically, Scherz (2011) underscores the history of vague legislation, considerable variation in how statutory frameworks are interpreted, and varying perspectives on how best to proceed with specific cases. She notes that in response to this lack of clarity and standardization in decision-making processes, the development of actuarial risk assessment tools emerged; however, these tools fail to establish a clear directive as to what level of risk warrants state intervention or clear definitions of abuse and neglect. Pollack (2010) similarly notes that the implementation of such tools purports to reduce bias through the quantification and analysis of risk, providing the guise of objectivity and an empirical basis for decision making, while concealing how these processes continue to be shaped by worker discretion. Bengtsson (2021) echoes these observations, adding that decision-making processes in child welfare are not neutral and detached from emotion, but that workers are expected to control their emotions to fit within the notion of decision-making as a rationalistic, bureaucratic process.

Scherz (2011) concludes that the result of these risk assessment practices is continuing heterogeneity in case proceedings, while the use of actuarial tools gives the appearance of greater standardization and scientific validity. Her research indicates that how a case is handled is highly dependent on the caseworker assigned, guided by personal beliefs and values, and is far from objective or standard, despite the system’s efforts to create a more regulated, bureaucratic process. Handelman (1987) presents a similar argument about the highly interpretive nature of the child welfare investigative process. He contends that the process of constructing a child welfare case is predominantly one of interpretation on the part of the child welfare worker, which

develops largely based upon the worker's perception of a client's cooperation. This analysis suggests that the interactions that take place between the client and the worker, and particularly the worker's interpretation of those interactions, have significant implications for how the child welfare case develops and the outcomes of the intervention. Additionally, Knezevic (2020) contends that professional assessments of a child's vulnerability and whether harm has occurred are influenced by gendered, racialized, and classed expectations, and the extent to which children embody those expectations.

Anthropological analyses of child welfare practice further indicate the inherent conflict between the state and families in conceptualizing child maltreatment and defining the 'best interests' of children. Krantzler (1987) presents a case example of alleged medical neglect concerning a Samoan family living in Hawaii. This analysis demonstrates how 'official' perspectives in a child welfare case and those of families with different cultural backgrounds may conflict in significant ways. In such situations, Krantzler argues, 'cultural differences' are often cited as a way of blaming the victims, yet interveners often fail to understand the family's perspective. Drawing upon the work of Kleinman (1980), she suggests the importance of eliciting a family's explanatory model in order to avoid misunderstandings that might increase the risk of harm to children. Recent scholarship by Navia, Henderson, and Charger (2018) further illustrates how subjection to child welfare intervention inflicts harm upon ethnic minority youth. Their research details the experiences of Indigenous youth in Canada, who perceived their placement in the child welfare system to be an injustice and distinctly tied to the ongoing legacy of colonialism. Such studies call into question the extent to which child welfare systems are concerned with serving the best interests of children, or whether their actual priority is pursuing what is in the best interest of the state.

Additional research elaborates upon the processes that bring child welfare workers into conflict with families accused of maltreatment. Handelman (1987) and Hughes (1987) point to the bureaucratic structure of the child welfare system itself as the primary source of conflict, identifying an inherent contradiction in the role of child welfare workers, whereby they are constructed as both agents of social control, or punishment, and agents of social change, or rehabilitation. According to Handelman's (1987) analysis, this disjuncture is itself a construct of the child welfare agency and an inherent part of its bureaucratic logic. Writing from the perspective of a child welfare worker, Hughes (1987) further suggests that the expectation to be both punitive and empathic towards clients throws the worker into direct conflict with the families they are trying to help and creates challenges for acting in the 'best interests' of the child when families and the state agency have different perceptions of what those best interests entail. Moreover, recent scholarship has underscored how expectations of deference are embedded in the system and significantly shape caseworker-family interactions (Woodward 2021; Ramsay 2017; Lee 2016; Reich 2005). Parents are expected to accept full responsibility for endangering their child and defer completely to the caseworker's assessment of their needs and requirements established by the system. Caseworker perceptions of the parents' compliance with these expectations play a significant role in determining case outcomes. These analyses emphasize the utilization of an interpretive approach in examining the relationship and interactions between state child welfare systems and families that are subjected to state intervention.

## **Summary**

Although anthropological literature that specifically explores the child welfare system is somewhat scarce, a broad array of related literature can inform an anthropological investigation

of the child welfare system. As detailed here, these range from examination of the cross-cultural variability in how conceptions of appropriate and inappropriate childcare practices are constructed and defined to critical analyses of the role and practices of the state in ensuring the welfare of children, broadly defined. The literature examined in this chapter illustrates the cultural construction of ‘child welfare,’ demonstrating how ideas about childrearing and child maltreatment are culturally and historically specific, variable, and dynamic. While recognizing the cultural variability of these concepts, I also reflected on some of the potentially problematic implications of cultural relativism when practices that are demonstrably harmful are considered acceptable or normative, as well as the impact of globalization on ideas about the treatment of children and emerging ideologies of children’s rights.

Furthermore, the literature presented here makes the case for a holistic understanding of child maltreatment (and its prevention) at multiple levels. This argument proposes to extend standard state-constructed conceptions of child welfare that focus exclusively on the family to encompass a broader conceptualization that understands the care of children to be a responsibility of the broader community and society. Finally, in examining the construction and enactment of state policies and practices to address child maltreatment, anthropological analyses underscore the ways in which already marginalized families are differentially subjected to state surveillance and intervention. While the child welfare system represents a fairly new subject of inquiry for anthropology, the study of child welfare clearly fits within pre-existing areas of anthropological interest described in this chapter, including kinship, childrearing, and governance.

## **Chapter 2**

### **Theorizing the State and the Policing of Families**

As the literature summarized in the previous chapter illustrates, the child welfare system is an area ripe for anthropological study that can be aptly situated within an anthropology of the state. Understanding and theorizing ‘the state’ from an anthropological perspective has emerged as a significant area of contemporary research (Thelen, Vettters, and von Benda-Beckmann 2018; Fassin 2015; Gupta 2012, 1995; Hoag 2010; Mathews 2008; Marcus 2008; Sharma and Gupta 2006; Das 2004; Steinmetz 1999; Mitchell 1999). The field of social and cultural anthropology has traditionally taken as its focus the study of societies as moral systems, concerned with examining the beliefs, assumptions, and ‘rules’ that shape social practices and inform behavior (Evans-Pritchard 1962). The emergence of an anthropological interest in theorizing ‘the state’ clearly builds upon this central concern to examine the role of the modern nation-state in these processes. As a state institution that is deeply concerned with the regulation of family life, the child welfare system presents a particularly insightful avenue for the anthropological study of the state and its expanding reach, through modern technologies of power, into the private lives of families.

The theoretical approach articulated here seeks to understand how the child welfare system fits within the overarching state apparatus, including the particular cultural assumptions and ideologies that constitute child welfare practices and the ways in which these practices serve to maintain and reinforce existing power relations. In the following sections, I elaborate the

major components of this theoretical framework and its specific applications to the child welfare system. I begin by first conceptualizing ‘the state’ from an anthropological perspective and discuss the unique contributions that anthropology offers to the study of the state, including insights from the anthropology of bureaucracy and anthropological strategies for conducting such research. Next, I explore the relationship between the state and capitalism, drawing upon Marxist theorizing on political economy and capital (Marx 1967[1867], 1963). I posit that conceptualization of the state must understand the ways in which its power is enacted specifically to serve the interests and continuing domination of the capitalist class. Along these lines, I situate the child welfare system within state practices of policing families to serve capitalist interests.

Building on this framework, in the third section I incorporate theoretical contributions from Foucault (2003, 1988, 1982, 1979, 1978) concerning the operation of power in society and technologies of governance that emerged with the rise of the modern state, reflecting a new focus on the control of subjects. Applying these ideas to the child welfare system, I am concerned with the particular practices and technologies utilized by the state to intervene in the realm of the family to maintain the social order and ensure the production of ‘proper’ citizens (e.g. obedient workers for the capitalist system). Furthermore, this section also concerns theorizing on the subjectivities to which these enactments of state power give rise, calling for an exploration of the different ways in which state intervention into family life is experienced, accepted, and resisted by various social actors, including both state agents and families. Finally, in the last section I discuss contributions from the anthropology of law and policy in theorizing the state, and the significance of this approach for understanding the functioning of the child welfare system as a manifestation of the state. Here, I posit that bureaucratic and legal texts provide a useful site for

examining the ways in which state ideology is produced and manifested into particular expectations. In this regard, policy and other bureaucratic documents may be understood as tools or technologies of state power, and thus provide a means for exploring the underlying assumptions and interests of the state that form the basis for its practices.

### **Conceptualizing ‘the State’: An Anthropological Perspective**

The overarching premise of my argument is that an anthropology of the child welfare system can be situated within, and contribute to theorizing on, the anthropology of the state. Before I further develop this premise, it is necessary to first clarify exactly what is meant by ‘the state,’ and specifically how the state is conceptualized from an anthropological perspective. According to Sharma and Gupta (2006:277), an “anthropological approach to the state differs from other disciplines by according centrality to the meanings of everyday practices of bureaucracies and their relation to representations of the state.” An anthropology of the state interrogates the nature and form of the state, the mechanisms by which it exercises power, the cultural processes embedded within the operation of the state, and its relation to capitalism (Yelvington, Dillon-Sumner, and Simms 2014; Sharma and Gupta 2006; Smith 1999). Sharma and Gupta (2006) further explain that such inquiries challenge the idea of the state as a clearly bounded, unitary institution that exists and operates distinct from society, acting autonomously and with complete authority. Rather, the state is revealed as an “inchoate ensemble of institutions and policies... able to monopolize public governance and distribution of public goods on behalf of certain strata and collectivities,” but also operating at a range of levels, in numerous locations, and characterized by multiple competing and often internally inconsistent objectives (Yelvington, Simms, and Murray 2012:60; Gupta 2012).

At the same time, the state is more than simply a collection of diverse institutions and elite actors; there are cultural processes involved in its constitution (Smith 1999). In this regard, anthropological conceptualizations of the state do not view culture as merely a product of the state, but understand the construction of the state and its boundaries as resulting from the effects of cultural processes (Sharma and Gupta 2006; Steinmetz 1999; Smith 1999). Furthermore, the boundary between the state and civil society is blurred, understood as a cultural construction and an effect of power, while in actuality both the state and civil society are constituted through ongoing interactions (Yelvington, Dillon-Sumner, and Simms 2014; Sharma and Gupta 2006; Mitchell 1999). These theoretical underpinnings provide a definitional framework of ‘the state’ from which to proceed, whereby the state can be viewed as a complex web of institutions, agents, cultural processes, and relationships with civil society that is concerned with the governing of subjects and resources under its authority.

Anthropological study of the state, therefore, is interested in examining the cultural constitution of the state, including the historical and social processes entailed in its construction. Sharma and Gupta (2006:8) posit that this approach “brings together material and ideological aspects of state construction to understand how ‘the state’ comes into being, how it is differentiated from other institutional forms, and what effects this construction has on the operation and diffusion of power throughout society.” The emergence of ‘the state’ as a subject of anthropological inquiry responds to Laura Nader’s (1972) call for ‘studying up,’ in which she argued that anthropologists should turn their ethnographic gaze to the analysis of powerful institutions, bureaucratic organizations, and elites. This provides an additional contextual layer to the more traditional anthropological approach of ‘studying down,’ where the focus has generally been on studying marginalized and disempowered communities. By studying individuals who

wield power in society, the anthropologist can gain insight as to how that power is exercised and the beliefs and motivations of those who exercise it.

Recent work in the anthropology of bureaucracy has taken particular interest in processes of bureaucratic knowledge production and the permeation of bureaucratic processes throughout society. Graeber (2015) emphasizes the ways in which bureaucratic principles have expanded into every aspect of our lives, and calls attention to the structural violence that is often embedded within bureaucratic processes. He argues that the ability of bureaucrats to exert power through legal coercion and force increases the likelihood of violence and injustice, since there is no need to find a mutual solution in such situations. Furthermore, he posits that bureaucratic knowledge relies largely on schematization, which calls for the application of preconceived templates to complex, diverse, and ambiguous situations. Hoag (2011) similarly notes that bureaucratic laws, rules, and regulations lack the specificity to fit local contexts, thus requiring interpretation within specific situations, while Mathews (2008) further contributes that the state is made not only through the production of knowledge, but also through the production of ignorance, positing that indeterminacy and uncertainty, and the effects of delay and stagnation that they produce, are intentional components of the bureaucratic process.

Additionally, Hull (2012:253) points to the importance of bureaucratic documents and their role in knowledge production, contending that “documents are not simply instruments of bureaucratic organizations, but rather are constitutive of bureaucratic rules, ideologies, knowledge, practices, subjectivities, objects, outcomes, and even the organizations themselves.” Anthropological analyses along these lines demonstrate the ways in which processes of documentation serve as a critical mechanism in the exercising of bureaucratic power, illuminating the generative ability that documents have to construct particular entities (e.g.,

disease, territory or property, subjectivities), bureaucratic practices, and shared meanings, as well as create uncertainty and ambiguity when particular people or things are left undocumented (Gupta 2012; Mathews 2008; Frohman 2008; Ticktin 2006; Harper 1998). Overall, contemporary research in the anthropology of bureaucracy contributes to an understanding of the ways in which bureaucratic knowledge is partial, contingent, heterogeneous, subjective, and co-produced, despite efforts to create the appearance of objectivity, rationality, and transparency.

Furthermore, this research emphasizes that elites and decision-makers cannot be studied and understood in isolation; rather, it is important to understand how their enactments of power play out within communities and among various segments of the population affected by their practices and policies. Perhaps the most common anthropological approach has been to study the operation of power within localized community contexts. The value of ethnographic study is precisely its ability to reveal the ways in which larger processes work themselves out within the particular (Yelvington, Dillon-Sumner, and Simms 2014). Indeed, it is at the local level that the power of the state is made visible in its ability to shape the actions and perceptions of individuals who are subjected to it. Gupta (1995:376) suggests that “studying the state ethnographically involves both the analysis of the *everyday practices* of local bureaucracies and the *discursive construction* of the state in public culture.” He points to the way the state is often experienced as fragmented and multi-leveled at local levels, rather than a coherent entity. Das (2004) further contributes that such experiences of the state are connected to the ambiguity of laws, which lead to inconsistencies in practice depending upon how the laws are interpreted by various state actors, thus creating a public perception of the state as illegible.

Everyday practices and processes “shape everyday understandings of what the state is and what it does,” and expose “the dispersed institutional and social networks through which rule

is coordinated and consolidated, and the roles that ‘non-state’ institutions, communities, and individuals play in mundane processes of governance” (Sharma and Gupta 2006:8). Along these lines, Yelvington, Dillon-Sumner, and Simms (2014: 97) propose the use of ethnographic methods to “understand the particularities of specific contexts and exercises of state power through the workings of state practices.” Thus, the objective is to produce a contextualized understanding of how the state operates in a particular setting, which can be used to illuminate larger processes of state power. Recently, Thelen, Veters, and von Benda-Beckman (2018) renewed this call to attend to state practices, critiquing anthropological theorizing on the state as focusing too much on cultural constructions of the state to the exclusion of analyzing state practices. They propose a relational anthropology of the state centered on social embeddedness, describing the state as “a relational setting... that exists within the relations between actors who have unequal access to material, social, regulatory, and symbolic resources and who negotiate over ideas of legitimate power by drawing on existing state images – at once reaffirming and transforming these representations within concrete practices” (Thelen, Veters, and von Benda-Beckman 2018:7). In viewing the state in this way, they argue that the focus should be on ethnographically analyzing how the state is understood, experienced, and reproduced in everyday encounters.

Recently, Hoag (2011, 2010) has pointed to the continued lack of research that examines perceptions of state functionaries with regard to their mandates, practices, and interactions with the public. His research among street-level bureaucrats indicates that front-line practices are often informed by perceptions of an unpredictable populace and management hierarchy (2010). This unpredictability leads low-level bureaucrats to develop systems of meaning that enable them to act in ways that may counter official discourse, based on their experiences and

interpretations of particular situations, even as they uphold the legitimacy of the official discourse. Marcus (2000) additionally brings light to the heterogeneity found among these street-level bureaucrats, noting that while they may be complicit in the workings of their institutions, they may also at times be antagonistic towards their institutions and sympathetic towards the population they have been charged to control. Hoag (2011) calls attention to the need for more research along these lines that brings ethnographic understanding to the everyday workings of bureaucratic institutions and the functionaries who carry out their mandates. Thelen, Vettters, and von Benda-Beckman (2018) further observe that such studies often fail to explicitly address how state actors' practices are shaped by the relational setting, including their personal embeddedness within state hierarchies and, simultaneously, within other social networks.

A particularly useful approach is what Shore and Wright (1997) refer to as 'studying through,' a method of following a particular process of power (e.g. a policy, practice, etc.) from its source in discourses, prescriptions, and programs through to those who are affected by it. In this way, the interactions and disjunctions among various state and non-state actors at different levels are revealed, and the anthropologist is able to trace the "ways in which power creates webs and relations between actors, institutions, and discourses across time and space" (Shore and Wright 1997:11; Reinhold 1994). Applying concepts of 'studying up' and 'studying through' to an ethnographic study of the child welfare system is useful in thinking about how to examine the state's exercise of power through this institution. One risk of focusing exclusively on the state is that the subjective experiences of parents and children may be ignored. The recent emergence of the anthropology of children and childhood as a field has highlighted the ways in which children in particular have been largely silenced and marginalized, both within research and political discourse, and has argued for the recognition of children as social and political actors with their

own ways of knowing and being in the world (Hoffman 2013; Bluebond-Langner and Koribin 2007; Toren 2007; Rosen 2007; James 2007; Scheper-Hughes and Sargent 1998). These insights are important to keep in mind and support the notion of ‘studying through,’ whereby children’s experiences of family life and state intervention require consideration. The processes described here indicate the importance of tracing the enactment of child welfare policies and practices from their initial development among state policy makers down to their implementation among front-line workers and the subsequent effects they have on families and children.

### **The State, Capitalism, and the Family: A Political Economy of Child Welfare**

The next supposition of the approach I propose is the need to theorize the relationship between ‘the state’ and capitalism, and then apply this to the functions of the child welfare system. Marx (1967[1867], 1963) argued that the state serves primarily as an instrument of capitalist class interests. Exploitation of the subordinate class(es) is part of the underlying logic inherent to the capitalist system; capitalism requires the maintenance of a poor and working class that can be easily exploited, which includes a surplus ‘reserve’ labor force, workers who move in and out of employment based on the needs of capitalist production. The maintenance of a segment of the population that is kept unemployed or underemployed serves to both keep wages down and expand production when necessary. Thus, Don Lash (2017:173) explains that poverty “is neither a failure of capitalism nor an incidental side effect; it is necessary for capitalism to thrive.” The challenge faced by the capitalist system, however, is the potential that those marginalized and impoverished by the system will recognize their exploitation and disrupt society. This necessitates intervention by the state to maintain the existing social order. In this regard, Marx viewed the functioning of the state apparatus as a system of repressive intervention that enables the ruling class to ensure their ongoing domination over the working class. The

repressive apparatus of the state secures by force the political conditions necessary for the reproduction of these relations of production.

Building on this framework, Gramsci (1971) and Althusser (1971) contend that the state cannot be reduced simply to the repressive apparatus, but also entails institutions from civil society that comprise an ideological apparatus, such as the Church, schools, cultural institutions, and the family. These institutions provide the means to instill the ideology of the ruling class upon the masses, and thus control of these institutions is critical in consolidating and maintaining the dominance of the ruling class. Althusser (1971) suggests that the reproduction of capitalist relations increasingly occurs outside of production through these various civil institutions. According to Gramsci (1971), the position of the ruling class is maintained largely through *cultural hegemony*, a process of controlling and manipulating the value system to ensure that their view becomes the societally accepted view. Hegemony is a subtle form of domination which operates covertly by obtaining the consent of those who are subordinated in their own domination. An important aspect of how hegemony operates is its manipulation of what Gramsci refers to as the *common sense* – deeply ingrained, unconscious ways of perceiving and conceptualizing the world. These processes of perception are experienced as natural and uncritically accepted as simply part of the way things are.

Through these hegemonic processes, inequalities “become embedded in long-standing social structures, normalized in institutions, and naturalized in everyday experience” (Benson 2008:591), a process Paul Farmer (2005, 2004) identifies as *structural violence*. Thus, existing class relations and inequalities come to be perceived and accepted as natural. In this way, the ruling class ensures that capitalism continues to reproduce itself for the benefit of the ruling class. Current societal conditions, therefore, can best be understood as the result of “the way in

which a dominant class bloc intervened in the logic of capital reproduction to ensure the perpetuation of their class position.” (Smith 2014:16). Gavin Smith (2014) proposes that these processes must be examined and understood historically, an approach that he labels *historical realism*, arguing that contemporary cultural production is inherently linked to historical processes, imbued with the underlying logic of capitalism, which are perpetuated into the present. Failure to understand the connection between historical processes and present day circumstances obscures the root causes of contemporary inequalities and social problems.

In the present context, the dominant ideology shaping political economic processes, both within the United States and globally, is neoliberalism. Harvey (2005:2) defines neoliberalism as “a theory of political economic practices that proposes that human well-being can best be advanced by liberating individual entrepreneurial freedoms and skills within an institutional framework characterized by strong private property rights, free markets and free trade.” The emergence of neoliberal policies and practices has been characterized by increasing privatization of the public sphere, the application of business models to governance, and a reduction in entitlements and public safety nets for individual households combined with increased support for corporate economic growth (Heiman 2015; Harvey 2005). While popular neoliberal ideologies tout notions about greater accountability and standardization through privatization, Garcia (2010) notes that the shift towards privatization typically shifts concerns towards cost-savings and cost-effectiveness over community needs. Also embedded within this ideology is a belief in long-standing American values of ‘individualism’ and ‘self-sufficiency,’ ideals based largely on a mythology of early American settlers as achieving everything through their own hard work, without assistance from the government. Following World War II, this resurged in the form of “the myth of the ‘self-sufficient’ white suburban family who pulled themselves out

of the working class... through sheer hard work” (Heiman 2015:22). The reality is that both the early American settlers and the newly established postwar middle class benefitted immensely from government support and intervention.

The result of neoliberalism has been “renewed accumulation of capital among the bourgeoisie” while mobility among the middle class, not to mention the working class, has significantly declined (Heiman 2015:8). Yet, as Heiman points out, the logic of neoliberalism has become so ingrained in the dominant common sense that those experiencing downward class mobility often fail to attribute this decline to the shift in political economic policies. Rather than situate blame with the government for decreasing public entitlements that had previously supported the middle and working classes, those receiving government assistance through welfare programs have increasingly become the focus of public criticism (Heiman 2015; Newman 1993). Neoliberal ideology obscures the massive amount of government assistance and entitlements that benefit corporations and the elite at the expense of the working and middle classes. The myths of individualism and self-sufficiency, furthermore, serve to mask the true role of the state in regulating capitalism and supporting particular groups of individuals over time, suggesting instead that responsibility for one’s circumstances lies entirely with the individual.

To summarize, the role of the state in protecting capitalism against potential threats from the subordinated classes has been to establish mechanisms to regulate and control the poor and working class while simultaneously creating ideology that places responsibility on the individual for their circumstances. In fact, “capitalism both imposes poverty and polices the poor” (Lash 2017:174), but through ideology, the state obscures this reality and embeds capitalist values within the moral system. Morality has been systematically linked to economic conditions, with the moral faults of individuals and families purported to be the true cause of poverty (Bridges

2017; Lee 2016; Fassin 2013; Donzelot 1979). This has increasingly been solidified through discourses that distinguish between the ‘deserving’ and ‘undeserving’ poor, which are used to systematically deny assistance to certain segments of the population. In particular, those who repudiate capitalism’s mandate and ‘refuse’ to enter the labor market are viewed with moral condemnation; they comprise the undeserving poor, perceived as rejecting the values of capitalism and thus responsible for their own poverty (Bridges 2017; 2007).

This condemnation tends to be even more vehement towards individuals who are further marginalized according to their race and gender, as strongly held ideologies concerning race, class, and gender promote the perception of such individuals as pathological and inherently in conflict with capitalist values (Woodward 2021; Bridges 2017; Ramsay 2017; 2106; Lash 2017; Motta 2016). Bridges (2017:33) further contends that the historical overrepresentation of minorities among the poor has actually facilitated the moral construction of poverty, since “it is easy to moralize poverty when those who are disproportionately impoverished are racial Others.” Blaming women, and particularly women of color, for their own poverty serves to distract from “the injustice of the racial and gendered labor market” and growing inequalities within the United States (Mullings 1995:131). The role of the state and ruling class in producing and perpetuating these circumstances, including the exclusion of certain segments of the population from the labor market, are thus erased through this ideology.

The relevance of the family to these processes lies in its role in social reproduction. According to Marx (1967[1867]), the function of the working class under capitalism is not only to provide labor, but also to provide for the replacement of their labor power by producing and raising the next generation of workers. In this way, idealization of the nuclear family under capitalism is understood as a tool that serves the interests of the ruling class. As Sharon Smith

(1997) notes, the working class family serves as a cheap means of reproducing labor power for the capitalist system. Donzelot (1979) cautions, however, that it is important to recognize that ‘the family’ was not created by the ruling class, but rather the ruling class used the institution of the family to serve their interests because it was an effective way to organize and control society. By exerting control over the structure and functioning of the family, the ruling class could ensure that working class families raised children who embraced the values of capitalism and, most importantly, their proper place in the system.

State intervention into the lives of working class and poor families is therefore justified on the grounds of enforcing capitalist expectations that the working class will continue to provide labor under exploitative conditions while also reproducing the future generation of workers (Lash 2017). This takes a number of forms, largely concerned with the subordination of women and control over their reproductive processes. As Brown (1995:185) explains, the role of the state in ensuring women’s subordination in the capitalist system includes “maintaining – through legal and political regulation of marriage, sexuality, contraception, and abortion – control of women’s reproductive work; and perpetuating, through a gendered welfare and unemployment benefits system and the absence of quality public day care, the specifically capitalist sexual division of labor.” These mechanisms ensure that women remain economically dependent, and thus obliged to perform the functions mandated of them by the capitalist system, namely produce the future workforce. Mullings (1995:122), furthermore, points to the racialized character of state intervention into women’s reproduction:

For African Americans, the conflict over fertility has always been linked to the political economy – as their efforts to control the conditions of their reproduction clashed with the interests of the dominant class. During slavery, slaveowners encouraged fertility among enslaved women to increase the labor force. In the contemporary economy, as African Americans resist confinement to the low-wage jobs of their parents and grandparents (Collins 1991), they are increasingly

considered a 'redundant population,' an underclass that must be contained. Reproduction is now regulated less directly and less personally than it was during slavery, as the structure of households of women seeking welfare benefits or admission to homeless shelters comes under increasing bureaucratic manipulation and regulation and as women who head households are stigmatized.

Here, Mullings highlights the ways in which those segments of society that have been most exploited by capitalism also represent the greatest threat to the system, and thus have been met with the most extensive efforts of state regulation and control. Ong (2003) further articulates how this is connected to historical distinctions between black and white labor, whereby white labor was viewed as naturally embodying a capitalist discipline, while black labor was viewed as embodying an inherent lack of control, thus requiring intensive intervention. According to Ong, this ideology continues to be reproduced in contemporary social work, thus marking racial 'others' as targets for intervention who are to be transformed into citizens who embody middle-class neoliberal values of individualism, self-reliance, and discipline.

These processes extend beyond the basic act of reproduction to regulate family structures and childrearing practices. In this context, intervention by the child welfare system can be understood as one of a number of strategies used to regulate poor families under capitalism, particularly families of color and female-headed households. The system exerts this control through a combination of coercive (or repressive, in the language of Marx) and ideological functions. Most obviously, the state exercises coercive control through investigations of families reported for abuse or neglect, mandating particular service interventions for those families, and at its most extreme, removing children from their parents. At the same time, civil institutions perpetuate particular ideologies about families, childcare, and parental versus societal responsibilities for the safety and well-being of children. As Gramsci (1971) noted, civil institutions often play a significant role in promoting the dominant ideology. In the case of the

child welfare system, however, Lash (2017) suggests that the coercive and ideological mechanisms are especially entangled, as civil institutions not only promote the dominant ideology but also engage in the coercive function by monitoring children and families and initiating state intervention through the reporting of suspected abuse or neglect.

Although dominant ideology promotes the perception that the child welfare system intervenes to ensure the well-being of children, a historical view of state intervention into family life reveals that concern for children arose primarily out of a concern for the interests of the state (Donzelot 1979). The main beneficiary of the system is not children or families, according to Don Lash (2017:11), but capital: “The ends of social stability and control take precedence over the protection and welfare of children and families.” As Lash (2017:8) explains, “real or perceived dysfunction in working-class families reduces the supply of labor power and raises the threat of a disruptive class.” It is therefore in the interest of the state to address these ‘dysfunctions,’ without acknowledging the role of the state in creating them, to ensure the continuing social reproduction of the working class. Intervention by the state under the guise of child welfare thus provides the appearance that the state is taking action to protect children from the harmful effects of poverty and discrimination while situating blame upon parents, and also ensures that the children of the poor become productive citizens for the state and remain of potential use for the capitalist system (Lash 2017; Donzelot 1979). It is not by coincidence that the families represented in the child welfare system are predominantly poor and non-white; this is by design, as these populations must be controlled to maintain the position of the dominant class.

At the same time, it must be recognized that the state does not exist for the sole purpose of upholding the ruling class, but rather, the state performs multiple functions (Yelvington,

Dillon-Sumner, and Simms 2014). While state policies do ensure the reproduction of capitalist class relations, the state simultaneously performs functions in the interest of the public welfare (e.g. to address crime, promote health, and provide public infrastructure), which serve to legitimize the state and its power. The child welfare system has a legitimizing effect because it responds to a publicly recognized need to protect children. It bears reminding that while the child welfare system was founded on a moral ideology that demonized the poor, it also emerged in response to legitimate concerns about children who were seriously mistreated (Meyers 2006; Lindsey 2004). As Ramsay (2017) concedes, the child welfare system cannot be essentialized as an institution exclusively focused on dominance and control; the need to recognize children's vulnerability and protect them from harm is genuine, but at the same time, state institutions serving this function are not neutral actors responding solely out of benevolence.

Yelvington, Simms, and Murray (2012) elaborate that the state must appear to balance the diverse interests of various groups whose subjectivities it helps to create; this inevitably means that the interests of some groups will be sacrificed for the interests of others. In the case of child welfare, the state positions itself as upholding the 'best interests' of children. The fact that some children, even if only a small percentage, are seriously injured or in some cases fatally maltreated by their parents provides the necessary justification for the state to intervene as it does, and certain segments of the public even advocate in favor of greater intrusion and removal of more children by the state. Thus, the child welfare system is generally perceived as serving a legitimate function in the eyes of the public, as few would argue that children should not be protected from abuse and neglect. The embedded assumptions about which particular children are at risk and how the state ought to intervene, however, illustrate the ways in which the state's competing priorities to simultaneously serve capital interests and those of the various citizens it

governments become intertwined. This influences which approaches are selected and propagated by the state. Understanding the child welfare system through this lens reveals the ways in which state interventions that appear, on the surface, unrelated to capitalism are in fact influenced by and serve to promote capitalist interests.

### **Enactments and Negotiations of Power: State Practices of Regulating Family Life**

While the previous section provided the foundation for understanding the state's interest in regulating families and the basic functioning of the child welfare system in relation to this objective, in this section I delve deeper into the specific mechanisms through which the state exercises this control over family life and the particular relations of power that emerge through such practices. The work of Michel Foucault (e.g., 1976, 1978, 1979, 1982, 1988) has been particularly important in understanding state practices and power dynamics, and has been widely applied in anthropological studies concerning the state and institutions of power. Foucault's overarching concern was with understanding how power operates in society. He argued that "power is exercised, rather than possessed" (Foucault 1979:16), and thus was concerned with the specific practices and techniques that are used in order to exercise, and conversely resist, power. In particular, he was interested in understanding new practices for wielding power that came about under the emergence of the modern state, which he viewed as a new form of governmentality specifically concerned with the control of subjects, and the new forms of subjectivities to which these practices gave rise (1978, 1982).

Foucault (1982) conceptualized the practices of the state as wielding both an individualizing (e.g., involving techniques for controlling the individual) and a totalizing (e.g. involving techniques of control applied at a collective level) form of power. As the state became increasingly concerned with exercising control at the collective level, new practices and

technologies of bio-power emerged to extend state power over both the physical and political bodies of the population (Foucault 2003, 1978). Foucault characterized this new wielding of state power as “the power to foster life or disallow it to the point of death” (1978:138). According to Foucault (1988:151-152), “from the state’s point of view, the individual exists insofar as what he does is able to introduce even a minimal change in the strength of the state... And sometimes what he has to do for the state is to live, to work, to produce, to consume; and sometimes what he has to do is to die.” Thus, the state’s primary concern for the individual is with regard to how he or she serves the interests of the state.

The exercising of bio-power involved the emergence of new procedures around the objectification of the body, as well as the creation of knowledge about and enactment of control over human behavior in the name of the population’s welfare. Biopolitical practices, those mechanisms and processes through which states exert power and control over citizens at the collective level, proliferated under this objective (Foucault 2003). Such practices entail the policing and regulation of “everything that relates to the present condition of society” for the purposes of developing the quality of the population and strengthening the nation, thereby increasing the state’s power (Donzelot 1979:7). Of particular significance are what Foucault referred to as ‘technologies of normalization,’ which entail the use of medicine, psychiatry, and social sciences to define what is ‘normal’ in society. These technologies are enacted in the creation, classification, and control of ‘anomalies’ through corrective or therapeutic procedures (Foucault 1979, 1978). The normalizing gaze is “a surveillance that makes it possible to qualify, to classify and to punish. It establishes over individuals a visibility through which one differentiates them and judges them” (Foucault 1979:184). In this way, individuals who do not

act in ways that align with the interests of the state can be categorized as abnormal or pathological and thus subjected to additional forms of control.

Included among the state's technologies of normalization, and of special interest in understanding the practices of the child welfare system, are particular technologies of disciplinary power, those practices that exert control over citizens through surveillance and rehabilitative intervention. The objective of such technologies is to produce a "docile body that may be subjected, used, transformed, and improved" (Foucault 1979:198). These practices seek to 'correct' the behaviors of those subjects who fail to serve the interests of the state. The internalization of disciplinary power, furthermore, results in citizens who are self-policing. Not only are disciplinary technologies of power a critical component of the state's ability to control its citizens, but as Rabinow (1984:18) notes, they are also "unquestionably linked to the rise of capitalism," allowing for the necessary control of the labor force. Thus, the inherent connection between the state and capitalism, as previously laid out, is illuminated here within the mechanisms of how state power operates. It is precisely through the development of these new techniques for wielding power that the necessary conditions for capitalism's emergence and dominance over society were created, and through these techniques the state ensures that its citizens continue to act in the interests of capitalism.

The previous section established the reason for the state's interest in regulating family life to ensure that families continue to produce and socialize the future generation of workers according to the expectations of the capitalist system. The biopolitical practices developed by the state provide the means for exerting this control. Contemporary anthropological research has been particularly interested in this application of biopolitics to the realm of reproduction. As Kanaaneh (2002) notes, reproductive politics have become deeply embedded in nationalist

discourse, such that acts of reproduction and parenting are increasingly constructed as obligations to the nation-state. Of significance, biopolitical processes are not applied uniformly across all segments of the population, but rather, through technologies of normalization, the state is able to distinguish certain segments of the population as requiring control.

In examining the application of biopolitics within the realm of family life, anthropologists have applied the concept of ‘stratified reproduction’ (Colen 1986) to describe “the power relations by which some categories of people are empowered to nurture and reproduce, while others are disempowered” (Ginsburg and Rapp 1995:3). These analyses have been concerned with the role of the state in facilitating and encouraging reproduction and childcare among particular segments of the population defined by the state as desirable, and discouraging or restricting reproduction and childcare among those segments deemed undesirable. Hegemonic ideologies of class, race, and gender are central to these biopolitical practices, “which, by imposing constraints on the experience of reproduction according to race and class, replicate and reinforce structural inequality” (Mullings 1995:131). In this way, particular groups of citizens are encouraged to reproduce, while others are encouraged not to reproduce, in order to serve the interests of the state (Kanaaneh 2002).

These biopolitical practices extend beyond the basic act of reproduction into the realm of parenting and childcare, which is where the child welfare system comes into play. The child welfare system functions as an instrument of governmentality that serves to reproduce particular idealized standards of ‘good’ citizenship (Ramsay 2017, 2016). As Reich (2005) explains, the child welfare system comprises part of the ‘therapeutic state,’ concerned with exerting corrective action onto those individuals classified as ‘pathological’ through the state’s normalizing gaze. In responding to incidents of purported child abuse and neglect, which are overwhelmingly a

reflection of poverty and social inequalities, the state defines the source of the problem in terms of family dysfunction, requiring state intervention to ‘fix’ the family’s pathology. In this way, “the poor are perceived as needing treatment as a means of resocializing – or normalizing – them” (Reich 2005:15). Technologies of normalization are central to state intervention into family life. Ramsay (2017) describes this in terms of the state’s exercise of *pastoral power*, referring to the governance of moral conduct (Foucault 2007). Ramsay argues that the ‘problematization’ of children as vulnerable and in need of protection serves to legitimate the governing of parents, whereby the child welfare system functions not only to protect children, but simultaneously instills normative standards of parental behavior. Through the child welfare system, the state seeks to normalize ‘dysfunctional’ families by establishing “clear goals for rehabilitation and specific criteria for evaluating progress” (Reich 2005:15), which inevitably promote the state’s agenda of ensuring the family maintains its desired role in social reproduction.

Embedded in the state’s expectations, furthermore, “are ideals of family life that reflect specific visions of race, class, and gender” (Reich 2005:15), expectations which Ramsay (2016) defines as ‘white neoliberal motherhood.’ This aligns with other areas of anthropological research arguing that the enactment of state power serves to reify hierarchies of race, class, and gender and produce poor, non-white women as subordinated and disciplined subjects (Bridges 2017; Ramsay 2016; Lee 2016; Motta 2016; Kanaaneh 2002; Brown 1995; Mullings 1995; Ginsburg and Rapp 1995). In order to regain custody of their children, parents subjected to child welfare intervention must ‘perform’ acceptance of and cooperation with the state’s efforts to normalize them, particularly the state’s construction of the ‘good mother’ with its inherent privileging of whiteness and affluence (Ramsay 2017, 2016; Lee 2016; Reich 2005).

While these technologies of power are effective in creating particular categories of the subject that can be differentially exposed to state control, this does not mean that these subjectivities and the state's efforts to regulate them are simply unquestioned and accepted. Rather, Foucault (1978:95-96) insisted that "where there is power there is resistance." Foucault conceptualized power and resistance as having a reciprocal relationship, arguing that the two forces are constantly in dialogue with one another. Acts of resistance seek to subvert the strategies of the dominant power structure by those who are subjugated and reclaim these strategies for their own use. In doing so, however, Foucault posited that resistance often accepts and mimics the symbolic terms of the dominant power structure, and as a result may ultimately emulate and reinforce that structure. Ginsburg and Rapp (1995:11) similarly allege, "people cannot develop oppositional positions independent of the categories of the dominant culture, even as they attempt to destabilize them." The challenge, Foucault (1982:216) contended, is to "liberate us both from the state and from the type of individualization which is linked to the state... [and] to promote new forms of subjectivity through refusal of this kind of individuality."

This dialectical interaction of power and resistance is a defining feature of the child welfare system. Reich (2005:16) characterizes the system as involving negotiations of power between parents and the state, in which "parents are active agents who act in self-determined ways, even as they are bound by structural limitations." In other words, although parents subjected to state intervention are undeniably disadvantaged by an imbalance of power, this does not mean that they lack agency, although their ability to wield power is considerably constrained. Along these lines, Motta (2016) refutes the notion that marginalized mothers are merely passive recipients of state intervention and calls for greater exploration of practices of resistance. While acceptance of the particular subjectivities created by the state and corresponding disciplinary

technologies is expected, ethnographic scholarship emphasizes that parents do not necessarily comply with these expectations (Ramsay 2017, 2016; Motta 2016; Reich 2005). Whereas some parents do embrace the normalization efforts of the state, others perform deference while maintaining skepticism, and some reject the state's efforts entirely, refusing to engage in the rehabilitative services mandated by the state despite a recognition that to do so may undermine their ability to regain custody of their children (Reich 2005).

Reich (2005) further contends that throughout this process, the actions of both parents and state actors are shaped by ideas about and experiences of race, class, and gender that often play out in complicated ways but generally reify existing inequalities. Unfortunately, the efforts of resistance typically employed (e.g. noncompliance with child welfare services) only serve to further reinforce the state's assessment of their inadequacy as parents; their contestation of the state's efforts to pathologize them is viewed as further evidence of their pathology. The result is that the state's power to intervene as it sees fit into family life remains intact. However, Motta (2016:100) identifies an opportunity to disrupt state discourses through activist endeavors that employ "active processes of subjectivity" among racialized subaltern mothers and families, offering "emergent possibilities for a decolonizing politics" that values the knowledge and experiences of marginalized families. In doing so, she makes the case for a critically-engaged *praxis* – the application of ethnographic scholarship and theorizing to practice – that critiques and seeks to dismantle dehumanizing state practices.

### **Studying the State through Law and Policy**

While the preceding sections illuminate the contributions that anthropological inquiry can bring to understanding the state, the practical challenge, given the vast and at times elusive nature of the state, remains how exactly to go about studying the state. Law and policy provide

one such avenue. Although the state cannot be simply reduced to policy, by studying state policies and the policy making process, significant insight can be gained into the operations of the state. An anthropology of policy seeks to understand how policy actually works, whose interests are promoted through particular policies, and the social effects of this process. It critically examines the cultural and philosophical underpinnings and assumptions embedded within policy to understand the specific worldviews that are reflected and reinforced. Moreover, it explores the various actors involved and how they mediate the policy process, including (1) how the state (or representatives of the state) relates to local populations, (2) how state policies and governmental processes are experienced, interpreted, and at times resisted by people at the local level, (3) how policy makers and state officials seek to maintain their particular vision of the world through the policies they establish, and (4) how policies are reinterpreted and transformed as they are transported across cultural boundaries and implemented in everyday practices (Tate 2020; Bernstein 2018; Bridges 2017; Cox 2015; Shore and Wright 2011; Wedel et al 2005; Shore and Wright 1997). In this way, policy is understood as a social process, involving negotiations between elite and non-elite actors, while also recognizing the ways in which various actors differ in their ability to exercise power in the policy process (Yelvington, Dillon-Sumner, and Simms 2014).

The study of policy provides a window into the political processes through which particular regimes of governance and power are formed, rationalized, and articulated (Tate 2020; Yelvington, Simms, and Murray 2012; Shore and Wright 2011). In this way, it offers a means to analyze the state and its relationship to capitalism by examining the ways in which policies are designed to ensure the reproduction of capitalist class relations. Recent scholarship has also brought attention to the ways racism and white supremacy serve as a structuring ideology in

modern-day governance and policy-making (Rosa and Díaz 2019; Bridges 2011; Davis 2006). While Yelvington, Dillon-Sumner, and Simms (2014:113) caution that the behavior of the state cannot be directly inferred through its policies, they suggest that it is possible to “theorize what sort of entity the state must be to produce the kinds of policies it produces.” Thus, critical analyses of policy reveal important aspects of the state’s character, ideology, and interests as they are reflected in the policy making process.

Additionally, studying law and policy provides insight into how power operates in contemporary society, including the processes through which particular political ideas are created and circulated (Bernstein 2018; Anders and Nuijten 2009; Schwegler and Powell 2008; Wedel et al 2005; Shore and Wright 1997; Wright and Shore 1995). In this regard, policy can be understood in terms of what Foucault referred to as a ‘political technology.’ As instruments of the state, law and policy are largely concerned with imposing order and control over individuals and resources, but do so in a way that carefully removes such issues from political discourse to provide the appearance of rationality and objectivity (Shore and Wright 1997; Wright and Shore 1995). As Wedel and colleagues (2005:38) note, “Modern power largely functions not by brute imposition of a state’s agenda, but by using policy to limit the range of reasonable choices... and to ‘normalize’ particular kinds of action or behavior.” The policy making process contributes to the creation of particular subjectivities in order to regulate and control heterogeneous populations “through classificatory schemes that homogenize diversity, render the subject transparent to the state, and implement legal and spatial boundaries between different categories of subjects” (Wedel et al 2005:38; Gomberg-Muñoz 2016). Critical analyses of law and policy thus reveal their function as tools through which the state increasingly exercises power and produces subjects with varying positions of power or vulnerability.

Laws and policies often entail provisions and ideological concepts that are ambiguous, abstract, vague, poorly defined, and never specific enough to fit particular local context, thus requiring interpretation (Bridges 2017; Hoag 2011; Anders and Nuijten 2009). This ambivalent and indeterminate nature allows for them to be used in various ways to serve the interests of particular classes or groups in society (Anders and Nuijten 2009). Rather than addressing the gaps between policy and practice by developing more precise guidelines, Hoag (2011) notes that legislators generally push decisions about implementation off onto lower-level bureaucrats, resulting in heterogeneous bureaucratic practice. Scherz (2011) demonstrates this process through her analysis of the use of risk assessment tools in child welfare, describing how the development and implementation of these tools leave unaddressed the problem of establishing the necessary criteria for social workers to consistently determine what level of risk warrants the removal of a child. Thus, heterogeneity in practice remains, but the adoption of such tools provides the appearance of greater accountability, accuracy, and transparency. Indeed, the anthropology of law and policy has illuminated the ways in which an increasing emphasis on bureaucratic transparency and openness, characterized by new methods and standards for accounting and auditing, seems to coincide with, and serves to hide, an increasingly opaque and illegible exercising of power (Tate 2020; Anders and Nuijten 2009; Heyman and Campbell 2009; Das and Poole 2004; West and Sanders 2003).

One implication is that laws and policies do not translate directly into specific practices. Applying the principle of ‘studying through’ described earlier means tracing policy down to the front-line to examine how it is interpreted and implemented among what Lipsky (1980) refers to as ‘street-level bureaucrats.’ These are typically low-level state employees, or in the case of ever-increasing privatization, non-state employees contracted to perform work on behalf of the state,

with whom the public most often interacts when encountering ‘the state.’ Lipsky argues that these street-level bureaucrats essentially act as policy makers in the sense that they are tasked with the actual implementation of policy into practice and have enormous discretion in determining client eligibility and distributing resources. He explains that, “although they are normally regarded as low level employees, the actions of most public service workers actually constitute the services delivered by the government” (Lipsky 1980:3). These workers are the ones who actually carry out policies through ‘everyday practices,’ and thus constitute important figures in understanding the intricacies of how state interventions with families unfold. Within the child welfare system, these are the caseworkers who actually investigate allegations of abuse and neglect, make decisions about whether and what type of intervention is needed, monitor compliance with mandated services, and assess whether the family has been adequately reformed as a result of the intervention received.

The ambiguity inherent in law and policy results in street-level bureaucrats having a significant role in their interpretation and operationalization. As they seek to implement policy, street-level bureaucrats are influenced not only by dominant ideology, but also their own personal discretions, experiences, values, interpretations, and ‘folk notions’ (Ramsay 2016; Terrio 2015; Dubois 2014; Scherz 2011; Morgen 2001; Marcus 2000). Furthermore, laws and policies may be challenged and contested by those who are subjected to them, leading to further alterations (Shore and Wright 2011, 1997) or, potentially, interpretations from the Court (Bridges 2017). Thus, policies may be significantly transformed as they travel from policy-makers down to citizens and are then continually re-negotiated through interactions with the public. For this reason, it is critical to follow the policy process all the way through to understand the

disjunctures that occur along the way and their implications for understanding how the state operates.

## **Summary**

The theoretical framework I have laid out here seeks to understand the child welfare system as an institution of the state whose primary objective is to ensure the reproduction of capitalist class relations. The working-class family is critical to this process, as they are expected to produce the next generation of workers. Under the guise of concern for children, the state seeks to exert control over particular categories of citizens who pose a threat to the capitalist system, namely those who are most marginalized by it. Thus, the families who are subjected to the surveillance of the child welfare system are predominantly poor or low income, female-headed homes, and families of color. Although the prevailing harm to children is poverty, a direct result of capitalism, the state strategically situates responsibility and blame onto parents. Their resulting classification as “bad parents” provides justification for state intervention and subjection to disciplinary technologies designed to reform such parents in ways that best serve the interests of the state. Child welfare intervention thus serves as a method of forced assimilation to the dominant state ideology which seeks to transform “deviant” parents into model citizens *and also* ensure that their children are raised in such a way as to promote their becoming obedient, disciplined subjects of the state. At the same time, the imposition of particular state-sanctioned ideologies of family and parenting through hegemonic means results in a general acceptance, or ‘taken-for-grantedness,’ that these beliefs and values are universal, and thus the biases embedded with the system often go unrecognized.

Meanwhile, structural inequalities that place particular families at risk of child welfare involvement are ignored and rendered largely invisible. The dominant ideology of ‘personal

responsibility' emphasizes individual agency and suggests that individuals are responsible for their own circumstances; thus, it is due to a parent's own personal deficiencies that they become involved with the child welfare system. This discourse ignores or downplays the historical exploitation of minority populations under capitalism, and the ways in which this has perpetuated conditions of poverty and inequality into the present. Also disregarded is the fact that the current system is intentionally designed to perpetuate these conditions of inequality by preventing subordinate classes from obtaining equal access to resources, thereby ensuring the continued position of the dominant class. The child welfare system serves to 'reform' or 'rehabilitate' noncompliant families and integrate them into their proper place in the capitalist system (or 'proletarianize' them). Parents who fail to conform may lose their children altogether, who are placed with 'good' conforming families that will properly prepare them to become productive members of the capitalist system. In this way, the child welfare system can be understood as inherently connected to capitalism, and thus provides a useful avenue for examining how the state promotes neoliberal capitalist ideology and interests.

## **Chapter 3**

### **An Anthropological Approach to the Study of Child welfare**

As the previous chapters have indicated, child welfare is a relatively recent area of inquiry in the field of anthropology. A growing body of research on children and childhoods, described in Chapter 1, reflects a broad conception of child welfare within the field that is interested in understanding the interaction of multiple factors at the family, community, and societal levels that impact children. In contrast, the term ‘child welfare’ is often narrowly defined in government policy and legislation within the United States and other Western nations as pertaining specifically to the protection of children from abuse and neglect by their caregivers. Such a narrow conception contrasts sharply with the holistic perspective of anthropology, revealing the substantial opportunity that exists for anthropology to contribute to the study of child welfare. Although limited anthropological research has examined the child welfare system specifically, the myriad of cross-cultural research on children and childcare that has come out of the field is highly relevant to the child welfare system and reflects the development of an anthropological perspective on child welfare.

While anthropological research shares certain methods in common with a variety of social science fields which are commonly used in child welfare research, anthropological approaches are nonetheless distinct from ‘typical’ research carried out in the field of child welfare. Baker and Charvat (2008) identify six methods that they describe as those most commonly used in child welfare research, which include standardized instruments, surveys, case

studies, semi-structured interviews, focus groups, and use of administrative data sets. Many of these methods are also used in anthropological research. What distinguishes anthropology from typical child welfare research, however, is an emphasis on long-term, intense immersion in the field to learn about the subject of interest through the practice of ethnography. As a field, cultural anthropology generally emphasizes the use of ethnographic research methods as a basis for gaining an in-depth and contextualized understanding of the cultures and societies that anthropologists study. Furthermore, anthropology offers a unique perspective in understanding societal institutions, like the child welfare system, as cultural systems that are embedded with particular culturally-constructed ideologies, morals, beliefs and values.

Here, I delve further into the unique contributions of an anthropological approach in understanding the factors that shape child welfare before detailing the methods employed in the current study. In the following sections, I first describe ethnographic research methods and their history in the discipline of anthropology, highlighting both the strengths and limitations of these methods, as well as emerging critiques and crises in the field that have shaped its evolution. I then discuss the research design and methods for my study, including the hurdles encountered along the way that impacted and altered the final project. Finally, I conclude in examining some of the ethical issues involved in conducting child welfare research from an anthropological perspective and my approach to handling ethical concerns throughout the research process.

### **Ethnography as Research Approach and Methodology**

Ethnography is often considered the methodological foundation of cultural anthropology. Rather than a specific method, ethnography is best thought of as a research approach, which has traditionally been concerned with the study of human culture and behavior within particular local contexts, with the specific objective to understand other ways of life from the native's point of

view (Comaroff and Comaroff 2003; LeCompte and Schensul 1999; Spradley 1979; Malinowski 1961 [1922]). Ethnographic research provides the means to study in depth a particular topic within a specific local setting, integrating multiple forms of systematic data collection to verify study observations and validate conclusions. While the exact methods can vary, LeCompte and Schensul (1999) identify seven defining characteristics of ethnographic research: 1) it is conducted in natural settings; 2) it involves intimate, personal interaction with participants; 3) it emphasizes the views and perspectives of participants; 4) it uses inductive and recursive processes to build theories of local cultural beliefs and behaviors; 5) it incorporates multiple data sources, including both qualitative and quantitative data, which are used to corroborate and confirm the accuracy of research findings 6) it frames belief and behavior within specific socio-political, economic, and historical context; and 7) it is guided by the concept of culture in constructing interpretations of human belief and behavior. Put concisely, the primary objective is to understand and produce theoretically informed interpretations of social and cultural life, with an emphasis on holism and representing cultures from the perspectives of their members.

Although an array of methods can be utilized in ethnographic research, one of its inherent features is an emphasis on the deep immersion of the researcher within the community or culture under study (Musante 2015; Bernard 2011; LeCompte and Schensul 1999; Emmerson, Fretz, and Shaw 1995; Goffman 1989; Spradley 1980). This is achieved through the practice of participant observation, a research method that generally involves living among the study population and engaging in the daily routines, practices, and various aspects of community life in order to experience the lives of research participants as much as possible. It is a process of both observing how people act and respond to events, and experiencing those events firsthand, of learning through doing, and systematically recording and incorporating this information into formal

analysis. For many anthropologists, this is viewed as the foundational method of ethnographic research.

Participant observation has deep roots in the social sciences, including both anthropology and sociology, dating back at least to the late nineteenth century (Musante 2015; Bernard 2011). The first account of its use in anthropology comes from Frank Hamilton Cushing in 1879, who spent four and a half years among the Zuni in the southwestern United States (Musante 2015; Green 1978). Cushing emphasized the development of an internal and holistic understanding of Zuni culture based on long-term participatory fieldwork. Its development as a serious methodology, however, is often attributed to the social anthropologist Bronislaw Malinowski (1961[1922]), who described its use during his fieldwork among the Trobriand Islands in great detail. Though he did not invent the methodology, Malinowski articulated “principles of systematic, intensive collection and interpretation of field data to a degree of sophistication not known before” (Firth 1985: 30). In contrast to most previous ethnographic fieldwork, he emphasized living within the community and engagement in everyday activities and interactions. Around the same time period, furthermore, Margaret Mead was incorporating a similar methodology in her fieldwork among the Manu’a of Samoa, in which she engaged in learning the customs, etiquette, and practices of the adolescent girls who were the subject of her study (Musante 2015; Sanjek 1990). By 1940, participant observation as described by both Malinowski and Mead had become well established as a method in anthropology (Musante 2015).

In contemporary anthropology, participant observation continues to be viewed as the cornerstone of ethnographic fieldwork and serves a number of important functions. First, it facilitates the researcher’s acceptance among the community of study and helps to build rapport among participants as the researcher becomes integrated into community life (Bernard 2011;

Bourgois 1995). Second, it enables the researcher to develop an intuitive understanding of the local culture and way of life, bringing the researcher closer to understanding the point of view of participants and thus improving the ability to make valid interpretations of study data (Musante 2015; Bernard 2011). Third, it allows the researcher to capture and experience tacit aspects of culture that may not be directly observable and may be outside the conscious awareness of participants (Musante 2015; Zahle 2012; Desjarlais and Throop 2011). Finally, it contributes to an understanding of social life as a fluid and dynamic process, whereby “meanings emerge through talk and collective action,” are contested and negotiated, and change over time (Emerson, Fretz, ad Shaw 1995: 4).

The other method often considered essential to ethnographic research is the in-depth or ethnographic interview (Musante 2015; LeCompte and Schensul 1999; Agar 1986; Spradley 1979). Among some anthropologists, this method is deemed more important than participant observation (e.g., Agar 1986), although it generally is conducted within the context of participant observation fieldwork. As Bernard (2011) notes, there are a variety of interviewing techniques that anthropologists utilize in ethnographic research, which vary in terms of the amount of control the researcher exercises over participants’ responses. Within the context of participant observation, the ethnographer often engages in informal interviewing, which entails the unplanned and unstructured conversations that unfold over the course of the day’s activities. In-depth, ethnographic interviewing, on the other hand, is a planned activity with a specific objective, although it may incorporate varying degrees of structure. Bernard (2011) delineates two main types of in-depth interviews typically used in ethnographic research: unstructured and semi-structured. Both strategies utilize open-ended questioning and probing to explore the

subject of interest in depth; the primary difference is in the amount of control exercised by the researcher.

Unstructured interviews utilize minimal control on the part of the researcher and instead allow the participant to take the interview in different directions based on their own experiences and perceptions of what is important. The researcher has a set of topics in mind about which she wants to inquire, but rather than following a pre-determine script, she allows the conversation to develop organically with the informant taking the lead. As Bernard (2011: 209) explains, the key is to “keep the conversation focused on a topic, while giving the respondent room to define the content of the discussion.” This strategy is typically used during long-term fieldwork where the researcher is able interview participants multiple times on separate occasions. It is a particularly useful means for learning about the lived experience of participants, and allows the researcher to build rapport with participants over time. Semi-structured interviewing, on the hand, incorporates the use of an interview guide to provide some degree of structure to the interview process, while still maintaining a degree of openness to follow new leads introduced by the informant (Bernard 2011). This strategy is commonly used in situations where the researcher will only have one opportunity to interview a participant, or sometimes as a follow-up to unstructured interviewing after the researcher has refined a more specific set of questions. An advantage to this interviewing strategy is that it ensures all participants respond to the same set of questions, thus providing comparable qualitative data across the study sample.

A particular variation of ethnographic interviewing is the life history. This method typically focuses on a small number of participants who are studied in depth, usually through a series of interviews and sometimes in combination with participant observation. This approach seeks to understand the particular life experiences of the individual within the broader social,

political, and cultural context in which they live (Cole and Knowles 2001). In this way, it draws on the experiences of individuals as a way to make meaning of the broader context, viewing the individual as window into community and societal conditions. Furthermore, life histories can serve as a way to present diversity or multiplicity in perspectives within a particular setting, emphasizing the heterogeneity of communities (LeCompte and Schensul 1999; Clifford and Marcus 1986). Critiques of the method generally question the extent to which the individual subject is representative of the larger community and claim that the nature of such research is highly subjective (Geiger 1986). The question of subjectivity versus objectivity is not limited to the life history method and ultimately became the subject of a larger debate in anthropology, which will be addressed in the next section of this paper. All ethnographic interviewing is dialogic, as Scheper-Hughes (1992) emphasizes, involving the production of knowledge through human interaction; the life history method is not exceptional in this regard. As a standalone method, it is fair to argue that life histories are limited in their ability to draw conclusions about broader socio-cultural patterns, but as a component within a larger ethnographic endeavor, they offer the ability to understand how the conditions of a particular community are experienced by individuals.

While these generally comprise what are thought of as the ‘essential methods’ of ethnographic research, they are by no means the only methods utilized. In addition to extended periods of participant observation and in-depth ethnographic interviewing, many anthropologists incorporate other methods and sources of data into ethnographic research. There are numerous examples from the anthropological literature concerning child welfare. McDonald and Boulton (2011) integrate data from historical records in their ethnographic study of childrearing practices among Aboriginal women in Australia. In her research concerning breastfeeding and the

ideology of 'intensive mothering,' Faircloth (2013) included the use of structured questionnaires with long-term ethnographic fieldwork. Whiteford (1998) collected demographic, economic, and epidemiological data from public records in addition to traditional ethnographic fieldwork to examine changes in child and maternal health following structural adjustment processes in Cuba and the Dominican Republic. Finally, Sargent and Harris (1998) collected anthropomorphic measurements, adoption and foster care records, and archival data on child abandonment as part of their ethnographic research examining gender preferences and implications for child health in Jamaica. These examples highlight how a range of methods can be incorporated in ethnographic research as additional sources of data which, through triangulation, are used to confirm the validity and broader generalizability of findings generated through participant observation and ethnographic interviewing.

### **Ethnography in Crisis: Methodological Critiques and Turning Points**

Beginning in the 1970s and 1980s, emerging critiques of ethnography as a mode of inquiry and writing raised important questions and debates within anthropology that have had a lasting impact on ethnographic practice. Of growing concern among those in the field was the historical connection to colonialism, particularly the ways in which ethnographic practice had been both shaped by and used for the promotion of colonial interests (Pels 2008; Marcus 1998; Scheper-Hughes 1992; Abu-Lughod 1991; Clifford 1988, 1986). Particularly influential was the work of Michel Foucault (e.g., 1975, 1978, 1982), which raised concerns about the exploitative nature of ethnographic fieldwork and the ways it served to reduce people to objects of the anthropologist's scientific gaze (Scheper-Hughes 1992). Mounting critiques questioned the authority of the Western/white anthropologist to produce knowledge about the 'other,' challenging the basic assumptions that anthropology as a field entails the study of the non-

Western societies by Western researchers and that being an outsider is a requirement for objectivity, and pointing to the ways in which the practice of ethnography has served to essentialize ‘otherness’ and construct cultural difference in terms of inequality (Pels 2008; Abu-Lughod 1991). These revelations highlighted the ways in which ethnographic research had been used historically to reaffirm the superiority of Western civilization and justify colonial rule.

The very notion of objectivity, furthermore, came under increasing scrutiny. Clifford (1986) wrote that ethnographic representations are always and inherently ‘partial truths,’ explaining that ethnographic ‘truths’ are constructed through systematic and contestable exclusions based on the anthropologist’s perception of what is and is not relevant and desire to generalize about the communities and cultures they study. Similarly, Scheper-Hughes (1992:23) acknowledges that “all facts are necessarily selected and interpreted from the moment we decide to count one thing and ignore another... anthropological understanding is necessarily partial and is always hermeneutic.” Abu-Lughod (1991) adds that these representations are also ‘positioned truths.’ These critiques questioned the presumed objectivity of the (Western) anthropologist and the privileging of the Western perspective in ethnographic research, and in doing so opened the door for new possibilities (Pels 2008; Abu-Lughod 1991; Jones 1970).

One major impact has been an emphasis on self-critical reflexivity in ethnographic writing (Marcus 1998; Scheper-Hughes 1992; Clifford and Marcus 1986; Crapanzano 1977). This has entailed increasing acknowledgement of the anthropologist’s presence in the field and a shift away from distinctions of subjectivity versus objectivity, emphasizing instead that ethnographic research involves a balance of both subjectivity and objectivity (Scheper-Hughes 1992; Clifford 1988, 1986). In support of this development, Marcus (1998:189-190) proclaims that it marks “a departure from the ideology of objectivity, distance, and the transparency of

reality to concepts, toward a recognition of the need to explore the ethical, political, and epistemological dimensions of ethnographic research as an integral part of producing knowledge about others.” At the same time, however, scholars such as Scheper-Hughes (1992:28) have cautioned against “obsessive, self-reflexive hermeneutics in which the self, not the other, becomes the subject of anthropological inquiry,” noting that although anthropology is inherently flawed, it still offers value in seeking to understand the perspectives of others. She argues that ethnography can be a tool for both critical reflection *and* human liberation, calling for anthropologists to work in solidarity with the people they study, to include multiple and dissident voices, and to “speak truth to power” (1992:28). Marcus (1998:231), similarly, argues for “sticking with ethnography through thick and thin.” Ultimately, the self-reflexive turn has not led to an abandonment of ethnography, as some feared, but a more critical ethnography that examines the ways in which the researcher necessarily influences the research process.

Furthermore, the critiques of anthropology’s problematic colonial history and continued privileging of Western science lent support to the emergence and growth of ‘native anthropology,’ ethnographic research conducted by members of the community or culture under study, and the greater inclusion of non-Western perspectives within the field (Pels 2008; Abu-Lughod 1991; Jones 1970). Not only did this include new recognition of the value that anthropologists studying their own culture can bring to the field in terms of their ability to collect different kinds of data and offer different interpretations of that data, but also resulted in new proposed directions for ethnographic research. Arguing that the very idea of ‘cultural difference’ upon which cultural anthropology was founded is inherently problematic, Abu-Lughod (1991) advocated for ‘writing against culture,’ suggesting that anthropologists should write ethnographies that focus on the particularities of individuals’ lives, emphasizing heterogeneity

and diversity, rather than generalizing about communities and cultures. Along similar lines, Pels (2008:280) calls for anthropology to study the “processes by which human differences are constructed, hierarchized and negotiated.” These approaches question the concepts of ‘culture’ and the ‘other’ and the ways in which anthropologists have contributed to their construction. Thus, the critiques launched in the late twentieth century have opened the door for new possibilities and directions in ethnographic practice.

### **Methods and Mayhem: Design of the Current Study**

The critiques described above have unquestionably had a profound influence on my own development as a researcher, my interest in studying the child welfare system, and the way I have approached this research. Conceptualizing this study as a sort of ‘native anthropology,’ whereby I would cast the anthropological gaze onto the Western institution of child welfare, my objective was to critically examine the cultural ideologies of the society to which I belong, the particular practices that emerge from those ideologies, and the ways in which these processes construct differences that contribute to and exacerbate inequalities. I initially set out with the intention of employing the traditional ethnographic approach in this research, envisioning that I would conduct extensive participant observation among child welfare caseworkers – hanging out in offices, attending various meetings, case staffings, and court hearings, accompanying caseworkers on home visits, and learning the ins and outs of how the system operates in this way. Having spent a decade conducting child welfare research, inclusive of interviews and focus groups with administrators, supervisors, and front-line staff, case file reviews, and some limited observational data collection, I was quite familiar with many aspects of the system already, but imagined I would gain a much more contextualized understanding of how processes actually play out on the ground through an immersive ethnographic study. I further anticipated that,

through these activities, I would get to know caseworkers and system-involved families, who I would eventually invite to participate in interviews.

I encountered my first setback to this plan when Florida's Department of Children and Families (DCF) declined to provide a letter of support for my proposed study. Having spent the five years leading up to this request engaged in research and evaluation contracts for DCF, I was hoping to leverage my connections to obtain the Department's support and was willing to incorporate additional elements or deliverables in which they were interested. My timing, however, coincided with a change in the administration, coming just after the election of a new Governor. The newly installed leadership at DCF that followed this election did not care about my years of past service to the Department. Knowing what I now know in retrospect, which is that they were already in hot water over allegations about their failure to ensure the safety of children in their care (including an investigative exposé in *USA Today* that came out as I was completing my dissertation; Beall, Chen, and Salman 2020), it is not surprising that they did not want another researcher prying into their operations.

Having been denied access to DCF's offices to conduct my proposed research, which included child protective investigations, my 'Plan B' was to revise my approach and focus solely on the case management side of the system. These are the agencies that take over once a child has been deemed unsafe and placed under state custody and/or supervision. As will be further explained in Chapter 4, Florida's case management agencies are fully privatized, which meant that I could approach these agencies individually to request a letter of support without the need for DCF's approval. With my revised proposal prepared, I began approaching some agencies with whom my colleagues and I had worked in the past and established amicable relationships. I was disheartened to find that even with these agencies I struggled to get a response. I had

narrowed my target down to a single agency with which I had been working closely for a number of years and had good rapport. Then the COVID-19 pandemic hit, and suddenly everything changed. Doing in-person data collection was no longer feasible, as many agencies and businesses went into lockdown, shifting to remote work and implementing new safety measures to minimize in-person contact as much as possible. There was no way I could ask caseworkers or vulnerable families to jeopardize their health and safety to allow me to conduct participant observation. Nor could I reasonably ask agencies to accommodate my interest in pursuing this study at a time when they were overwhelmed and scrambling to adapt to the emerging crisis. Once again, I was back to the drawing board, trying to figure out how to salvage this project.

What resulted is a creative revisiting and integration of data collected through several distinct studies to which I have been a key contributor over the past five years. These include an evaluation of Florida's Title IV-E Child Welfare Waiver Demonstration Project, an evaluation of Community-Based Child Abuse Prevention Programs throughout Florida, an evaluation of the children's mental health service array and service provision for those in the child welfare system, and evaluations of community-based child welfare responses to children who have experienced or are at-risk of human trafficking or exploitation. Although I was not the sole researcher on any of these studies, I have limited my analysis to the specific components that I developed and data that I collected directly. On four studies, I was either the Principal Investigator (PI) or Co-PI, and have ownership (or co-ownership) over the data that was collected per the research contracts; on the remaining study, I received permission from the PI to use data that I collected specifically for components of the study for which I was responsible. While these studies had diverse goals and objectives, there were overlaps that occurred around the central concern of child safety that provided the basis for the current study in which I bring these data together into one narrative. I

have also incorporated publicly available documents, data, and media coverage as relevant to the themes that are explored. Applying an anthropological lens to the re-analysis of these data, in alignment with the theoretical approach outlined in Chapter 2, I sought to examine “the *everyday practices* of local bureaucracies and the *discursive construction* of the state in public culture” (Gupta 1995:376). I describe these methods in further detail below.

### ***Study setting***

My research was conducted in various locations throughout Florida, with data collection completed between 2016 and 2019. All in all, my data collection spanned 37 of Florida’s 67 counties, covering every region of the state. This included a mix of rural and urban communities, as well as areas experiencing higher than average and lower than average removal rates, in order to provide a picture of the diversity found in Florida’s child welfare system.

Florida’s child welfare system provides an ideal opportunity to examine the research questions proposed about state constructions and operationalization of child safety. Florida is rather unique in that services have been substantially privatized to a far greater extent than most states, a move that was mandated by the state legislature in 1998 (Vargo 2015; Albowicz 2004; Paulson et al 2003). Following this transition, the only direct service role that remained the responsibility of the state agency was that of child protective investigations. Case management, foster care, treatment, and adoption services became the responsibility of local, private child welfare agencies contracted by the state, referred to as Community Based Care lead agencies. Studying the child welfare system in Florida therefore offers an excellent opportunity to examine how the state operates through a combination of public and private entities, blurring the boundaries of the state.

Florida also offers the opportunity to engage theoretically with issues related to inconsistency in bureaucratic practice and examine disjunctures between policy and its on-the-ground implementation, both major concerns in scholarship on law and society, the anthropology of the state, and the anthropology of policy. Since 2006, Florida has been engaged in a federally-supported initiative to reduce the number of children placed in out-of-home care (e.g. foster care), reduce lengths of stay in out-of-home care, and increase the timeliness of permanency for children in the system. This initiative has important implications for approaches to the issue of child safety, and was intended to shift the focus of the system toward developing innovative preventive and diversion programs. More recently, however, the state shifted policy in response to accusations that it had failed to put sufficient monitoring and protective services in place for children remaining in their homes (e.g., Miller and Burch 2014a, 2014b). Under the new policy directive, the state prioritized ‘child safety’ above all else, implementing a new practice model deemed the *Safety Methodology*. The practice model was still in the early stages of its rollout when my research began, making this a very timely study. As these circumstances illustrate, Florida’s system serves as an insightful example of how child welfare systems in the United States continue to struggle with conceptualizing and operationalizing child safety, even as safety is promoted as a core focus of child welfare practice.

### ***Focus groups***

During the study period, I conducted focus group interviews with key front-line child welfare staff throughout the state. These totaled 18 focus groups with case managers (n = 122 participants), 12 focus groups with child protective investigators (n = 88 participants), and 12 focus groups with prevention program (deemed ‘family support services’ in Florida’s child welfare service array) caseworkers and staff (n = 58). This data collection represented the

catchment areas of 12 out of the 17 Community Based Care lead agencies that were operating at the time. Recruitment was conducted with assistance from lead agency CEOs and DCF Regional Managers at each location, who provided a space to conduct the focus groups and invited employees using a recruitment letter that I provided. Focus groups varied in size from three to 12 participants. While my focus was on caseworkers, a few focus groups also included some supervisors, who were invited at the agencies' discretion. My request in these instances was that the agency avoid sending anyone who was the direct supervisor for any of the caseworkers in attendance to ensure that there would not be a problematic power dynamic.

Although I did not directly collect data on participants' demographic information, I can provide my general observations of participant characteristics. The majority (at least 75 percent or more) of participants were female, but included some male and a small number of transgender individuals. Participants were racially and ethnically diverse, including individuals who were White, Black, and Latinx. The diversity of caseworkers largely varied according to the region of the state and the local demographic make-up where each focus group was conducted. For example, focus groups conducted in South Florida had a greater proportion of Latinx participants compared to those conducted in other areas of the state. Participants were fairly young on average (e.g., in their 20s or early 30s), which is typical of casework, but there were a number of older, seasoned workers as well who reported having been in the field for twenty or more years.

While focus groups were carried out as part of several distinct projects, the overarching purpose, regardless of the particular project, was to gather front-line perspectives regarding various aspects of child welfare practice and the availability of services to meet the needs of system-involved children and families. The issue of 'child safety' was a central theme across all of them. Specific topics that were explored include how child safety is defined, how safety and

family needs are assessed, what practices and processes are in place to ensure the safety of children, how decisions about child safety and the need for intervention are made, what services are available to meet the various needs of children and families, what caseworkers perceive to be the primary needs of system-involved children and families, and what factors facilitate or present barriers to caseworkers' ability to ensure child safety. Focus groups were facilitated using a semi-structured interview guide. All sessions were audio-recorded and transcribed.

### *Interviews*

In addition to gathering caseworker perceptions and experiences, I conducted individual interviews with system-involved youth to further explore the experiences of children subjected to child welfare interventions. These interviews were conducted as part of a couple projects evaluating services and interventions for youth in the child welfare system who had experienced or were at high-risk of experiencing human trafficking, however, the interviews included questions about their overall experiences with the child welfare system and foster care. Although their status as potential or suspected victims of human trafficking made them somewhat unique and distinct from the 'regular' child welfare population, it is noteworthy that most of these youth had entered the child welfare system prior to their trafficking experience. Therefore, the circumstances that led to their child welfare entry were no different than other children in the system, and in many cases it was precisely their involvement with the child welfare system that facilitated their trafficking victimization. As such, this sample of youth provided very valuable insight with regard to the issue of child safety, including how the concept of safety is operationalized and some of the shortcomings or unintended consequences. By focusing on some of the most vulnerable youth within the system, these interviews shed light on how the state's

response to child maltreatment impacts the children it claims to protect, and the extent to which the child welfare system succeeds in ensuring the safety of children in its care.

Qualitative semi-structured interviews were conducted with 38 youth between the ages of 13 to 18 with child welfare involvement. Participating youth were in a variety of placements, including regular foster care, specialized therapeutic foster care, kinship care, and a few who were in the care of biological parents under state supervision. A majority were female (n = 35), a reflection of the fact that children identified as human trafficking victims are disproportionately female. Two participants were male, and one participant identified as transgender. Participants were also overwhelmingly children of color: 18 identified as Black, including five who identified as Haitian and one who was Brazilian; 19 identified as Latinx, seven of whom were immigrants from Central or South America; and one youth identified as White. Two youth were interviewed in Spanish at their request due to limited English proficiency; the remaining interviews were conducted in English, which was most participants' primary language. Interviews were audio-recorded with permission of the participants and transcribed.

Additionally, I conducted several 'informal interviews' following the onset of the COVID-19 pandemic with various child welfare agency contacts with whom I had established relationships over the years. These were individuals serving in program director or management positions. The conversations took place by phone and involved discussions about the impact of the pandemic on the child welfare system, including how child welfare agencies had adjusted their practices and policies in response to the crisis, as well as how they perceived the crisis impacting child safety. Given the informal nature of these interviews, I did not record them, nor did I follow a strict interview script, but instead asked broad questions about the pandemic's impact with regard to casework practice in general, any guidance that had been provided by the

state, and the impact on system-involved and at-risk families. I allowed space for respondents to shape the conversations according to issues that they perceived to be most important and took detailed notes.

### ***Participant observation***

While I was unable to conduct extensive participant observation with caseworkers as I had hoped, I did still have some observational opportunities afforded by my research projects. On several occasions, I was able to observe dependency court hearings for some of the youth who had been identified as victims of human trafficking. A few of these hearings were for youth that I later interviewed, but most of them were not. In total, I observed court hearings for 32 cases and took detailed notes on what was discussed during the hearing and the dynamics I observed in the courtroom among caseworkers, attorneys, child advocates, parents, youth, and the judge. Dependency hearings represent a critical juncture in child welfare cases where decisions are made about the direction of a case, such as whether changes need to be made to a family's case plan, and whether children can be reunified with their parents.

### ***Policy and document review***

While data gathered through focus groups provided a picture of what front-line practice looks like from the perspectives of caseworkers, these findings are not necessarily indicative of what is specified in policy. As noted in previous research on street-level bureaucrats (e.g., Dubois 2014; Scherz 2011; Morgen 2001), front-line workers often use discrepancy in interpreting and applying policy, choosing to implement some components while ignoring others. Thus, I also collected and reviewed written child welfare policies, practice guidelines, assessment tools, and other relevant documents. This aspect of my study focuses on understanding the 'official' child welfare policy, as defined by the state, in order to examine the

ways in which actual practice in the field conforms to or differs from state policy, as well as the values and ideology embedded in policy. Furthermore, I also examined media coverage about current issues or trends in Florida's child welfare system, such as newspaper articles or press coverage, and pulled data from the state's publicly available child welfare dashboard in order to corroborate some of the findings from focus groups, interviews, observations, and policy analyses.

### *Analysis*

Data produced through this project were predominantly qualitative, including interview transcripts, participant observation notes, and bureaucratic documents. I used ATLAS.ti, a qualitative data analysis software program, to code these documents. A combination of deductive coding, using codes identified by the investigator and based on preliminary research, and inductive coding, identifying themes and concepts that emerge from the data, was utilized. I applied a grounded theory approach to identify emergent categories and themes from the data and link these to theoretical constructs (Bernard 2011). Resulting codes were further analyzed to examine their relation to one another in order to identify sets of codes that touch on similar or related topics or that frequently co-occur within the dataset. Furthermore, this process was iterative, in that insights gained from initial data collection and analysis were used to inform the development and refinement of subsequent interview questions and analyses. Focus group data from child protective investigators and case managers, youth interview data, observational data, and bureaucratic documents were each analyzed separately, allowing for the identification of distinct patterns of beliefs and experiences among each dataset, and then were triangulated for further analysis to explore similarities and differences in the findings.

An important aspect of this analysis is to illuminate and draw attention to the diversity of perspectives that exist among child welfare workers and system-involved youth. My discussions with caseworkers, in particular, revealed that there was not a strong, overarching consensus as to how best to define, assess, and ensure child safety. Nor was there a single, dominant conception of the families who come into contact with the system and how interactions with these families should occur. Rather than try to elucidate a unified vision and shared narrative, I sought to interrogate this diversity and bring it to the forefront of my analysis to consider the broader implications for child welfare practice. The analysis therefore seeks to expose various perspectives arising through the focus groups and interviews while also identifying common themes. Of particular interest are the implications this diversity of interpretations has for a state agency seeking to standardize practice as much as possible. These challenges to standardization and the consistent application of policy are explored throughout the analysis.

### **Ethical Considerations in Child Welfare Research**

Conducting research on child welfare, and specifically research within the child welfare system, poses a number of potential ethical issues due to the vulnerability of the participants involved, the potential for negative consequences that affect the study population, and the presence of competing interests among various stakeholders in the research process. Within anthropology, there has historically been a discomfort with ethics, in large part connected to the field's core tenet of cultural relativism (Caduff 2011; Fluer-Lobban 2013). Gradually, the discipline's stance on cultural relativism came under question, as those in the field began to recognize its potential (and historical) use to justify such practices as genocide, slavery, and colonialism. Scheper-Hughes (1995) argued that cultural and moral relativism, as traditionally practiced in anthropology, are no longer appropriate, particularly when anthropologists often

encounter circumstances that endanger the lives of vulnerable people. While the unbridled acceptance of cultural relativism is no longer standard practice, critics in the field have continued to question whether it is possible to define a universal code of research ethics, given that ideas about ethical practice vary cross-culturally.

Recognizing a need to address research ethics in the field, the American Anthropological Association (AAA) delineated a set of guiding principles, intended to provide a framework for ethical practice while at the same time being careful not to be overly prescriptive. In its current formulation, there are seven principles: 1) do not harm, 2) be open and honest regarding your work, 3) obtain informed consent and necessary permissions, 4) weigh competing ethical obligations due collaborators and affected parties, 5) make your results accessible, 6) protect and preserve your records, and 7) maintain respectful and ethical professional relationships (AAA 2012). Despite their adoption by the AAA, these principles have provoked considerable contention. Particularly perplexing for anthropologists have been questions around what it means to ‘do no harm’ (e.g. Who defines harm? To what extent is it possible to do no harm when the research context often entails multiple stakeholder groups with competing interests?) and whether truly informed consent is possible in ethnographic research (e.g. How does one practice informed consent during participant observation? Is it always possible to fully explain the goals and purpose of research to participants?) (Bell 2014; Fluer-Lobban 2013). While debate and discussion continue, these principles provide guidance for thinking through ethical dilemmas that may arise in the field and arriving at responsible decisions for how to handle such quandaries, recognizing that anthropologists often must negotiate ethically ambiguous situations.

Child welfare research entails potential risks to system-involved families, to system employees, and to child welfare agencies, each of which must be carefully considered. In some

cases, there are conflicting ethical obligations to these different participants and stakeholders, requiring the anthropologist to assess and prioritize their responsibilities to each and weigh the potential consequences of various possible actions. As Fluer-Lobban (2013: 16) notes, “It is nearly impossible... [for anthropologists] to guarantee that no harm will come to the people they study as a direct or indirect result of their research.” Steps can be taken, however, to reduce the potential for harm and seek to ensure the least harm possible is done. This was of the utmost priority throughout my research activities.

A significant challenge to avoiding harm in this context lies in the fact that families are comprised of multiple individuals who may have differing interests. This is particularly true in situations where abuse or neglect may be occurring in the home, and the interests of children may differ from those of parents. What is not made clear in the AAA’s guidelines is whether there is an obligation to intervene when the anthropologist becomes aware of harm being inflicted among study participants. Does a lack of action in such situations constitute doing harm, even though the anthropologist is not the one directly causing harm? If the anthropologist decides to intervene, furthermore, can he or she be sure that to do so would not cause more harm? Reporting child maltreatment, for example, could result in children being removed from their parents, which may be more traumatizing for children and not necessarily in their best interest. On the other hand, deciding not to report maltreatment may allow harmful parental behaviors to continue unchecked to the detriment of the affected children. Weiss (1998) writes about precisely this predicament and her decision to report parents that she perceived to be abusing or neglecting their children, noting that she wrestled with questions about how child abuse is defined and whether or not it was her obligation to report such behaviors, but that she ultimately felt a responsibility to advocate for vulnerable children that she encountered. These

are very difficult ethical issues to navigate, requiring the anthropologist to weigh the severity of the situation and whether it warrants violating confidentiality.

This situation becomes even further complicated when mandatory reporting laws apply to the researcher. In Florida, the state defines “any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected” as a mandatory reporter (Florida Statutes ss. 39.201). As a researcher employed on contracts with the state, furthermore, the expectation that I would comply with mandatory reporting laws was quite explicit and included in my research contracts. This places the anthropologist in a precarious position, obligated to report abuse or neglect even if she feels strongly that to do so would cause more harm than good. This presents a notable risk to vulnerable families who participate in research, which must be carefully explained during the informed consent process. Although I knew the obligation to report abuse or neglect could not be ignored, I thought carefully through how I would handle such a situation should it arise. My plan was to minimize the potential for unnecessary harm by carefully discussing the situation with the participant to assess whether an ongoing danger to the child truly existed and provide full disclosure of any actions I was mandated to take so the participant would be fully informed about what to expect. I was fortunate that I never had to implement this plan, in large part because the more in-depth fieldwork I had initially hoped to conduct with families had to be dropped due to the pandemic.

My greatest concern was with regard to the vulnerability of the youth taking part in my research. While I ascribe to a belief that youth are capable of exercising agency and making decisions about their own lives, including participation in research, I also recognize that, depending on a variety of factors such as age and maturity, youth can be impressionable and susceptible to manipulation and coercion. The fact that the youth included in this research were

involved with the child welfare system and predominantly individuals who were multiply marginalized along lines of race, class, and gender further heightened their vulnerability and the need to exercise caution. Since their involvement with the child welfare system is not voluntary, there are some parallels to conducting research with prisoner populations. These youth are under extensive monitoring and surveillance by the state, and the coercive nature of the child welfare system can result in feeling like they have little choice or agency.

It was particularly important in this context to ensure that research participation was not experienced as coercive and that measures were taken to adequately protect these participants from potential harm. I was particularly concerned, given the association between my research and the agency through which they were receiving services, that youth might feel they had no choice about whether or not to participate, or that they might fear repercussions from the child welfare system if they expressed negative views regarding their personal experience. To reduce the potential for coercion as much as possible, I took time prior to interviews to introduce myself and carefully explain my independence from the state and the specific agency overseeing their case. In doing so, I explained that while I would be sharing findings from my research with the agency, that I would never identify anyone by name or provide other information that could be used to identify them in any reports or publications of those findings, such that there would be no way for the agency or anyone else to know whether or not they had participated. Furthermore, I emphasized that there would be no repercussions for them if they chose not to participate.

While these steps helped to minimize coercion, I realized that youth might nonetheless feel compelled to participate, given the fact that they have been conditioned by the system to comply with authority figures. Thus, I also paid careful attention to both verbal and nonverbal cues throughout the interview process to assess each youth's engagement. If a youth that I was

meeting with came across as reluctant, indifferent, dismissive, or uninterested, I viewed these as potential signs that they did not actually want to participate in the interview, even if they had provided their consent, and opted not to probe further if I was sensing resistance. Additionally, there was the potential that youth would find some of the questions upsetting, particularly if answering required them to revisit events that were unpleasant or traumatizing, such as removal from their family. I did not press youth to answer my questions in these situations, but left space for them to share as much or as little as they chose. I also had contact information for each youth's assigned therapist in the event that something occurred during the interview that gave me immediate concern for the youth's safety; I am relieved to say I never had to make such a call.

In contrast, the potential risks to child welfare professionals participating in my research revolved primarily around the fact that they were either direct employees of the state, in the case of child protective investigators, or employees of agencies contracted by the state, and the data they provided was part of an analysis of state policy and practice. As such, they had cause to fear that they could face repercussions from the state or their direct employer if they provided information that presented an unfavorable view of the state (or another agency) and their identity were to become known. It was even possible that an entire agency could receive blowback from the state if there were negative findings that could be connected directly to a participating agency. For this reason, ensuring the anonymity and confidentiality of these informants and the particular agencies and locations where they worked was extremely important. At the same time, given the fact that their participation primarily took place in focus groups, there were limitations on the extent to which I could ensure confidentiality in a group setting. In this regard, I urged participants to respect each other's right to confidentiality and further offered the opportunity for

participants to follow up with me individually if there was information they did not feel comfortable sharing in front of the group.

As with system-involved families, there was also the potential for ethical dilemmas that raise questions about whether the anthropologist should intervene with regard to the actions of child welfare workers. I was concerned about the possibility that I might observe inappropriate, overtly biased, or unethical behaviors among caseworkers, and wrestled with whether I was ethically obligated to maintain the participant's confidentiality or report the observed behavior in such scenarios. Reporting the worker could result in their being reprimanded, penalized, or even fired by their employer, but remaining silent could result in harm to families on the worker's caseload who are being treated unfairly. Taking action against caseworkers could also jeopardize trust and leave other workers unwilling to participate in the research. The AAA guidelines do not provide a clear resolution, but suggest that the anthropologist must weigh her competing ethical obligations to participants and affected parties, in this case obligations to child welfare workers and to system-involved families, and weigh the potential consequences of each option. In the end, I did not directly observe any behavior that caused me concern about potential harm to children or families, but there were instances in focus groups where caseworkers described actions that were inappropriate and violated policy. My decision was to ensure that these findings were reported to the state, such that they were aware of concerning behaviors that were taking place and could address issues systematically, but I did not report the names of specific employees.

Each of the studies that I drew my data from for this project were approved by the Institutional Review Board at the University of South Florida. Informed consent was obtained from all research subjects who participated in interviews and focus groups. In particular, the

consent process emphasized the voluntary nature of participation, that information collected through the study would be kept confidential, and that the identities of all participants would remain anonymous. Parental permission was also obtained for all youth under the age of 18 who participated in interviews; if youth were currently in the custody of the child welfare system, the assigned case manager was considered their legal guardian and provided permission for their participation. Any names that appear in this manuscript are pseudonyms. I have also taken care not to include the names of specific counties, cities, or agencies where data collection took place to further protect against the potential identification of participants. This is common practice in anthropological research to use pseudonyms for study sites and omit specific information about the location where the research was conducted to prevent identification. Both AAA guidelines and federal guidelines for human subjects research were carefully adhered to throughout the research endeavor.

## **Chapter 4**

### **An Overview of Child Welfare in the United States**

Child welfare in the United States is a complex system, comprised of myriad intersecting state and non-state institutions, with a complicated history. Despite the inclusion of ‘welfare’ in its name, suggesting a broader interest in addressing the needs and well-being of children, the modern child welfare system functions primarily as a child protective system concerned with investigating and responding to allegations of child abuse and neglect. Within this system, the concept of ‘child safety’ has come to occupy a central space, generally viewed as the core mission of child welfare (National Association of Public Child Welfare Administrators 2009). This was not always the case, however. For much of its history, in fact, child welfare was primarily concerned with issues related to child poverty, and it was not until the late twentieth century that a distinction was actually made between poverty and child maltreatment (Meyers 2006; Lindsey 2004). Even so, conceptions of child maltreatment have remained intricately connected to poverty, albeit under a new framing that constructs this as a concern for safety. This chapter takes a closer look at how the child welfare system came to emphasize child safety as its principal concern, and what this shift has meant in terms of ideas about social class and poverty that formed the foundation of this institution.

First, I provide a brief history of the child welfare system, and in particular, policy and practice related to child safety in the United States to understand the origin and evolution of this focus, as well as the underlying assumptions and ideologies, particularly with regard to gender,

class, and race, embedded within the conceptualization of child safety. Herein, I describe the development of major federal policies and legislation that served to prioritize child safety as a primary focus of the child welfare system. After tracing the history of the child welfare system from its origins up to the present, I discuss the structure of the current child welfare system and general characteristics of contemporary child welfare practice. Finally, to set the context for my research, I describe the particularities of Florida's child welfare system, detailing the evolution of state policies and procedures concerning child safety.

### **Emergence of the Modern Public Child Welfare System**

The modern child welfare system as it exists in the United States today did not begin to take shape until the twentieth century, however, its origins can be traced back to the emergence of social welfare in Europe with the rise of the modern nation-state. Prior to this, the Church was at the center of administering relief to the poor, but with the absorption of the Church by the state in the 16<sup>th</sup> century, civil authorities became responsible for this task (Trattner 2007). The dominant ideology underlying poor relief at the time was the belief that “poverty was a permanent and inescapable feature of society” and that those of means had a duty to give to those in need, founded in the Judeo-Christian tradition of charity (Trattner 2007:6). Rapid societal changes occurring with the shift to state governance, including the dissolution of feudalism, the rise of a money economy, and the decay of the Church and corresponding dissolution of its charity framework, resulted in a drastic increase in unemployment, poverty, and vagabondage, requiring the development of new social arrangements to alleviate these emergent social problems.

The first notable state intervention in such matters occurred in 14<sup>th</sup> century England with the Statute of Laborers, although the primary objective of this law was to recreate a subservient

workforce, achieved by requiring able-bodied persons to work at fixed wages, rather than provide assistance to the needy (Trattner 2007). This was followed by further laws that punished the able-bodied for begging. Growing recognition that punitive measures had proven insufficient, however, led to the 1536 Act for the Punishment of Sturdy Vagabonds and Beggars, which increased the severity of punishments for begging but simultaneously ordered local public officials to provide relief for the poor through voluntary contributions that were collected in churches. When donations alone showed to be inadequate, a compulsory tax was enacted in 1572. The end of the 16<sup>th</sup> century saw worsening conditions, however, characterized by food scarcity, famine, and inflation. A growing sense of need for government intervention culminated in the Poor Law of 1601, which incorporated a combination of repressive and charitable components. While the law continued to assign punishments for vagrants who refused to work, it also established a legal right to assistance for the ‘deserving’ poor and established the operation of poor relief as the responsibility of civil authorities.

The conditions in colonial America were somewhat different than those in Europe at the time, characterized by a greater abundance of resources and less pervasive destitution, but most newcomers arriving in America were of limited economic means and faced significant hardship (Trattner 2007). Furthermore, the colonies lacked the private charitable organizations and religious welfare institutions found throughout Europe, resulting in a growing need to develop solutions for dealing with the problem of poverty. Naturally, the colonies turned to the institutions of England for guidance, patterning their own poor laws after the English law. As in Europe, the sense of obligation towards the poor was grounded in religious ideology, whereby the poor were viewed as an integral part of society. By the 17<sup>th</sup> century, however, there was

increasing need for assistance from private sources, resulting in the emergence of social welfare as a partnership of private philanthropy and public aid.

The rise of philanthropy in America was fostered by several key social movements. First, the Great Awakening had a profound effect in popularizing humanitarian sentiments at all levels of society (Trattner 2007). Meanwhile, new ideas emerging during the Enlightenment challenged previous beliefs about poverty being natural and inevitable, arguing instead that poverty could and should be eliminated. Finally, the American Revolution further intensified the sense of humanitarianism and need for reform. The culmination of these movements gave rise to the proliferation of charity organizations throughout the 18<sup>th</sup> century, but with increased focus on reforming social welfare. This was further influenced by a newly emerging laissez-faire philosophy and changing sentiment towards poverty, now conceived as an individual moral matter with a growing emphasis on personal responsibility, in Europe. These ideas received widespread acceptance in the United States, which again followed the example set by England in turning to a new emphasis on the use of institutions. Under this transformation, public aid was restricted to institutional care provided through almshouses for the ‘worthy’ poor, while the ‘unworthy’ able-bodied poor were institutionalized in workhouses where they could be transformed into self-sufficient citizens.

Institutionalization was perceived to be a solution to the failures of prevailing poor relief practices, particularly regarding children. Previously, the typical response to children who were poor, orphaned, or abandoned was to place them in apprenticeships, but there was growing concern over the conditions in which children were left (Trattner 2007). The belief was that children’s health and morals would be improved in public institutions. Specialized institutions, known as orphanages, began to be established in the latter part of the 18<sup>th</sup> century to care for

those children who were left without parents, or in some cases children whose parents were unable to care for them due to poverty or illness (Meyers 2006, Lindsey 2004). With the growth of cities during the 19<sup>th</sup> century, furthermore, a burgeoning population of urban poor children increasingly became a societal concern as well, who were generally viewed as prone to vagrancy and delinquency.

In 1853, Charles Loring Brace, founder of the Children's Aid Society, devised an alternative to institutional care that ultimately evolved into the first foster care system. Commonly referred to as the 'orphan trains,' Brace sent children on trains from New York City to the Midwest, where they were 'placed out' to farm families. In theory, the idea was that the children would be integrated as part of a traditional family structure while also gaining work skills on the family farm. Critics at the time expressed concerns, however, that there was no system for ensuring the proper treatment of the children or prevent them from being exploited as cheap labor, but eventually such procedures were put into place (Lindsey 2004).

Notably, these initial interventions had less to do with an actual concern for the welfare of children and more to do with mitigating the perceived burden that particular groups of children posed to society. Brace, for example, explicitly referred to these children as the 'dangerous classes,' and argued for intervention on the grounds that they were a threat to the social order:

These boys and girls, it should be remembered, will soon form the great lower class of our city. They will influence elections; they may shape the policy of the city; they will, assuredly, if unreclaimed, poison society all around them. They will help to form the great multitude of robbers, thieves, vagrants, and prostitutes who are now such a burden upon the law-respecting community... (Brace 1872: 93).

Thus, the placement of children into institutional care or with foster families was generally not undertaken on the basis of allegations of maltreatment, but more or less was an effort to address

a perceived problem of insufficient parental care and prevent such children from falling into delinquency. As major medical advances over the course of the late 19<sup>th</sup> and early 20<sup>th</sup> centuries led to a significant decrease in the number of orphans, efforts were increasingly redirected towards the children of the poor, especially single mothers, who “were viewed as being unable to properly provide for [their children]” (Lindsey 2004:17). Within these efforts were clearly ingrained biases towards the poor, who were viewed as lazy and undeserving, and towards unwed mothers, who were viewed as sinful. From its early beginnings, then, child welfare initiatives were conceived as rescuing children from unhealthy environments, based on an ideology that associates poverty with immorality. Anthropologists have noted the ways in which such ideas about the moral imperative to attend to the suffering of ‘innocent’ victims – those who are not to blame for their suffering – are deeply embedded within humanitarian ideologies and initiatives (Ticktin 2011, 2006; Fassin 2013).

Towards the end of the 19<sup>th</sup> century, however, another initiative began to emerge that focused explicitly on child maltreatment. This new initiative did not replace the existing efforts targeting orphans and the poor, but rather developed alongside them. The issue of child maltreatment was not entirely unrecognized prior to this point, and egregious cases of abuse occasionally gained public attention and criminal prosecution, but there was no established public or private agency with a specific responsibility for child protection (Meyers 2006). Beginning with the New York Society for the Prevention of Cruelty to Children in 1874, voluntary ‘child saving’ societies were established in various cities throughout the country (Courtney 2013; Meyers 2006; Lindsey 2004). These societies focused on investigating and prosecuting complaints of child abuse, exploitation, and neglect, and were granted quasi-judicial power by the courts to remove children from homes deemed ‘unfit.’ Their efforts were not

directed at the poor per se, but poverty often overlapped with and was the primary contributing factor in cases of neglect and exploitation.

These early children's interventions were entirely non-governmental. Throughout the 18<sup>th</sup> and much of the 19<sup>th</sup> century, state-provided social services largely did not exist in the United States; in fact, state oversight of such services was only beginning to develop in the latter half of the 19<sup>th</sup> century and was not fully established until the mid-20<sup>th</sup> century (Meyers 2006). The widespread belief through much of the 19<sup>th</sup> century was that child protection could be better handled by private organizations. This also meant, however, that there was considerable variation in how such services were provided. The lack of federal legislation concerning child welfare, furthermore, meant that the matter was left entirely to the states. An inventory of child protection laws conducted in the beginning of the 20<sup>th</sup> century found wide variability to exist across states (McCrea 1910).

The first major step towards establishing the role of the federal government in child welfare came with the 1909 White House Conference on the Care of Dependent Children. Experts in the field gathered together and produced a set of 13 recommendations for the development of a national child welfare policy (Meyers 2006; Pelton 1997). Importantly, they emphasized maintaining children with their families whenever possible and encouraged the provision of mother's pension programs for this purpose, arguing that "the home should not be broken up for reasons of poverty, but only for considerations of inefficiency or immorality" (Bremner 1971:365). Thus, the focus of child welfare professionals was gradually shifting towards an emphasis on the moral character of the family, as opposed to intervening on the basis of poverty alone, although the poor continued to be the primary targets for intervention. In addition, the conference attendees advocated for children to be placed in family settings (e.g.,

foster care) over the use of institutional care when removal was deemed necessary, and recommended that a federal children's bureau be established to oversee the implementation of these policy recommendations (Meyers 2006).

The Children's Bureau was officially established in 1912 and was assigned responsibility for investigating and reporting on all matters related to the welfare of children among all classes of society (Meyers 2006; Lindsey 2004). Of particular interest were questions pertaining to infant mortality, the birth rate, juvenile courts, orphanages, childhood injuries and diseases, child labor, and legislation affecting children. Very little attention was initially paid to child abuse and neglect. Instead, the focus of the bureau was largely directed towards issues of child and maternal health, providing guidance on child care, and alleviating childhood poverty. Furthermore, despite the recommendations generated during the 1909 conference, there was still no official federal policy, or funding, established with regard to child welfare services.

It was not until 1935 that the first federal legislation concerning child welfare was finally passed under the provisions of the Social Security Act (SSA). The SSA established two major federal funding streams for child welfare services, Title IV-B and Title IV-E, which allocated some, albeit limited, funding for foster care services, designated "for the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent" (P.L. 74-271; Meyers 2006; Lindsey 2004). This served to help establish child welfare as a public institution. Of greater significance, however, was a strong focus on increasing family security in the hopes of preventing the need for foster care services (Rymph 2012). Increasing rates of poverty during the Great Depression had surpassed the capacity of many state-run mother's pension programs (Meyers 2006). In response, the Social Security Act established a federal level program, Aid to Dependent Children (ADC; later renamed Aid to Families with

Dependent Children in 1962). Like the mother's pension programs it replaced, ADC was designed to provide financial assistance primarily to impoverished families who lacked a male breadwinner with the hope of reducing the number of children entering into foster care on the basis of poverty. The program was plagued, however, by the same shortcomings that had limited the success of mother's pension programs. Namely, ADC was based on an ideology of the family that entailed a male breadwinner and a female caregiver who was financially dependent on her husband (Rymph 2012).

As a result, families that differed from this ideology often found themselves excluded from ADC assistance, particularly since states were able to establish their own eligibility criteria. As was the case with mother's pension programs, 'moral fitness' requirements were enforced to deny assistance to 'unworthy' families – primarily those who failed to conform to accepted gender roles such as unwed mothers or fathers who took on a caregiving role rather than obtain employment (Rymph 2012; Meyers 2006). In many ways, this was nothing new, but simply a reiteration of a long-established practice of demonizing the poor for their failure to conform to dominant white middle class standards. Leroy Pelton (1997) argues, for example, that this practice of distinguishing between the 'deserving' and 'undeserving' poor has always been a defining feature of child welfare. As Duncan Lindsey (2004) notes, however, American society was beginning to undergo rapid changes with regard to family structures and gender roles, increased involvement of women in the labor force coupled with a lack of affordable childcare options, and increasing poverty of women and children, which would persist as the 20<sup>th</sup> century progressed. These changes posed a significant challenge to a child welfare system that was founded on the ideals of a normative, middle class nuclear family where the father is the 'breadwinner' and the mother is the primary caregiver.

While many families were arguably helped by ADC and escaped child welfare intervention as a result, there were also many families who were denied assistance. Thus, despite the goal of strengthening families and preventing child removals, foster care continued to grow, and poverty continued to be a primary underlying cause (Rymph 2012; Linsey 2004). Increasingly, these families were now pathologized as justification for child welfare intervention. In this context, ‘pathological’ typically implied a child born out-of-wedlock, divorce, or parental mental illness. Although poverty remained the primary factor hindering their ability to care for their children, notions of immorality were explicitly tied to the reasons for their poverty, thereby situating blame on the parents. This ability to pathologize the poor ensured that they remained the primary focus of the child welfare system, even as official policy maintained that children should not be removed from their family on the basis of poverty alone. Indeed, research revealed that into the early 1960s, poverty was one of the primary reasons that children were removed from their parents (Maas and Engler 1959; Gordon 1960; Fergusson 1961).

It was in the 1960s that the child welfare system would begin its most significant transformation. The decade marked the beginning of what Leroy Pelton (1997) refers to as the ‘child abuse crusade.’ A surge of public awareness campaigns, increased media attention on child abuse and neglect, expansion of public child welfare campaigns, and the establishment of mandatory reporting laws brought about a heightened sensitivity to child abuse and neglect, as opposed to the previous focus on poverty (Meyers 2006; Pelton 1997). A significant influence was the work of C. Henry Kempe and colleagues (1962), whose delineation of the ‘battered child syndrome’ served to medicalize child abuse and thus legitimize it as a serious issue among professionals and the public alike. Kempe advocated strongly for mandatory reporting laws as well as extensive prevention and early intervention measures, such as universal well baby care

and home visiting programs, and insisted that these initiatives should be “equalitarian rather than being directed just towards the poor” (Kempe 1973:193; Meyers 2006).

By 1967, every state had established mandatory reporting legislation, the implementation of which led to an immediate rise in child abuse reports (Meyers 2006; Lindsey 2004). Over time, furthermore, state laws began to expand to include broader definitions of child abuse and eventually neglect, often conflated into a combined category of ‘child maltreatment’ (Lindsey 2004). Child welfare agencies quickly became overwhelmed by the rapid rise in cases, and in response their focus shifted from helping disadvantaged families to that of child protection, whereby services increasingly “are organized around investigation and risk assessment, rather than treatment” (Kamerman and Kahn 1990:8). Ultimately, the results of the new emphasis on child abuse were that child injuries increasingly were attributed to abuse and neglect, poverty and neglect were increasingly conflated, and child welfare agencies became increasingly fearful of leaving children with their parents (Pelton 1997). This was the point at which child safety emerged as the central concern for the child welfare system.

### **Federal Guidance and Policy from the 1970s to the Present**

As the historical overview provided in the previous section illustrates, child welfare as practiced in the United States has always been concerned predominantly with the poor, who were characterized as unfit parents largely for their failure to achieve the standards of the White middle class. The transformation towards an emphasis on child abuse during the 1960s did not alter this focus on the poor, but merely added a new caveat – child welfare professionals were now concerned that the children of the poor were *unsafe* in the care of their parents. It was not until the emergence of this child abuse panic that the federal government began to concentrate on establishing national priorities and policies regarding child maltreatment. Commencing in the

1970s, the federal government took up a major leadership role in creating a national child welfare policy framework and providing funding to states for child welfare services (Courtney 2013; Meyers 2006; Lindsey 2004). Figure 1 provides a timeline of major federal legislation concerning child welfare from the 1970s onward. The legislation and policies crafted during this period ushered in the transformation from a system concerned more broadly with child welfare to one concerned primarily with child protection, thus launching a new focus on ‘child safety.’

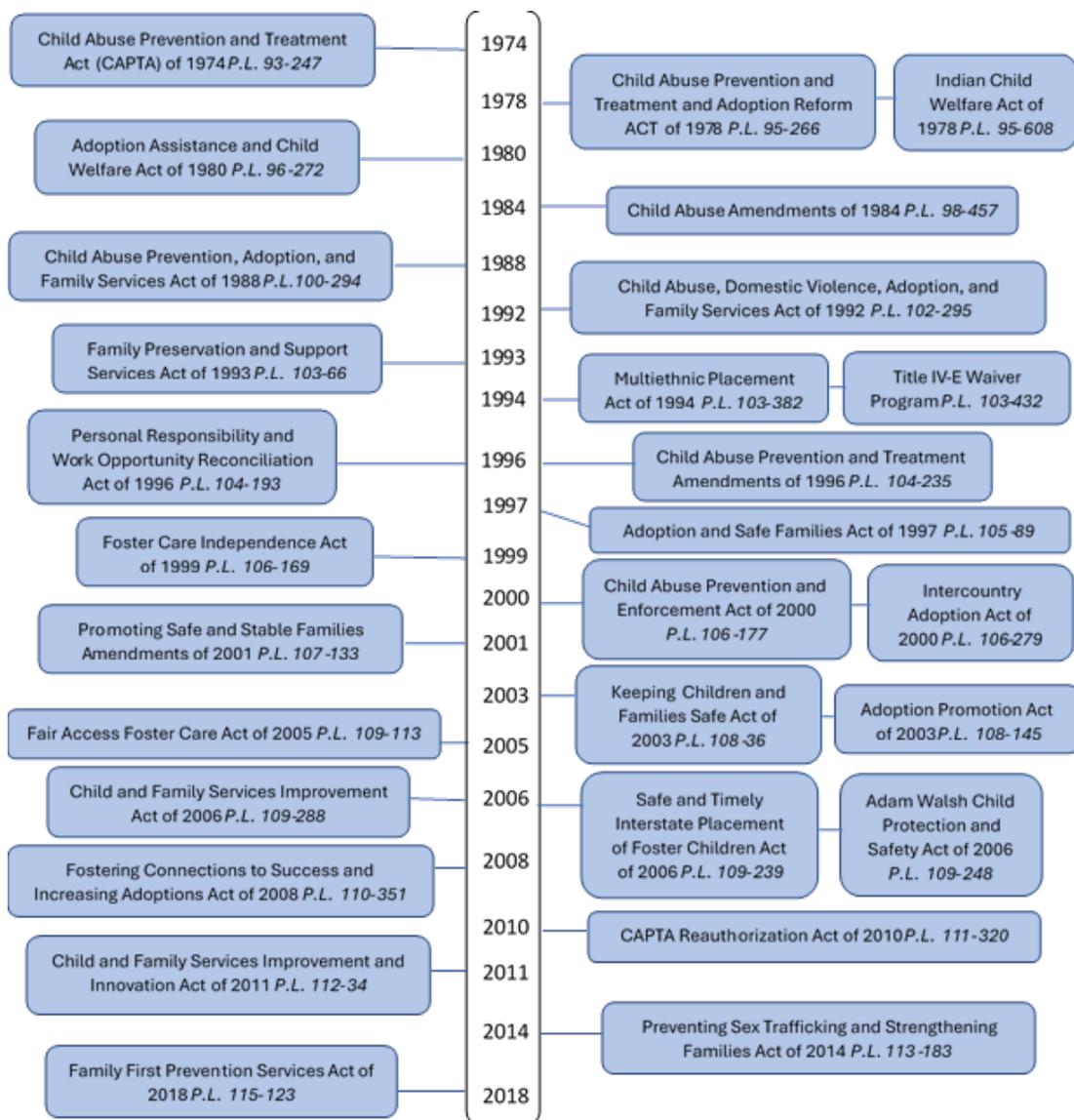


Figure 1. Timeline of Major Federal Child Welfare Legislation, 1970s to the Present

The first piece of seminal federal legislation passed was the Child Abuse Prevention and Treatment Act (CAPTA) of 1974 (P. L. 93-247). Although some federal funds had been allocated to child welfare services previously under the Social Security Act, the actual amount of funding had been minimal. CAPTA authorized substantial federal funding for states to support prevention, assessment, investigation, prosecution, and treatment services in response to reports of child abuse and neglect (Meyers 2006). In order to receive federal child welfare funds, states had to comply with federal regulations established under CAPTA, which required that they conduct non-criminal investigations to verify abuse reports, provide immediate protection for abused children, and provide rehabilitative and ameliorative services to families. States were required to ensure that such services were available statewide, a requirement that most did not meet when the legislation was first enacted, but soon came into compliance. To oversee state compliance with these regulations, the legislation also established the National Center on Child Abuse and Neglect (later renamed the Office of Child Abuse and Neglect).

In addition, CAPTA established, for the first time, minimum standards for defining child abuse and neglect. States were (and are to this day) allowed to construct their own definitions, as long as they adhered to the minimum federal standards. The definition provided in the original legislation was “physical or mental injury, sexual abuse, negligent treatment, or maltreatment of a child under the age of eighteen by a person who is responsible for the child’s welfare under circumstances which indicate that the child’s health or welfare is harmed or threatened thereby” (P.L. 93-247). Arguably, this definition is somewhat vague and open to interpretation, leaving unspecified what exactly is meant by terms such as ‘maltreatment’ or what qualifies as ‘harm.’ This definition has been updated over the years under numerous reauthorizations of CAPTA, the most recent being in 2010. This latest reauthorization defines child abuse and neglect as “any

recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or any act or failure to act which presents an imminent risk of serious harm” (P.L. 111-320). Ambiguity clearly remains a challenge in this rendition. As Jennifer Reich (2005:8) argues, this reflects a privileging of ‘professional judgment’ and a “widespread belief that good parenting is self-evident... you know it when you see it.” Thus, states and child welfare professionals are granted considerable flexibility to interpret what constitutes abuse and neglect in various ways.

While CAPTA was a landmark legislation in establishing a significant role for the federal government in child welfare, it failed to provide a clear direction or outcomes for child welfare practice. By the late 1970s, emerging critiques of the system raised questions about whether it was actually improving the lives of children. There were mounting concerns that the system was contributing to the unnecessary breakup of families and causing further detriment to the well-being of affected children (Sribnick 2011). In particular, new research coming out of psychology on attachment and bonding suggested that the removal of children from their caregivers was potentially more traumatic than maltreatment experienced in the home (Goldstein, Freud, and Solnit 1973). Furthermore, growing concerns were also raised over the common occurrence of ‘foster care drift,’ referring to children who remain in foster care for extended periods of time with no clear effort to facilitate their exit into a permanent home (Sribnick 2011). Meanwhile, the number of children entering into foster care had continued to rise since the passage of CAPTA.

It was within this context that the next major piece of child welfare legislation came into being, the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). This legislation created an important new focus on permanency planning and prevention. Specifically, it required

states to make reasonable efforts to (1) prevent removals and (2) return children who have been placed in foster care to their homes (often called reunification) in order to receive federal funding for foster care payments (Sribnick 2011; Lindsey 2004). In addition, it established the first permanency planning timeframe, specifying that the child's future status (e.g. reunification, adoption) must be determined within 18 months of their placement in out-of-home care. The legislation also promised federal funding to support reunification and adoption efforts, although this funding was never actually provided (Lindsey 2004). While the number of children in foster care decreased slightly following the bill's passage, entries began to increase again by the mid-1980s (Sribnick 2011).

The focus on prevention continued for a period of time into the 1990s, although foster care rates continued to rise. The Family Preservation and Family Support Services Program Act of 1993 (P.L. 103-66) amended Title IV-B of the Social Security Act to provide federal funding for prevention and family preservation services, particularly for families with children at-risk of being removed and placed in out-of-home care due to abuse or neglect. The results of this legislation proved largely disappointing, however, as efforts failed to reduce the number of children entering foster care (Lindsey 2004). Another federal initiative to reduce the foster care population commenced shortly after in 1994 with the Title IV-E Waiver Demonstration Program (P.L. 103-432). This legislation allowed states to apply for Demonstration Projects, in which they were given greater flexibility in the use of federal funds traditionally allocated for foster care to provide alternative services and supports, including family preservation and reunification services. Under this program, selected states were granted Waivers for a five-year period, during which time they were required to provide an independent evaluation of the Waiver's impact. At the end of the five-year period, states could apply for an extension or renewal of their Waiver.

This program was ongoing when I began my dissertation research, but was set to expire in 2019, with the anticipation that it would be replaced by new legislation that would permanently allow for the use of Title IV-E funds for family preservation services. Such legislation was indeed passed under the Family First Prevention Services Act, to which I will return shortly.

Not long after the implementation of these family preservation-oriented initiatives, a drastic reform of welfare was launched, which significantly altered the resources available to impoverished families. Calls for welfare reform had begun as early as the 1960s, coincidentally as families of color were gaining increased access, but during the 1980s the debate greatly escalated, with proposals under President Reagan pushing for devolution of decision-making to the states and implementation of work requirements (Falk 2017; Kohler-Hausmann 2015). The push for reform was largely based on faulty logic and inaccurate stereotypes about welfare recipients, invoking race, class, and gender-based ideology, typified by the myth of the ‘welfare queen.’ This ideology invoked numerous derogatory beliefs about the poor, particularly that the poor are lazy and need to be motivated to work, that welfare encourages dependency on the state and therefore is a barrier to individuals taking ‘personal responsibility’ for their circumstances, and that unmarried women have children to take advantage of the welfare system (Black and Sprague 2016; Kohler-Hausmann 2015; Morgen 2001; Churchill 1995).

These beliefs reflect the same ideology regarding poverty that made the poor targets for child welfare intervention, and became the basis for the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193). Although not touted as a piece of child welfare legislation, this Act ended the Aid to Families with Dependent Children program (AFDC, formerly ADC), which was created with the express purpose of preventing foster care placements on the basis of poverty, as described previously. The legislation replaced AFDC with

Temporary Assistance to Needy Families (TANF), a more restrictive and time limited assistance program. Most importantly, this legislation introduced work requirements and a 60-month life-time limit on the receipt of assistance, placed limitations on educational and vocational training activities that could be counted as engagement in work, and also gave states greater flexibility to use funds in other ways besides direct cash assistance to families (P.L. 104-193). The logic of neoliberalism and promotion of the nuclear family unit are at the core of this legislation, as evidenced in the stated goals of the TANF program: (1) to provide assistance to needy families so that children can be cared for in their own homes or homes of relatives, (2) to end dependence of needy parents on government benefits, (3) to reduce out-of-wedlock pregnancies, and (4) to promote the formation and maintenance of two-parent families (Falk 2017).

Proponents of welfare reform were eager to tout its early successes, particularly a reduction in caseloads and increased employment among recipients. Analyses of the actual impact of welfare reform, however, have had mixed results. One study found that while individuals exiting TANF were employed at slightly higher rates compared to former AFDC recipients (84% vs. 81%), annual earnings for former TANF recipients were about 15% lower compared to AFDC recipients (Cancian et al 2002). Most TANF recipients obtain employment in low-wage positions that are insufficient to raise them out of poverty. Additionally, the Center on Budget and Policy Priorities (Pavetti 2016) found that while work requirements have encouraged parents to enter the workforce sooner, for the majority of program participants, employment was short-lived, with only about 20% of parents who leave welfare remaining in stable employment over five years.

Reductions in caseloads, furthermore, were achieved through several means, including eligible families choosing not to participate in TANF due to the increased program requirements

and the stress that these requirements place on struggling parents, families being kicked out of the program once they reach the life-time limit, and families having their cases closed due to failure to comply with program requirements (Loprest 2010). A significant implication is that many struggling families and children are no longer receiving the financial support they need, or must find alternative means by which to access support. Data indicate that in 2014, only 16.7 percent of children living below the federal poverty line receive TANF, whereas prior to reform, 61.8 percent of children below the poverty line in 1995 received assistance through AFDC (Child Trends 2015). Simultaneously, there has been an increased reliance on disability benefits among poor families, whereby diagnoses of permanent mental disability are increasingly sought as a means of support, which Hansen, Bourgois, and Drucker (2014) describe as a new form of ‘pathologizing’ poverty. These long-term trends indicate that welfare reform has not been effective in significantly improving the economic situation of poor families.

There were considerable concerns about what might happen to families who did not fare well under welfare reform, particularly that families who lost access to assistance, either through the newly instated time limits or through non-compliance with the new program requirements, might enter into the child welfare system as a result (Geen et al 2001). Many working in the child welfare system anticipated an increase in foster care caseloads following the transition to TANF. Initial data collected in the years following TANF implementation suggested that such an increase had not been realized, although there were some indications that the characteristics of child welfare caseloads were shifting, with a greater proportion of cases for neglect, as opposed to abuse, and an increase in particular types of neglect that may be directly related to decreased welfare assistance, such as allegations of inadequate supervision and unsafe housing (Geen et al 2001). Child welfare workers also observed an increase in abuse reports coming from TANF

workers, as well as a redistribution of the responsibility to respond to families in need, whereby child welfare agencies have increasingly taken on the role of providing emergency assistance to families experiencing financial distress. Programs such as the Title IV-E Waiver have allowed child welfare agencies to provide these preventive services, and may be the primary reason that welfare reform did not result in an immediate increase in foster care, but an underlying implication is that such families may be increasingly exposed to the punitive side of the child welfare system.

Meanwhile, amidst welfare reform and increased family preservation efforts, new concerns had emerged that children were being left in unsafe homes (Meyers 2006). Thus, the focus of child welfare policymakers shifted once again, making child safety a top priority. This new priority was set in motion with the Adoptions and Safe Families Act (AFSA) of 1997 (P.L. 105-89), which established safety as the paramount concern guiding all child welfare services (NAPCWA 2009; Department of Health and Human Services [DHHS] 2000). In doing so, this legislation specifically shifted efforts away from family preservation. First, it identified particular circumstances under which child welfare agencies are not required to make reasonable efforts to preserve the family before placing children in out-of-home care (Courtney 2013; Lindsey 2004). Second, it accelerated permanency timelines, requiring states to file for termination of parental rights for any child who has been in foster care for 15 of the last 22 months, thereby freeing such children for adoption. Furthermore, the legislation also provided financial incentives to states that increased adoptions. In this way, Sribnick (2011) notes, the bill reoriented the notion of permanency by incentivizing states to move children towards adoption, rather than addressing family needs to preserve or reunify families. The underlying assumption

reinforced through this legislation seems to be that ensuring child safety means removing children from families that allegedly maltreated them.

Another important provision of the Adoptions and Safe Families Act was a requirement that the Department of Health and Human Services establish a set of performance measures by which to assess state child welfare systems (Courtney 2013; Courtney, Needell, and Wulczyn 2004). This led to the creation of the Child and Family Service Reviews (CFSRs), a process for periodically reviewing state child welfare systems. The objective of the CFSR process was to hold states more accountable to federal regulations and set national performance standards in order to ensure the effectiveness and efficiency of child welfare services in protecting children (Courtney, Needell, and Wulczyn 2004; Tilbury 2004). Through the CFSRs, the federal government created a set of child welfare outcomes for assessing state performance, focusing on three key areas: safety, permanency, and child and family well-being, although in practice safety and permanency have received greater emphasis. Two safety outcomes are delineated: (1) children are first and foremost protected from abuse and neglect (further broken down into two indicators – recurrence of maltreatment and incidence of maltreatment in foster care), and (2) children are safely maintained in their homes whenever possible (DHHS 2000). Following completion of the CFSR, each state must develop a Program Improvement Plan (PIP) that outlines changes the state will make in practice and policy in order to bring its system into compliance with federal standards.

While the intent of the process, to improve accountability, seems reasonable, some concerns have been expressed, pointing to the potential for unintended consequences as states become increasingly focused on meeting the defined performance outcomes at the possible expense of other outcomes and service quality (Courtney, Needell, and Wulczyn 2004; Tilbury

2004). As one example, the emphasis on reducing recurrence of maltreatment may encourage states to increase out-of-home placements rather than working with families to address their needs while keeping children in the home, even though removal might be more disruptive to the child's overall well-being. Thus, by prioritizing child safety and narrowly defining its measurement in terms of the absence of abuse or neglect, federal policy since the passage of AFSA has generally promoted child removals over family preservation.

At present, however, there are significant changes underway. Most recently, the Family First Prevention Services Act (FFPSA; P.L. 115-123) was passed into law on February 9, 2018, amending Titles IV-B and IV-E of the Social Security Act. Key aspects of this legislation include funding for prevention services and an emphasis on least restrictive, family-based settings for children in foster care. In some respects, the Act is an outcome of the Title IV-E Waiver Demonstrations, discussed earlier, as it amends Title IV-E to allow these funds to be used for preventive and family preservation services. Specifically, funds may be used to prevent foster care placement through the provision of mental health services, substance abuse treatment, and parenting skills programs. As noted previously, this coincided with the ending of the Title IV-E Waiver program and was intended to make key provisions of the Waiver permanent.

This legislative shift also likely came in response to recent child welfare trends, whereby the number of children in foster care, which had been decreasing since the end of 1990s, had begun to rise again, with national data showing an increase in entries and overall numbers of children in care emerging by 2012 and continuing through 2018 (U.S. Department of Health and Human Services 2020, 2017). The reasons for this increase are still not entirely understood, but there is considerable speculation that the ongoing opioid epidemic has been a major contributing factor (Collier 2018; Radel et al 2018). Whereas the previous 'crack epidemic' of the 1980s was

frequently used as justification to remove primarily Black children from their families, it is notable that the rhetoric under this current drug epidemic, which has predominantly impacted White families, is quite different, emphasizing family preservation and the need for greater access to substance abuse treatment.

An important caveat under the FFPSA is that funds going towards prevention services can only be used for recognized ‘evidence-based practices.’ At a minimum, approved services must be deemed a ‘promising practice,’ meaning that its outcomes have been demonstrated through an independent study that used a control or comparison group. This provision sparked some concern among state child welfare systems, many of whom have developed a variety of preventive services that may not meet the criteria to be deemed evidence-based practices, largely because agencies do not have the means to conduct the kind of rigorous evaluation required (Florida DCF, personal communication). This does not necessarily mean that such services are not effective, and when they have been developed and tailored to particular communities, they may in fact be more responsive to the needs of those families than pre-packaged evidence-based programs. Thus, a great deal of uncertainty surrounded the FFPSA, which was scheduled to go into effect in October of 2019. Ultimately, there were delays to its implementation, including a need for the Children’s Bureau to clearly define and identify programs that met its standard for ‘evidence-based practice’ and provide a process for states to submit practices for consideration. As a result, many states were just beginning to implement FFPSA services in 2021 as I was completing my analysis and writing my dissertation.

Most scholarly accounts describe this history of U.S. child welfare policy in terms of a pendulum swinging back and forth between competing paradigms of ‘family preservation’ and ‘child saving’ (e.g. Meyers 2006; Reich 2005; Lindsey 2004). Such shifts in policy over time are

generally understood to reflect changing ideas about children's best interests and approaches for ensuring child safety. There are some, however, who offer a more critical perspective, calling into question whether these actually exist as distinct paradigms. Leroy Pelton (1997) argues that the ideology of 'family preservation' among the field of child welfare is a myth, and that proclaimed efforts to promote family preservation have been largely disingenuous, ultimately serving to further support the growth of the 'child rescue industry' while promoting the impression that poor parents do not care about the welfare of their children. He contends that, "Despite their transparent myth of classlessness (Pelton 1978), child welfare advocates, through their zealous pursuit of child abuse, have inadvertently disparaged the poor and strengthened the hand of those calling for punitive AFDC reforms and for even greater numbers of children to be removed from their families, based on demonized images of the poor" (Pelton 1997:549). This is perhaps most evident in the fact that the poor continue to be disproportionately represented in the child welfare system, and largely for allegations of neglect (Berger, Font, Slack, and Waldfogel 2017, 2013).

In essence, the underlying ideology that forms the foundation of both the 'family preservation' and 'child saving' paradigms is the same; namely, that poor families are pathological, fail to care properly for their children, and must strive to achieve the standard of the self-sufficient, (White) middle class nuclear family. Despite the continued language of family preservation, child welfare policy established at the federal level has, until very recently, increasingly centered on child safety since the mid-1990s and the passage of the AFSA. While the newly passed Family First Act appears to reflect a significant policy shift, it remains to be seen what will actually happen when the law goes into effect. Interestingly, the term 'child safety' itself is never actually defined in federal legislation or policy, but is seemingly implied to

be the opposite of child maltreatment. The National Association of Public Child Welfare Administrators (2009:8), for example, defines safety as “a condition in which the threat of serious harm is not present or imminent or the protective capacities of the family are sufficient to protect the child.” This definition depends, of course, on having established clear conceptions of ‘serious harm’ and ‘sufficient protective capacities.’ Like definitions for child abuse and neglect, the concept of child safety suffers from definitional ambiguity that leaves it open to bureaucratic interpretation. By allowing space for administrative discretion in determining what constitutes ‘safety’ or ‘risk,’ child welfare policies enable biases against the poor, racial minorities, or other marginalized groups to be integrated into practice, whether intentionally or unconsciously.

### **Contemporary Child Welfare Practice and System Disparities**

While legislation is established at the federal level, much of the authority and responsibility for enacting child welfare policy and practice falls to the states. States must abide by federal legislation and timelines, but typically also have their own state legislation that more directly guides the process, including definitions of child maltreatment and the responsibilities of the state agency (Lindsey 2004). This means that there can be a considerable degree of variability in how states enact child welfare policy and practice. The system, furthermore, is comprised of more than just the state child welfare agency; multiple interacting agencies and entities are involved, including child protective investigators, case management agencies, attorneys, judges, and various service providers such as mental health, substance abuse treatment, domestic violence services, and parenting instructors (Reich 2005). In addition, although the role of the public sector in child welfare grew substantially over the course of the twentieth century, private agencies have continued to play a role in the system (Lynn 2002). Many states contract private agencies to provide a variety of child welfare services, most

commonly treatment and case management services. Thus, the system may best be viewed as a complicated web of various organizations and agencies, who do not always share the same beliefs or objectives, which must be navigated by families who often find the system confusing and disjointed.

Although variability exists, generally speaking, the process by which families become entangled in the child welfare system is as follows. The state receives a report of suspected abuse or neglect and an intake worker assesses the merits of the allegation to determine whether it requires investigation. If the case is screened in, a child protective investigator conducts an investigation into the allegations. This typically involves interviewing the parents and children, an inspection of the family home and inspection of the children's bodies for signs of injury, and interviewing other people outside the home who know the family, such as neighbors, relatives, school personnel, and medical professionals. The investigator makes a determination of whether or not the allegations are substantiated, and more importantly, whether the children can remain safely in the home or must be removed from their parents. If the investigator determines that the children are unsafe, they file a shelter petition with the court, and the child welfare agency identifies an appropriate placement for the children, which may be a foster or group home, a residential facility, or with relatives who are willing to take them and receive clearance from the state. When this happens, it is generally referred to as out-of-home care. In some cases, the investigator may determine that the children can remain with their parents while the family receives services, referred to as in-home services. These services may be voluntary or court-ordered, depending on the particularities of the case and beliefs of the involved professionals (e.g., child welfare workers, legal partners) about the necessary approach. Failure of the parents

to comply with these services, even when they are ‘voluntary,’ could result in the removal of their children.

For parents whose children are removed, the child welfare agency develops a case plan that is monitored by the court. In most cases, reunification of the children with their parents is the primary goal, unless there are particular circumstances that, in the eyes of the state, preclude this possibility (Reich 2005). The case plan specifies what the parents must do in order for their children to be returned to their custody. While the case plan is often dictated by the child welfare agency and the court, recent literature has emphasized the importance of family engagement. Research suggests that when families are engaged early in the process and involved in developing their case plan, they are more likely to comply with services and have better outcomes (Platt 2012; Kemp, Marcenko, Hoagwood, & Vesneski 2009; Altman 2008; Dawson & Berry 2002). Thus, ‘family engagement’ is increasingly included as a key strategy in child welfare practice guidelines to increase compliance. As noted above, federal guidelines provide a timeline of 15 months for the parents to achieve reunification (P.L. 105-89). If parents do not make sufficient progress within this timeframe, the state may file a petition to terminate their parental rights. The child welfare agency then pursues adoption or permanent guardianship for the children. These efforts are not successful for every child, however, and some children ultimately ‘age out’ of the foster care system when the child welfare agency is unable to find a permanent home for them.

As indicated in the previous discussion of federal policy, child safety and family preservation are often viewed as competing priorities for the child welfare agency, always at tension with one another (Reich 2005). Such a view reflects an assumption that ‘the family’ (or more specifically, the particular type of family that comes into contact with the child welfare

system) is not a safe environment for children. The logic of removing children from their maltreating parents, furthermore, assumes that these children are better off under the care of alternative, state-approved families. A relatively recent body of research disputes this claim. Studies have shown that children who are removed from their parents have poorer outcomes compared to similarly maltreated children who remain in the care of their parents (Doyle 2008; Doyle 2007; Lawrence, Carlson, & Egeland 2006). Furthermore, findings suggest that the act of removal itself may be more traumatizing to children than the maltreatment experienced in the home (Bruskas 2008). This revelation has raised serious questions about the effectiveness of the child welfare system when it comes to actually improving the lives of children.

At the same time, these findings are mediated by the fact that in some cases the threat to children posed by their parents is quite serious, as evidenced by the occurrence of child fatalities due to maltreatment. Although child fatalities and even serious injuries due to abuse are quite rare and comprise a very small minority of the cases that come to the attention of the child welfare system, these cases often garner substantial media attention (Lindsey 2004). The problem faced by child welfare agencies is that a reliable method for assessing and predicting which families will experience future, and potentially fatal, maltreatment does not exist (Scherz 2011; Gillingham 2006; Knoke and Trocmé 2005; Lindsey 2004; Kamerman & Kahn 1990). Faced with the liability for fatalities or serious injuries incurred by children who have been brought to the attention of the system, child welfare workers often err on the side of caution and remove children (Roberts 2003; Lindsey 2004).

Duncan Lindsey (2004) argues that part of the problem lies in the fact that the blurring between child abuse and neglect has resulted in these phenomena being viewed as conceptually the same, and therefore the same approach has been applied to both. This approach fails to

recognize important distinctions between abuse and neglect. Contrary to the emphasis on child abuse, neglect actually represents the vast majority of child welfare cases. In 2019, for example, roughly two-thirds of identified child victims reported to child welfare agencies in the United States were for neglect (USDHHS 2021). Research has shown that neglect is often the direct result of, and indistinguishable from, poverty (Bailie 1998; Roberts 1999, 2003). Poverty has been found to be the best predictor of child removal, with ‘inadequate income’ serving as a primary determinant in removal decisions (Walsh 2010; Barth, Wildfire, and Green 2006; Lindsey 1994). Given the original focus of the child welfare system on disadvantaged children, it is not surprising that poverty continues to be a significant factor in determining child welfare involvement. The strategies used by the child welfare system, however, tend to penalize families for being poor while offering little to alleviate their poverty.

As the preceding discussion has made clear, all families are not at equal risk of child welfare involvement. The public discourse that centers on ‘child abuse’ serves to disguise the ways in which the system embodies discriminatory practices and policies on the basis of race, class, and gender. In her ethnography of child welfare in a California county, Jennifer Reich notes that, “Public intervention is never equally applied, with poor families, female-headed families, and families of color receiving the bulk of state attention” (Reich 2005:5). She found that, despite the use of race- and class-blind language, child welfare administrators, policy makers, and front-line workers sought to increase state surveillance of families who were disproportionately poor and African American. Poor families, who are disproportionately families of color, are subjected to greater surveillance than more affluent families and as a result are more likely to be reported for alleged child maltreatment (Bridges 2017; Lindsey 2004).

Dorothy Roberts (2012) argues that in this regard, the foster care system can be understood as an example of the overpolicing of poor women of color.

The ‘feminization of poverty’ that has taken place, whereby women have been negatively impacted by increasing rates of divorce and single parenting combined with a lack of policies and programs to ensure women’s economic security, has meant that women, and especially single mothers, are disproportionately affected by poverty and thus targeted by child welfare intervention at higher rates (Lindsey 2004). In 2019, for example, 53 percent of alleged child maltreatment perpetrators were women (USDHHS 2021). It is not uncommon for women who are themselves the victims of domestic violence to simultaneously face allegations of child endangerment because of the child’s exposure to family violence. Indeed, as a mechanism of the patriarchal state, the child welfare system historically failed to acknowledge and even normalized domestic violence, emphasizing the preservation of the traditional family unit above all else (Dunkerley 2017). Beliefs and assumptions about the role of women as primary caretakers of children, as well as the reality that women are disproportionately tasked with childcare, further reinforce the gendered pattern of child maltreatment allegations. Meanwhile, Dunkerley (2017) notes that the system’s hyper-focus on child safety often results in neglecting the needs of mothers, failing to consider that greater attention to addressing the needs of mothers might increase the safety of children in the home.

These gender and income disparities inherent to the system receive little public attention, and are simply accepted by many in the field. One review of child welfare research, for example, states “the relation between poverty and child maltreatment is supported by considerable research” (Fluke et al. 2010:11). The fact that the ‘considerable research’ referenced in this statement is based entirely upon *reported* cases of child maltreatment, and it has been well-

established that the poor are subjected to greater surveillance and effectively defined as negligent on the basis of their poverty, thus leading to their overrepresentation among maltreatment reports, is left wholly unquestioned. If wealthier families are largely protected from the scrutinizing gaze of the state, then it is impossible to assess the extent to which their children experience maltreatment, since they are much less likely to be reported. Such research ignores the systematic biases towards the poor, laid out in this review, which have formed the foundation of the child welfare system and established poverty as a primary basis for intervention.

What has come under greater public scrutiny in recent decades, on the other hand, is the presence of racial disproportionality in the child welfare system. Racial disproportionality is defined as the overrepresentation of children of color in the child welfare system compared to their representation in the general population. It is most commonly measured using the disproportionality index, which produces a ratio indicating the rate at which a particular group is overrepresented (Hill 2006). Data indicate that both Black and Native American children are disproportionately represented in the U.S. foster care system (Summers 2015; Padilla and Summers 2011). On the other hand, Asian and Latinx children are generally underrepresented in the child welfare system, although very little is known about the potential overrepresentation of particular ethnic groups within these broad racial categories. Andrapalliyal (2013) suggests that immigrant parents, and particularly those who are undocumented, may be at increased risk of child welfare intervention and termination of parental rights due to a combination of cultural biases towards them, limited English ability, and their liminal legal status. Since most state child welfare systems do not collect or track information at this level of specificity (e.g., ethnicity, nationality, or citizenship/immigration status), it is difficult to assess the extent to which such disparities exist. There is also significant variability in disproportionality at state and local levels.

The cause of racial disproportionality among the child welfare system has been the subject of much debate in the field of social work. Three primary explanations have been offered: 1) racial discrimination and stereotypes influence decisions among those who report cases of possible child maltreatment, 2) families of color experience differential treatment from those working in the child welfare system, and 3) disproportionality is a reflection of disparate need and poverty among minority communities, which research suggests increase the likelihood of child maltreatment (Fluke et al 2010). At the heart of this debate, then, is the question of whether or not disproportionality is the result of systematic bias. Those who contend that racial disproportionality is the result of disparate need argue that families of color have greater exposure to a variety of adverse conditions and characteristics associated with child maltreatment, such as unemployment, homelessness, poverty, single parent households, mental illness, criminality, and substance abuse (Bartholet 2009; Hines et al 2004). It has been suggested that these conditions may exacerbate parental stress and diminish caregiving capacity, thus increasing the likelihood that parents will abuse or neglect their children. Given the fact that poverty has effectively been defined as child neglect, and families of color are disproportionately represented among the poor, it goes without saying that we would expect these families to be disproportionately represented among the child welfare system.

One of the main proponents of this position has been Elizabeth Bartholet (2009), who has argued that disproportionality in the child welfare system reflects the reality that children of color experience higher rates of maltreatment, and therefore their disproportionate representation in the child welfare system is appropriate. Rather than seek to reduce this disproportionality, she has pushed for 'color-blind' policies that expedite the adoption of children in foster care into the homes of 'more fit' (e.g., wealthier, and disproportionately white) caregivers. Bartholet's

approach is problematic in its failure to acknowledge or address the ways in which disparate need among communities of color is the product of discriminatory policies, practices, and structural inequalities that have systematically disadvantaged people of color. Furthermore, she assumes that the best way to address this disparate need is to continue to take children away from their families, rather than providing these families with the necessary social and economic supports to care for their children in their own home. In this way, resources are essentially diverted away from the poor and towards wealthier families, for example, through foster care and adoption assistance payments. Finally, in arguing that race should not be taken into consideration in placement or adoption decisions, she fails to consider the importance of ethnic and cultural identity to a child's development, sense of belonging, and well-being, as well as the impact on communities of color who are unable to pass on their culture and heritage to children who are taken from them. This kind of approach ensures the perpetuation of disproportionality.

While disparate need among families of color is arguably a factor leading to higher rates of child welfare intervention, it does not appear to fully explain disproportionality. A number of studies that have controlled for various risk factors, including socioeconomic status, substance abuse, and mental illness, still found differences in rates of child welfare intervention by race (e.g. Wulczyn et al 2009; Yampolskaya, Armstrong, and Vargo 2007; Sedlak and Shultz 2005). The fact that Latinx children experience similarly high rates of poverty as Black children, yet are not overrepresented in the child welfare system, clearly calls into question the assumption that disproportionality can be explained simply by disparate levels of need. Rather, a considerable amount of research has posited that racial biases and institutional racism contribute to disproportionality in several ways. First, research has indicated that there is greater surveillance and reporting of children of color by outside agencies, including mandated reporters such as

medical personnel (Harris and Hackett 2008; Lu et al 2004; Lane et al 2002). Second, research also suggests that there may be inequitable treatment of families of color by the child welfare system, including investigating and substantiating cases involving Black children at higher rates compared to white children (Dettlaff et al 2011; Howell 2008; Rolock and Testa 2005). Third, aspects of the actual system structure, such as inequitable resources available to communities of color, may contribute to disproportionality (Alliance for Racial Equity in Child Welfare 2009).

Given the fact that disproportionality affects two groups in particular, Black children and Native American children, it is important to consider the particular histories of these populations. Under the legacy of colonialism, Native Americans were systematically dispossessed of their lands and underwent forced relocation and assimilation initiatives. Most notable was the use of boarding schools from the mid-1800s up to the 1970s, which separated thousands of Native American children from their families and cultures, seeking to convert them into a Proletariat class that could be easily exploited as cheap labor (Crofoot and Harris 2012; Brave Heart and DeBruyn 1998). As the use of boarding schools began to dissipate, a new initiative was spearheaded by the Child Welfare League of America, known as the Indian Adoption Project, which promoted the removal of Native children from their families, primarily on the grounds that they were poor and ‘backwards,’ and adoption by white, middle-class families (Strong 2005). Arguments about child welfare were used to disparage Native parenting and justify discriminatory practices that sought to dismantle Native culture and values. The practice of removing Native children became so pervasive under this initiative that by 1977, 35 percent of all Native American children were in foster care, and 85 percent of these children had been placed with non-Native families (Blyler 1977).

Black Americans similarly experienced systematic colonial control and exploitation, first under slavery and then under segregation and Jim Crow laws (Lash 2017; Danzer 2012). As Ong (2003) explains, Black labor was historically viewed as lacking the capitalist discipline that white wage labor was presumed to embody, thus requiring intensive intervention and control. These institutions therefore served to regulate Black children and families, ensuring that their proper place in the labor system was maintained. In fact, Black children were largely excluded from the child welfare system during this time, since segregation was perceived as providing the appropriate state intervention into their lives (Lash 2017). Following the civil rights movement, however, Black families gained increasing access to an array of social services to which they had previously been denied, including the child welfare system. It was at this point in time that Black children began to enter the child welfare system at disproportionate rates. It is not merely a coincidence that disproportionality of both Black and Native American children arose precisely at a time when previous means for controlling these populations were being dismantled. Rather, viewed through this history, disproportionality in child welfare can be understood, as Don Lash (2017) argues, as a reflection of capitalism's continued interest in controlling these children and families.

Overall, the body of research summarized here points to the complexity of disproportionality and its causes. As Fluke and colleagues (2010) conclude in their review, a combination of disparate need and systemic bias likely provide the best explanation. The assumption that poor families should be targeted for intervention by the child welfare system, which has the effect of penalizing families for their poverty rather than alleviating their economic disadvantages, remains largely unchallenged. The intersection of gender, race, and class inequalities clearly places particular families at greater risk for child welfare involvement,

with state policy largely serving to reinforce these inequalities (Bridges 2017; Ramsay 2017, 2016; Dunkerley 2017; Reich 2005; Roberts 2012, 2003).

### **Child Welfare in the Sunshine State: An Overview of Florida’s Child Welfare System**

States must adhere to federal regulations in order to receive funding for child welfare services, but beyond those requirements, they have considerable autonomy to establish their own laws and policy (Lindsey 2004). In Florida, as in many other states, child welfare services entail a joint effort of public and private agencies. Authority and oversight for the child welfare system are the charge of the state’s Department of Children and Families (DCF). The responsibilities of the Department and procedures regarding the provision of child welfare services are laid out in *Florida Statutes, Chapter 39: Proceedings Relating to Children* (Florida ss. 39.001-39.908).

These statutes provide definitions for what constitutes child maltreatment and specifications on proceedings for the reporting of child maltreatment, child protective investigations, sheltering of children (e.g. the removal of children from their parents and placement in out-of-home care), case planning, permanency planning, judicial review of child welfare cases, and termination of parental rights. The Florida legislature defines child abuse and neglect as follows:

“Abuse” means any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired. Abuse of a child includes acts or omissions. Corporal discipline of a child by a parent or legal custodian for disciplinary purposes does not in itself constitute abuse when it does not result in harm to the child.

“Neglect” occurs when a child is deprived of, or is allowed to be deprived of, necessary food, clothing, shelter, or medical treatment or a child is permitted to live in an environment when such deprivation or environment causes the child’s physical, mental, or emotional health to be significantly impaired or to be in danger of being significantly impaired. The foregoing circumstances shall not be considered neglect if caused primarily by financial inability unless actual services for relief have been offered to and rejected

by such person... Neglect of a child includes acts or omissions.  
(Florida ss 39.01)

A noteworthy clarification that is included in this definition of neglect is that circumstances of poverty should not, in and of themselves, be considered neglect. This does not, however, preclude the possibility that poverty is in fact characterized as neglect in daily practice. There is also an extensive definition of ‘harm’ provided in the statute, which generally characterizes harm to a child as being inflicted explicitly by a caregiver, however, there is no definition of ‘safety.’ Conceptualizing child safety thus is left to policy and practice guidelines established by DCF and other child welfare service providers.

Florida’s child welfare system is rather unique compared to other states in that services have been substantially privatized. While privatization is by no means exclusive to Florida, it is distinct in terms of the extent to which privatization has been implemented. In 1996, based on a belief in the greater competency of the private sector, the legislature mandated privatization of child welfare services in Florida (Vargo 2015; Albowicz 2004; Paulson et al 2003). Initially, a pilot was conducted with five sites to determine whether private agencies could in fact handle the full responsibility of the state (i.e. bearing the full financial risk for all children who enter into care with a finite amount of money). Despite a lack of evidence that privatized services were any better in ensuring the safety and well-being of vulnerable children than publicly provided child welfare services, and even some findings to the contrary, the state proceeded with its privatization efforts (Albowicz 2004). A staged roll out of privatization was undertaken, with full implementation ultimately achieved in 2005 (Vargo 2015).

Under the new system, referred to as Community-Based Care, contracts with localized lead agencies were established through a competitive bidding process. All resources associated with the provision of child welfare services were transferred from DCF to the lead agencies, who

assumed responsibility for all children requiring care within their designated service area. The only direct service role that has remained the responsibility of DCF is that of child protective investigations. Once a case is substantiated by an investigator and the need for ongoing services identified, the case is transferred over to the local lead agency to manage all other services and legal proceedings.

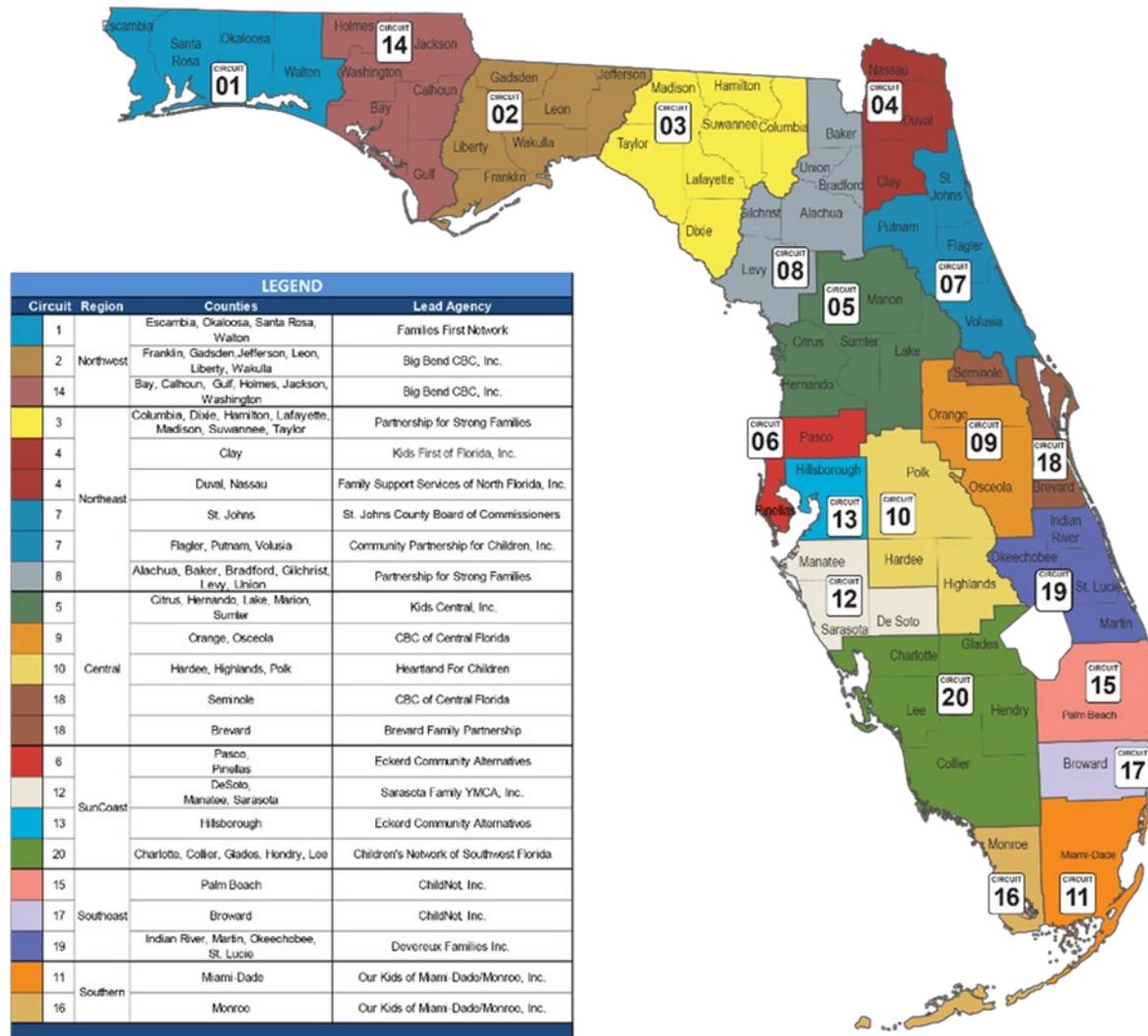


Figure 2. Map of Florida Child Welfare Lead Agencies During Study Period

As the primary providers of child welfare services, lead agencies must abide by the Chapter 39 Statutes, as well as any additional policies and procedures specified by DCF in their contract. Beyond these requirements, lead agencies have the flexibility to establish their own policies and practices. The result is that child welfare practice and the services provided to system-involved families can vary considerably across agencies and throughout the state. A significant part of the logic behind this model of Community-Based Care is that communities will tailor their service system to best meet the needs of the local population, including the incorporation of community-based definitions of child safety and community-defined approaches for ensuring the safety of children (Vargo 2015; Paulson et al 2003). A major challenge, however, is that communities differ greatly in terms of local resources that can be utilized by lead agencies. Further, system-involved families are typically not engaged in planning and decision-making about how to structure the service system. In fact, a frequent limitation is that the ‘community members’ who comprise lead agency governing boards are often dominated by service providers, professionals, and prominent local business leaders, rather than representatives of the target population to be served (Vargo 2015). One can only imagine, then, that the ‘community-based’ definitions of child safety and corresponding practices developed by lead agencies most likely reflect the beliefs and ideologies held by professionals and elites in those communities.

Not long after the transition to Community-Based Care was complete, Florida embarked upon another major child welfare initiative with important implications for how the state approaches the issue of child safety. From 2006 to 2012, the state implemented its first Title IV-E Waiver Demonstration Program. A Waiver, granted by the Children’s Bureau, allows the state flexibility to use federal IV-E funds normally restricted to foster care services for other types of

services and programming, such as prevention or reunification services. The goal of Florida's IV-E Waiver was to decrease the number of children placed in out-of-home care and reduce the length of stay in out-of-home care for those children who are removed from their home.

Increased flexibility enabled lead agencies to develop innovative preventive and diversion programs to address child safety concerns while maintaining children in the home. During this initial Waiver period, the state saw a 35 percent decrease in child removals, from 20,987 in Federal Fiscal Year (SFY) 2004-2005 to 13,705 in SFY 2012-2013 (Florida DCF 2015a; Vargo et al 2012). Additionally, Vargo (2015) notes that the Waiver "engendered a real shift in the way many child welfare stakeholders thought about family, parenting, poverty, and child abuse." Many of the programs implemented by child welfare agencies emphasized parental involvement and family connections.

Florida was granted a Waiver extension in 2013, allowing the state to continue their Waiver for another five years. During this time, however, it also became apparent that not all aspects of the initial Waiver were a success. An increase in the number of child fatalities due to maltreatment among families with prior child welfare involvement, including a number of high profile cases, brought DCF under fire by the media, with some investigative reports further suggesting that DCF had been intentionally under-reporting the number of child maltreatment fatalities to the legislature (e.g. Miller and Burch 2014a, 2014b). In a *Miami Herald* investigative report, Miller and Burch (2014a) allege that while working to reduce the number of children in out-of-home care, the state simultaneously cut services, monitoring, and protections for children left in their homes. Florida's child welfare data suggests that this assertion is accurate: during the same timeframe that the state significantly reduced the number of children placed in out-of-home

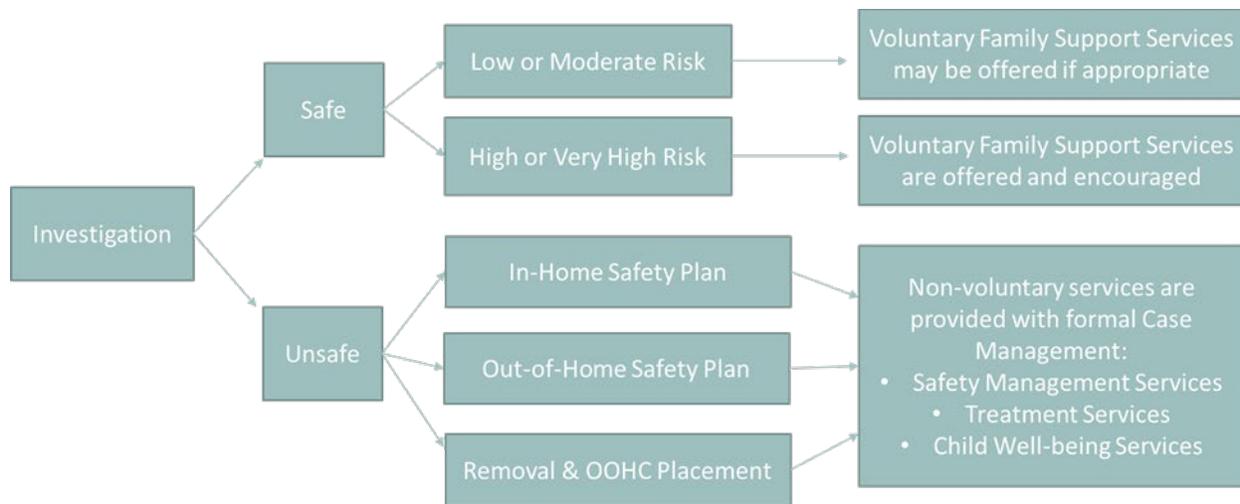
care, the number of children receiving case managed in-home services also decreased substantially (Florida DCF 2015a).

In response to the emerging troubles, then-Governor Rick Scott announced a policy change in 2014, shifting the priority to focus on child safety first and foremost, even if it meant removing more children from their families (Beall, Chen, and Salman 2020). Legislation was rewritten to make it easier for the state to remove children, and DCF implemented a corresponding new practice model, known as the Safety Methodology. The objective of the new practice model, according to DCF, was to improve child safety and risk assessments and provide clearer guidelines for intervention based on assessment results. The model established a set of core constructs for child welfare practice that focus on “determining when children are unsafe, the risk of subsequent harm, and how to engage caregivers in achieving change” (Florida DCF 2015b: 4).

One key component of the new model was a differentiation between ‘safety’ and ‘risk.’ A child may be deemed safe, meaning there were no identified threats at present that could cause serious harm, but based on characteristics of the family and home environment, he or she may be considered at risk of future maltreatment, for example, if there is a prior history of parental substance abuse or domestic violence. Here, a ‘safe child’ is defined in terms of the absence of ‘present danger’ (an immediate threat of harm to the child) and ‘impending danger’ (a ‘state of danger’ or threat that is likely to be realized in the near future), while also taking into account child vulnerability (e.g. the ability of the child to self-protect) and caregiver protective capacities (e.g. ability to manage danger threats to the child). The model further specifies that families of children who are determined to be safe-but-at-risk are offered voluntary family support services to reduce the risk of future maltreatment, while families of children who are determined to be

unsafe receive mandatory intervention and case management services, which may entail in-home services or placement of the child in out-of-home care while the family works towards reunification (see Figure 3). The emphasis under this new policy, according to DCF, was to more effectively identify which children were unsafe and thus required intervention.

As part of the practice model, new research-based actuarial safety and risk assessment tools were implemented to improve the integrity of the assessment process (Florida DCF 2015b). These tools are essentially checklists of safety and risk factors, providing structure for the caseworker in evaluating the family situation and, at least in theory, ensuring that the same set of factors forms the basis of child welfare decision-making across all cases. As Scherz (2011) observes, however, actuarial assessment tools often fail to establish a clear directive as to what level of risk warrants state intervention or clear definitions of abuse and neglect. She argues that the result is continuing heterogeneity in case proceedings, often guided by personal beliefs and values, while the use of these tools give the appearance of greater standardization and scientific validity. In the case of Florida's tools, there is certainly the potential to interpret items in various ways to achieve the result desired by the caseworker, particularly since many items include the ambiguous wording "have seriously harmed the child or will likely seriously harm the child." Furthermore, the tools do not distinguish between harm that is primarily the result of poverty (e.g. failure to meet child's basic needs due to the family's financial circumstances) and harm that results from intentional caregiver actions, despite the clear distinction drawn in Florida statute (Florida ss. 39.01). The result is that poverty and maltreatment are likely to be conflated by caseworkers using these tools to guide their family assessments.



*Figure 3. Overview of Florida's Child Welfare Practice Model*

Implementation of the new Safety Methodology practice model had begun relatively recently and was still underway at the time I was beginning my fieldwork. Already, however, state data indicated that the number of children placed in out-of-home care was increasing rapidly, a trend that started in 2013, but picked up steam following the new policy directive (DCF 2015a). In addition to policy and practice changes, other speculations for the increase in removals are that it reflects a response to the negative media attention around child fatalities (Falconer et al 2016; Armstrong et al 2015) and the impact of the current opioid crisis, in which Florida has seen a significant increase in opioid-related deaths since 2013, particularly connected to fentanyl and heroin (FADAA 2018). More than likely, the rise in removals is shaped by the intersection of multiple factors that influence state practices and decision-making processes. What is evident is that the state has been challenged with trying to balance competing priorities to both ensure child safety and preserve families. In this regard, Florida's system provides an insightful example of how public child welfare systems in the United States continue to struggle with conceptualizing and operationalizing child safety, even as safety is promoted as a core focus of child welfare practice.

## Summary

As illustrated by the history described here, the modern child welfare system is a fairly recent invention, and did not emerge as a public institution until the 20<sup>th</sup> century. This system grew out of the initiatives of private philanthropic organizations during the 18<sup>th</sup> and 19<sup>th</sup> centuries, which were concerned with a range of children's issues, not exclusively abuse and neglect, and predominantly targeted the poor. It was not until 1912 that the federal Children's Bureau was established, and another fifty years before the federal government began to take on a major leadership role in child welfare policy and financing. For the first half of the 20<sup>th</sup> century, furthermore, the focus of child welfare efforts continued to be primarily concerned with poverty. Throughout this period, poor parents were increasingly pathologized, thus ensuring they remained the primary targets of the child welfare system. The basis for intervention was largely the perceived 'immorality' of poor families rather than concerns for child safety.

The shift towards a 'child safety' focus began in the 1960s with the medicalization of child abuse and the establishment of mandatory reporting laws. Shortly thereafter, the federal government provided a minimum standard for defining child abuse and neglect under the Child Abuse Protection and Treatment Act of 1974, as well as requirements for child welfare practice that states must meet in order to receive federal funding. This legislation ensured that child safety became the priority of child welfare agencies, however, the definitional ambiguities of child abuse and neglect left ample room for interpretation. Most importantly, this transformation in child welfare practice did not eliminate intervention on the basis of poverty, but instead served to redefine poverty as neglect. Increasingly, child welfare agencies became fearful of leaving children with their parents, and the growing federal mandate to ensure the safety of children only strengthened this fear. While subsequent child welfare legislation has teetered back and forth

between policies focused on family preservation and policies focused on child removal and adoption, the prioritization of child safety has remained paramount.

Despite the centrality of ‘child safety’ in contemporary child welfare policy and practice, its definition remains vague and ambiguous. It is never actually defined in federal legislation, and is generally discussed in policy and practice guidelines in ways that presume child safety to be the opposite of child maltreatment. Just as child maltreatment is defined in terms of parental or caregiver behaviors, this conception of child safety places it clearly within the realm of parental responsibility and focuses specifically on the actions of caregivers, while also leaving much open to interpretation in determining what constitutes a threat to safety. The implications this has for child welfare practice are exemplified in the discussion provided on Florida’s child welfare system, where concerted efforts have focused on re-prioritizing safety and standardizing practice around safety assessment and decision-making processes.

The history of the child welfare system described here points to the fact that the poor have always been the primary targets of intervention. While early initiatives were explicit about this focus, the transition to an emphasis on ‘child safety’ has served to disguise this agenda. Yet the ways in which child safety and maltreatment are conceptualized remain firmly grounded in race- and class-based ideology, whereby poor and minority families are pathologized for their failure to achieve the standard of the white middle-class nuclear family. Even amidst policies that promote ‘family preservation,’ the assumption that poor (and predominantly non-white) families require intervention remains unquestioned.

## **Chapter 5**

### **Constructing Child Safety**

Child safety remains a central tenet of the modern child welfare system, however, ideas about safety have evolved considerably and undergone numerous ideological transformations over the years. While the Children’s Bureau continues to embrace a three-pronged focus on safety, permanency, and well-being, they have increasingly promoted a shift towards family preservation over the last two decades, first through the Title IV-E Waiver Demonstration Projects (James Bell Associates, 2019), and most recently through the passage of the Family First Prevention Services Act of 2018 (H.R. 1892 [P.L. 115-123]). This shift does not abandon, diminish, or even amend the concept of child safety, per se, but more or less reimagines how the child welfare system can best address safety concerns within a child’s family of origin. Thus, federal policy has increasingly placed pressure on states to prevent child removals and work to keep families intact while ensuring child safety through the provision of in-home services. At the same time, there remains substantial space to interpret how such policy is enacted, or even the extent to which it is actually enforced, not to mention unresolved issues around how safety is conceptualized. Florida provides an ample illustration of these inherent challenges.

While national child welfare policy has intensified its emphasis on family preservation over removal, Florida’s system has been moving in a different direction. Backlash over efforts to reduce removals that took shape beginning in 2005 with Florida’s first Title IV-E Waiver Demonstration prompted the state to reverse course following devastating media attention that

highlighted hundreds of child maltreatment deaths among families known to the child welfare system (Miller and Burch 2014a, 2014b). In 2014, the state initiated a major legislative change, in the name of ‘protecting children,’ that made it easier to remove children from their families (Beall, Chen, and Salman 2020). Following its passage, removals increased rapidly; the state saw a 34 percent increase in the number of children in out-of-home care over a five-year period.

The response from the state indicated an assumption that removal was the best way to ensure safety. Data from the IV-E Waiver period, however, reveal a significant problem with Florida’s approach was not necessarily the effort to reduce removals, but a failure to increase the provision of preventive and in-home services to ensure the safety of children who were left in their homes. While seeking to reduce the number of children in out-of-home care, the state simultaneously made substantial cuts to funding for child welfare and related services, including substance abuse treatment and mental health care (Miller and Burch 2014a). As out-of-home care placements were decreasing, so, too, were the number of children receiving in-home services (DCF 2015a; see Figure 4). Instead of focusing greater resources on prevention, as other states have done to successfully reduce out-of-home care, Florida opted to leave large numbers of children with substantiated maltreatment reports in their homes without any services. Without implementing the appropriate services to address maltreatment concerns, it is not particularly surprising that this approach to family preservation failed to keep children safe.

Despite applying for and receiving a renewal of their Title IV-E Waiver in 2013, a shift back towards increasing removal rates was already taking shape in Florida and was firmly in place by 2016 when my research began (DCF 2015a; Beall, Chen, and Salman 2020). Policy and practice changes instituted in 2014 were intended to bring a renewed and strengthened focus on child safety, epitomized by the name given to the new practice model, the *Safety Methodology*.

Perhaps the most significant goal of the new practice model was to provide clearer standards and protocols for ensuring safety. At the same time, this was coupled with and shaped by an increasingly risk-averse culture, whereby it was considered preferable to err on the side of caution and remove children from families where safety concerns were identified.

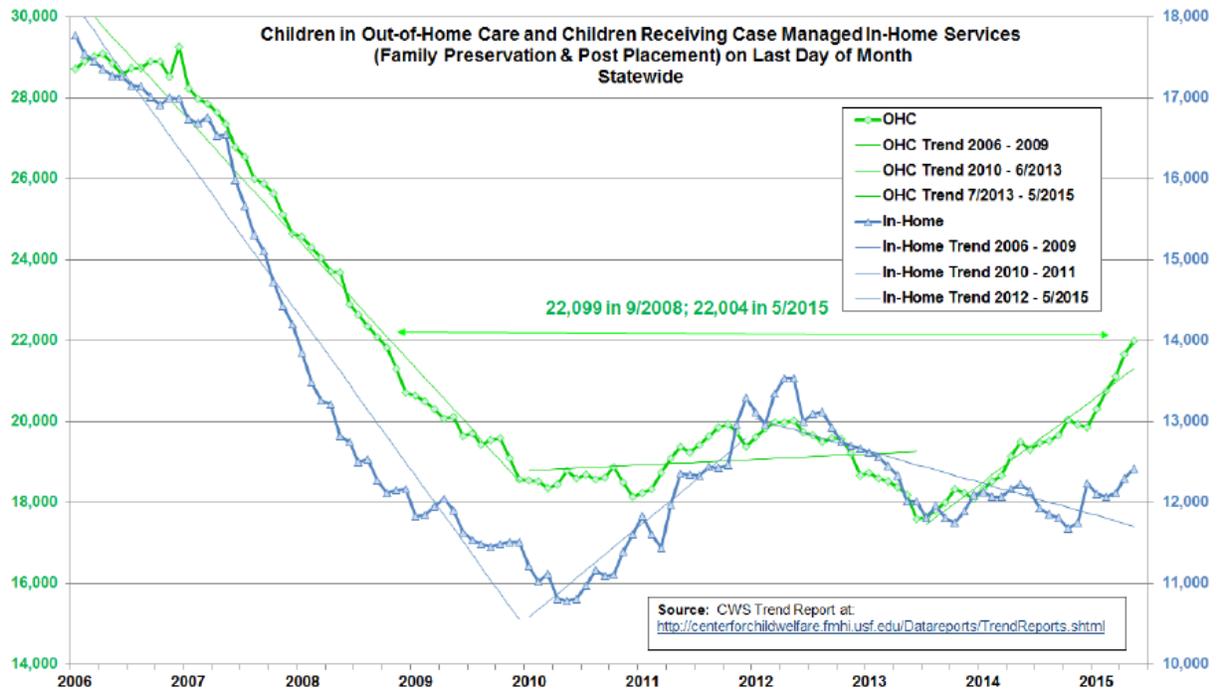


Figure 4. Children in Out-of-Home Care and Children Receiving In-Home Services, 2006-2015; Reproduced from DCF's 2015 CBC Lead Agency Trends and Comparisons Report

The increase in child removals and out-of-home placements observed in Florida was not the inevitable outcome of a heightened focus on safety, however, but rather the result of the particular way child safety has been constructed and interpreted within the child welfare system. In this chapter, I delve further into Florida's child welfare system to explore how exactly child safety is defined through legislation and policy, and how its meaning is understood and interpreted by front-line workers, or street-level bureaucrats, to use Lipsky's (1980) terminology.

In particular, I am interested in parsing out the ambiguities and inconsistencies in how the concept of child safety is constructed, drawing attention not only to the disjunctures that arise between what is written in policy and how this is understood by those charged with its implementation into practice, but the overall lack of clarity and cohesiveness around the system's conception of safety.

### **Disentangling Definitions: Examining the Construction of 'Child Safety' through Policy**

My analysis begins with a seemingly simple question – what exactly is meant by 'child safety?' In Florida, the concept of 'child safety' is defined to varying degrees through legislation, specifically in Chapter 39 of the Florida Statutes, and through policy, laid out in the Department of Children and Families' (DCF) operating procedures. Florida Statute (Ss 39.01) defines a child as "any unmarried person under the age of 18 years who has not been emancipated by order of the court." Notably, 'child safety' is never explicitly defined in the Florida Statutes, although the word 'safety' appears 137 times in Chapter 39, which dictates the role and responsibility of the child welfare system in responding to concerns of child maltreatment. The chapter begins, for example, by declaring its purpose is "to provide for the care, safety, and protection of children in an environment that fosters healthy social, emotional, intellectual, and physical development" and that "the health and safety of the children served [by child welfare] shall be of paramount concern" (Ss 39.001). Thus, safety is clearly identified as central to the purpose of the child welfare system, yet what is meant by safety is not specifically detailed.

The statute proceeds to define a set of protections that all children are to be provided.

These include:

- (a) Protection from abuse, abandonment, neglect, and exploitation.
- (b) A permanent and stable home.
- (c) A safe and nurturing environment which will preserve a sense of personal dignity and integrity.

- (d) Adequate nutrition, shelter, and clothing.
- (e) Effective treatment to address physical, social, and emotional needs, regardless of geographical location.
- (f) Access to sufficient supports and services for medically complex children to allow them to remain in the least restrictive and most nurturing environment, which includes services in an amount and scope comparable to those services the child would receive in out-of-home care placement.
- (g) Equal opportunity and access to quality and effective education, which will meet the individual needs of each child, and to recreation and other community resources to develop individual abilities.
- (h) Access to preventive services.
- (i) An independent, trained advocate, when intervention is necessary and a skilled guardian or caregiver in a safe environment when alternative placement is necessary.
- (j) The ability to contact their guardian ad litem or attorney ad litem, if appointed.

It might be inferred, therefore, that the state’s conception of safety encompasses this broad set of criteria, which includes not only freedom from maltreatment but also the provision of basic needs, access to health care and education, and even an environment that facilitates “a sense of personal dignity and integrity.”

DCF further highlights child safety as a core component of the child welfare system and integral to their child welfare practice model, asserting that, “the child welfare system is designed to respond to citizen concerns about children who may be victims of abuse, neglect or abandonment; determine whether children are safe, unsafe or at risk; and provide the appropriate interventions to achieve safety, permanency and well-being” (DCF CFOP 170-1:1). ‘Safety’ appears 169 times throughout DCF’s child welfare practice model operating procedures, however, the definition provided by DCF is rather limited and lacking in specificity, simply stating that safety means, “Florida’s children live free from maltreatment” (CFOP 170-1:1). It seems, then, that interpreting the meaning of child safety first requires further delineation of ‘child maltreatment.’

The term ‘child maltreatment’ is generally used in child welfare as a catch-all phrase to refer to the spectrum of abuse, neglect, abandonment, or exploitation that children may

experience by their parents, legal guardians, or other responsible caregivers. Florida Statute does not provide a definition for maltreatment per se, but does define ‘abuse’ as meaning “any willful act or threatened act that results in any physical, mental, or sexual abuse, injury, or harm that causes or is likely to cause the child’s physical, mental, or emotional health to be significantly impaired,” with the additional clarification that abuse entails both “acts or omissions” (Ss 39.01). The terms ‘abuse’ and ‘maltreatment’ appear to be used interchangeably throughout the statute, although no clarification is given as to whether they are intended to share an identical meaning; rather, this is simply inferred from the context of the text. The definition provided enables a fairly wide-ranging conception of abuse, whereby not only concrete actions, but also the failure to act, may be conceived as abuse if it results in some sort of harm, or is deemed likely to result in harm, to a child. The statute further offers the following detailed explanation of what qualifies as ‘harm’ (Ss 39.01(35)):

- “Harm” to a child’s health or welfare can occur when any person:
- (a) Inflicts or allows to be inflicted upon the child physical, mental, or emotional injury...
  - (b) Commits, or allows to be committed, sexual battery... against the child...
  - (c) Allows, encourages, or forces the sexual exploitation of a child...
  - (d) Exploits a child, or allows a child to be exploited...
  - (e) Abandons the child. Within the context of the definition of “harm,” the term “abandoned the child” or “abandonment of the child” means a situation in which the parent or legal custodian of a child or, in the absence of a parent or legal custodian, the caregiver, while being able, has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both...
  - (f) Neglects the child. Within the context of the definition of “harm,” the term “neglects the child” means that the parent or other person responsible for the child’s welfare fails to supply the child with adequate food, clothing, shelter, or health care, although financially able to do so or although offered financial or other means to do so...
  - (g) Exposes a child to a controlled substance or alcohol...
  - (h) Uses mechanical devices, unreasonable restraints, or extended periods of isolation to control a child...

- (i) Engages in violent behavior that demonstrates a wanton disregard for the presence of a child and could reasonably result in serious injury to the child...
- (j) Negligently fails to protect a child in his or her care from inflicted physical, mental, or sexual injury caused by the acts of another...
- (k) Has allowed a child's sibling to die as a result of abuse, abandonment, or neglect...
- (l) Makes the child unavailable for the purpose of impeding or avoiding a protective investigation unless the court determines that the parent, legal custodian, or caregiver was fleeing from a situation involving domestic violence.

The statute also affords the noteworthy caveat that a situation will not be considered neglect if it is caused primarily by the family's financial inability, provided that the family accepts any assistance or services that are offered to help them. This creates somewhat of a 'catch-22' for families; to avoid being deemed neglectful, they must agree to receive state assistance, which opens them up to additional state surveillance that may ultimately be used to leverage additional abuse allegations against them (Bridges 2017; Ramsay 2016; Reich 2005). Moreover, the very broad definitions provided by the state create the possibility that a vast array of circumstances could potentially be deemed abuse.

Additional specification is provided through DCF's operating procedures, specifically in their Child Maltreatment Index (CFOP 170-4). Here, maltreatment is defined as "behavior that is harmful and destructive to a child's cognitive, social, emotional, or physical development" (CFOP 170-4:4). Additional statements throughout the document refer to actions, behaviors, or situations that "could seriously endanger a child's physical, mental, or emotional health" or are "likely to threaten... health, development or functioning" (CFOP 170-4:A-15). Furthermore, the behavior in question is specifically linked to a parent, legal guardian, or other individual responsible for the child's care. This definition suggests a conception of safety that takes a fairly holistic view of a child's well-being, to the extent that this is impacted by a caregiver's behavior.

The implication, then, is that other factors that may impact a child's well-being but which cannot be connected to a caregiver's behavior fall outside the state's conception of child safety.

The definition provided is also somewhat elusive as to whether maltreatment refers specifically to the behavior and actions of the caregiver, or whether it refers to the outcome of the behavior. Immediately following the definition of maltreatment given above, the document states that for the purpose of the index, "'maltreatment' is the harm that occurred as the result of the maltreating behavior" (CFOP 170-4: 4). Taken together, the two statements seem to contradict one another. The index further lays out 27 distinct types of maltreatment (see Table 2) and criteria for investigators to consider in assessing each one. In outlining the specific types of maltreatment, these definitions are applied inconsistently. Some of the items included on this list clearly refer to actions taken by a caregiver, such as abandonment, bizarre punishment, substance misuse, and sexual abuse. Other items, however, detail specific outcomes resulting from a caregiver's (unspecified) behavior, such as physical injury, mental injury, and failure to thrive. These maltreatments imply, but are not on their own explicitly connected to, a specific parental behavior or act. This lack of specificity leaves room to interpret a wide variety of parental behaviors as constituting abuse or neglect, as long as an adverse physical or mental outcome can be connected to it.

There are additional caveats found in the policy worth noting that further complicate the definitions of maltreatment and safety. First, the policy specifies that maltreatment includes both actions *and inaction* on the part of the caregiver. Thus, maltreatment is defined not only by the presence of certain behaviors deemed inappropriate for a parent, but also by the absence of certain behaviors that are deemed appropriate or expected. This aligns closely with how abuse is defined in Florida Statute. Many of the maltreatment definitions also make reference to a

“willful” act or action, which the document clarifies as meaning the “intent to perform an action, not the intent to achieve a result or to cause an injury.” Thus, the behavior of the caregiver must be deemed intentional, although the harm caused by it may be unintentional. In several places, furthermore, the definition provided for a particular maltreatment includes the word ‘safety,’ thus creating a circular logic that fails to clarify the definitions – child safety is defined as being free from maltreatment, but then maltreatment is subsequently defined as something that threatens a child’s safety.

*Table 2. Types of Maltreatment Defined in Florida Child Welfare Policy (CFOP 170-4)*

<b>Maltreatment</b>	<b>Definition</b>
Abandonment	The parent or legal custodian of a child, while being able, has made no significant contribution to the child’s care and maintenance or has failed to establish or maintain a substantial and positive relationship with the child, or both. Incarceration of a caregiver may support a finding of abandonment.
Asphyxiation/Suffocation/Drowning	A willful act that results in any of the following specific injuries: <ul style="list-style-type: none"> <li>• Asphyxiation: unconsciousness or death resulting from lack of oxygen</li> <li>• Suffocation: to impede breathing by choking, smothering or other mechanical means</li> <li>• Drowning: to suffocate by immersion in water or another liquid</li> </ul>
Bizarre Punishment	A willful* act of discipline that includes inflicting or subjecting a child to intense physical or mental pain, suffering, or agony that is repetitive, prolonged, or severe. Also includes confinement, torture and inappropriate or excessive use of restraints or isolation.
Death	The permanent cessation of all vital bodily functions occurring as a result of abuse or neglect. Death is an outcome of an act or failure to act, not an actual maltreatment, and therefore cannot be a stand-alone allegation. A primary causative maltreatment which is believed or suspected to have caused or contributed to the death should be fully assessed.
Environmental Hazards	Living conditions or situations that create a significant threat to a child’s immediate safety or longer term physical, mental, or emotional health due to the actions or non-actions of the caregiver. Includes hazardous conditions, such as the presence of drugs, drug labs, or unsanitary living conditions, and inadequate shelter, clothing, or food. An allegation of homelessness, in and of itself, does not constitute maltreatment if the situation is not creating a significant threat to child safety.

Table 2. Continued

Maltreatment	Definition
Failure to Protect	Failing to protect a child from inflicted physical or mental injury, including failing to protect a child from sexual abuse or exploitation caused by the acts of another. Can include making a child unavailable for the purpose of impeding or avoiding a protective investigation. Caregiver must have had the ability to intervene to prevent harm but failed to do so.
Failure to Thrive/Malnutrition/Dehydration	<p>A set of serious, diagnosed medical conditions. Allegations must come from medical or nursing personnel and cannot be due to an organic cause.</p> <ul style="list-style-type: none"> <li>• Failure to thrive: child’s weight, length, and head circumference fall significantly short of the normal lower parameters for their age</li> <li>• Malnutrition: child’s weight and length fall significantly below the normal parameter for their age, usually resultant from inadequate intake of protein or calories</li> <li>• Dehydration: condition caused by inadequate intake of fluids or by excessive loss of fluids.</li> </ul>
Domestic Violence	Violence within the household/family that are not directed at the child, but show disregard for and pose a threat to the child’s safety.
Household Violence Threatens Child	Situations in which household members engage in any violent behavior that demonstrates a wanton disregard for a child’s safety and/or could reasonably result in injury to the child. May involve physical or verbal assault on a household member. Wanton disregard occurs when an alleged perpetrator disregards or lacks capacity to discharge his/her responsibility to provide care to the child; the perpetrator has failed to take action in a situation that a reasonable person would know is dangerous in that it subjects a child to an imminent, real, and substantial threat of harm.
Intimate Partner Violence Threatens Child	Includes the dynamics of establishing power, control, or coercion perpetrated by one intimate partner over another that includes actions that have caused or could cause the child’s physical, mental, or emotional health to be significantly impaired. The volatility and lethality of this dynamic are differentiated from other types of family or household violence or aggression, and requires a specific assessment.
Human Trafficking	Exploitation of a child for economic gain. The child’s parents/legal caregivers do not have to be the perpetrator for this type of maltreatment. Two specific maltreatments defined below.
CSEC	Use of any person under the age of 18 for sexual purposes in exchange for anything of value. May include renegade/survival sex, pimp trafficking, gang trafficking, or familial trafficking.
Labor Trafficking	The recruitment, harboring, transportation, provision, or obtaining of a child for labor or services for the purpose of subjecting that person to child labor, involuntary servitude, peonage, debt bondage, or slavery.

Table 2. Continued

Maltreatment	Definition
Inadequate Supervision	Leaving a child without adult supervision or an arrangement appropriate for the child’s age, maturity, developmental level or mental or physical condition, so that the child is unable to care for his/her own needs or another’s basic needs, or is unable to exercise sufficient judgment in responding to a physical or emotional crisis. There is no age specified in Florida Statute at which a child can be left unattended nor established timeframes for how long a child can be left alone; these are deemed primarily parental decisions.
Medical Neglect	Failure to provide or the failure to allow needed care as recommended by a health care practitioner for a physical injury, illness, medical condition, mental health condition, or impairment, or the failure to seek timely and appropriate medical/mental health care for a serious health problem that a reasonable person would have recognized as requiring professional attention.
Mental Injury	An injury to the intellectual or psychological capacity of a child as evidenced by a discernible and substantial impairment in the ability to function within the normal range of performance and behavior, or when a child exhibits symptoms of serious emotional problems when emotional or other abuse, abandonment, or neglect is suspected.
Physical Injury	A willfully inflicted physical injury to a child that results in temporary or permanent disfigurement, temporary or permanent loss or impairment of a bodily part or function, or is an action that is likely to cause a physical injury, a threat to a child’s safety or a real, plausible and significant threat to the child’s physical, mental, or emotional health.
Bone Fracture	Any inflicted broken bone that is caused by the willful action of a caregiver. A broken bone is also considered maltreatment if the caregivers are unwilling or unable to explain the cause of the injury, or if a medical provider believes the explanation provided is inconsistent with the type or severity of the injury.
Burns	A tissue injury resulting from excessive exposure to thermal, chemical, electrical or radioactive agents from the willful* action of the caregiver(s).
Internal Injuries	An injury caused by a willful act by a caregiver to the organs occupying the thoracic (chest), cranium, or abdominal cavities that is not visible from the outside. Allegations must come from medical or nursing personnel and cannot be due to an organic cause.
Sexual Abuse	Sexual contact with a child by the parent(s), legal guardian(s), or caregiver(s). Three distinct maltreatments defined below.
Sexual Battery	Conduct involving the oral, anal or vaginal penetration by, or union with, the sexual organ of a child; the forcing or allowing a child to perform oral, anal or vaginal penetration on another person; or the anal or vaginal penetration of another person by any object. This includes digital penetration, oral sex (cunnilingus, fellatio), coitus, and copulation.

Table 2. Continued

Maltreatment	Definition
Sexual Molestation	Intentional touching of the genitals or intimate parts, including the breasts, genital area, groin, inner thighs, and buttocks, or the clothing covering them, of either the child or the perpetrator, excluding acts that may reasonably be construed as normal caregiver interaction or having a valid medical purpose.
Sexual Exploitation	Any other sexual act intentionally perpetrated in the presence of a child, if such exposure or sexual act is for the purpose of sexual arousal or gratification, aggression, degradation, or other similar purpose.
Substance Misuse (child)	Purposely giving or administering a child poison, drugs, or other substances that substantially affect the child’s behavior, motor coordination or judgment, or that result in sickness or internal injury.
Substance-exposed Newborn	Prenatal exposure of a child to a controlled substance or alcohol.
Substance Misuse (parental)	When a parent exposes a child to a controlled substance or alcohol, as established by evidence of extensive, abusive, and chronic use of a controlled substance or alcohol by a parent to the extent that the parent’s ability to provide supervision and care for the child has been or is likely to be severely compromised; or knowledge or suspicion that a parent’s ongoing use of a controlled substance or alcohol has resulted in harm or a threat of harm to a child.
Alcohol	Parental misuse (as defined above) of alcohol.
Illicit Drugs	Parental misuse (as defined above) of illicit drugs.
Prescription Drugs	Parental misuse (as defined above) of prescription drugs.
Threatened Harm	A behavior that is not accidental and which is likely to result in physical, emotional, or mental harm or impairment to the child. May be added as a maltreatment to an open investigation if there are no injuries to support a defined maltreatment type, but there is a credible evidence, based on the caregiver’s acts or failure to act, to indicate a real, plausible and significant threat to child safety.

Next, there are numerous references to what “a reasonable person” would do or know. According to the policy, this refers to, “A hypothetical person used as a legal standard, especially to determine whether someone acted with negligence; specifically, a person who exercises the degree of attention, knowledge, intelligence and judgment that society requires of its members for the protection of their own and of others’ interests. The reasonable person acts sensibly, does

things without serious delay, and takes proper but not excessive precautions” (CFOP 170-4:5). This establishes particular behaviors that the state seeks to castigate as not only abnormal or unusual, but *unreasonable*, thereby affirming that the problem lies solely with the caregiver and their lack of, or disregard for, reason. When combined with the “willful act” definition, the ideology promoted throughout the policy implies that caregivers should know that certain behaviors are inappropriate or harmful, and that their failure to recognize the harmfulness of such behaviors or act appropriately reflects a personal deficit.

There are also substantial gray areas, ambiguities, and loopholes in many of the maltreatment definitions. For example, ‘inadequate supervision’ is one of the most common types of maltreatment reported, but there is no legal guideline that defines the age at which children can be left unattended or for how long, allowing room for parental discretion, but simultaneously giving the state authority to override parents and hold them accountable for exercising their discretion. The ‘threatened harm’ category essentially provides a means to affirm maltreatment despite the investigator’s inability to verify any specific maltreatment allegations, simply based on the assertion that there is parental behavior occurring that is likely to harm a child. Additionally, the definition for ‘environmental hazards’ does not make clear whether a parent’s economic situation is taken into account, beyond providing clarification that homelessness in and of itself does not constitute maltreatment. Although Florida Statute specifies that financial inability should be deemed an excluding factor when assessing neglect, such clarification is missing from the maltreatment definitions provided in this policy. There is no guidance included about how to assess and respond to conditions resulting from poverty that might be outside the caregiver’s control, such as living in an older home in which there are structural, electrical, or pest control issues but being unable to afford repairs and mitigation.

Furthermore, there are certain exceptions made in some definitions that illustrate particular cultural influences at play. For example, in the definition for ‘medical neglect,’ the policy specifically excludes failure to immunize children, despite the existence of substantial medical evidence that this poses a significant threat to children’s physical health. It seems most likely that this exception has been made in response to the growing popularity of the “anti-vaxxer” movement, which has been primarily perpetuated among middle- and upper-class families, although more recently it has also become part of a pro-Trump Republican movement. This lends support to the notion that when a practice that is potentially harmful to children gains mainstream acceptance, especially among families of higher socioeconomic status, the state is unlikely to intervene and will even create exceptions in how maltreatment is defined.

Additionally, there are multiple types of maltreatment that seem to be duplicative or overlapping. For example, physical injury, burn, bone fracture, and internal injuries are four separate maltreatment types, even though the latter three all seem to fall within the definition of ‘physical injury.’ Similarly, sexual abuse is delineated into three distinct maltreatments, as is parental substance misuse. There is also a distinction made between exposing a child (post-birth) to dangerous substances, including drugs and alcohol, and a substance-exposed newborn. In some cases, the distinctions seem arbitrary, and could result in multiple maltreatment allegations all connected to a single behavior. The intention of this duplicity is not clear, but a possible outcome could be the application of multiple maltreatment types to promote a perception of greater severity.

A final set of definitions that are critical in understanding the state’s conceptualization of child safety involve what have been termed ‘danger threats.’ Danger threats refer to the specific circumstances that threaten the safety of children if left unresolved. They are delineated into

present dangers, meaning a family condition that is occurring at the current moment and already endangering the child, and impending dangers, meaning a situation that may not be currently endangering the child but can be anticipated to occur within the foreseeable future (Fla. Stat. Ss 39.01; CFOP 170-1). According to policy, present danger entails threats that are conspicuous, clearly observable, and require an immediate protective action to ensure the child's safety. Impending danger, on the other hand, is often subtle, referring more to the potential for harm to occur as a result of caregiver behaviors, attitudes, motives, emotions, or situations that pose a threat to the child. The policy describes this as a situation where the child is "in a continuous state of danger" (CFOP 170-1) and whereby a danger threat may become active at any time. Danger threats are assessed using an established "danger threshold," which provides criteria for determining the point at which negative family conditions are considered dangerous to a child's safety. Criteria for the present danger threshold are that the danger must be immediate, significant, and clearly observable; for impending danger, the criteria include a threat that is observable, out of control, imminent, severe, and there must be a vulnerable child. To justify their conclusion about the presence of a danger threat, the investigator must provide a specific description of how the family conditions meet these danger threshold criteria.

An additional important distinction under Florida's child welfare practice model is the differentiation between safety and risk. The assessment of safety concerns whether or not there currently exists a concrete, clearly identifiable danger threat, as defined above. According to the child welfare practice model, the finding of either a present or impending danger threat results in the determination that a child is unsafe and requires child welfare intervention, whereby services are "non-negotiable," although there is the possibility of pursuing either an in-home or out-of-home case (DCF CFOP 170-1). In contrast, the assessment of risk concerns the identification of

family characteristics that are associated with a greater likelihood of child maltreatment. The approach applies an actuarial risk assessment methodology to provide a statistical estimate of the risk that future maltreatment will occur, whereby the results yield a classification of the family that ranges from “low” to “very high” risk of future maltreatment. The key distinction, however, is that the children are currently safe, meaning no present or impending danger threat has been identified.

The protocol under the child welfare practice model is that families who are considered “high” or “very high” risk, but for whom there is no actual presence of danger towards the children, are to be offered voluntary services, rather than receiving formal, mandatory child welfare intervention (CFOP 170-1). This approach recognizes that being at-risk does not mean that maltreatment is currently occurring or that the occurrence of maltreatment is inevitable. The purpose of offering voluntary services, in theory, is to connect families to resources that will strengthen their capacity to care for their children and reduce their risk of future maltreatment from occurring. Mandatory intervention, on the other hand, is meant to be limited to those families where there are clearly identified threats to child safety, meaning maltreatment has been confirmed and children are deemed to be in ongoing danger of experiencing harm.

### **Articulating Ambiguity: Caseworker Interpretations of ‘Child Safety’**

In keeping with the purpose outlined by DCF and codified in the Florida Statutes, child protective investigators and case managers with whom I spoke over the course of my data collection underscored that child safety was first and foremost their primary concern and the focus of the child welfare system. Although addressing permanency and well-being of children were also acknowledged as part of their mission, these were generally viewed as secondary. Ensuring child safety was overwhelmingly perceived to be the dominant objective: “Obviously

we're all based on child safety. So when we actually go out to the house, our primary concern is the children, to make sure that they're safe in the house." The phrase "keeping children safe," or some variant of it, emerged in every focus group when discussing the purpose of the system, typically as the first response provided. The focus on child safety was reiterated at multiple points throughout conversations with caseworkers, for example, when discussing the use of in-home services or decision-making around the removal of children. However, further discussion of what safety means revealed a variety of inconsistencies, ambiguities, and tensions that must constantly be negotiated by frontline workers.

The assumption that the meaning of 'child safety' was self-evident and universally shared was apparent in my conversations with caseworkers. When asked, "What does child safety mean?" my question was typically met with blank stares and an awkward moment of silence, as if I had asked a rhetorical question. The discussions that ultimately emerged, however, revealed that the concept of child safety was extremely complex and difficult to define, despite the widespread agreement among caseworkers that it was the central focus of their job. "I don't think there's a, like, a Webster's Dictionary [definition] for child safety," a child protective investigator joked during one focus group.

Indeed, caseworkers across multiple focus groups conceded that there was no single definition of 'child safety,' but instead described safety as child- and context-specific and dependent upon a variety of factors within the family environment. A particularly illuminating discussion among a group of child protective investigators emphasized this malleability and the need to interpret child safety within the specific context:

INT: How do you define child safety? What does that mean to you?

CPI 1: That's a very broad question. [LAUGH]

CPI 2: Without even the word safety. [LAUGH] What does the word safety mean?

- CPI 3: There's just so many factors and so many different things that come into play when you're talking about child safety. It's-there's not, like, there's one tell all definition.
- CPI 2: Right answer.
- CPI 4: It's not black and white.
- CPI 1: It's not.
- CPI 3: No.
- CPI 4: Because you can walk into a house and be like, or you can get an intake and be like, oh, this is a shelter, oh this a shelter, but then when you walk out there, it's not. A parent could be, yeah...
- CPI 2: [OVERLAP] capacities, like, it takes the parent caregiver protective capacities.
- CPI 4: And a vulnerable child.
- CPI 3: And then also, like, the child. If the parents are unable to manage those behaviors, that's not their fault, but at the same time, like, there's so many different ways you could look at it. With every maltreatment, with every circumstance.
- CPI 5: Well, and a child's age makes a difference, too.
- CPI 1: Absolutely.
- CPI 5: Like, environment hazards is seen as, like, one of the biggest, like, it's either there or it's not. But if there's a two-year old in that house or a 16-year old in that house makes a big difference on if I have hazards or not.
- CPI 1: And exposed wires and the two-year old is walking into the walls, I mean, versus the 16-year old who's just trying to blow the house up essentially.
- CPI 2: 16-year old, yeah.
- CPI 5: Like, it makes a difference between what is actually a hazard and how the parents are taking care of it.

In contrast to how child safety is defined in policy, this discussion illuminates the greater complexity and multiple factors that inform the construction of child safety. The investigators participating in this conversation noted that the identification of maltreatment does not, in and of itself, result in the determination that a child is unsafe. Rather, the same set of maltreatment allegations could lead to entirely different conclusions about child safety, depending upon the full context of the home and family, as well as individual child characteristics such as age or disability status. Along these lines, numerous conversations emphasized the child's environment, such as one caseworker who defined safety as "creating an environment where they [children] thrive and feel safe, emotionally, physically, like, all of those things. Giving them the

opportunity to grow in a healthy way.” Similarly, another caseworker defined safety as ensuring that children are in a “nurturing environment.”

Caseworker perceptions of the family strongly informed their assessment of the home environment and ideas about child safety. Participants described their discernment of safety as taking into account the extent to which a family was cooperative with the investigation, acknowledged the danger to which the child had been exposed, recognized the need to change their behavior, and was willing to engage in services, as well as any prior maltreatment allegations or criminal history. These findings closely align with Handleman’s (1987) argument that the way in which a particular child welfare case develops is strongly dependent upon the caseworker’s perception of the family’s cooperation. Such aspects of the family dynamic were seen as evidence as to whether or not a family was committed to ensuring the safety of their children, however, caseworkers largely failed to consider the various reasons that families may be uncooperative or resistant towards state intervention. Additionally, discussions incorporated ideas about meeting the needs of children, including basic physical needs such as provision of food, water, shelter, and hygiene, as well as more holistic conceptions that entailed “addressing the medical, dental, mental, emotional, educational, and basic needs of the child.”

These conceptions of safety suggest far more than the simple absence of maltreatment; they speak to the provision of certain conditions that are believed to optimize child growth and development, in addition to protecting children from the direct infliction of harm. Such ideas, while perhaps informed by scientific knowledge, are deeply embedded with cultural and class-based values. The notion that education, for example, constitutes a ‘need’ of all children rather than a ‘privilege’ reserved for those of a higher social and economic status, reflects a fairly recent transformation in Western conceptions of childhood (Edwards and Gillies 2013).

Similarly, dominant ideas about the emotional needs of children, the importance of nurturing, and even what constitutes appropriate nurturing, are all recent and continually evolving concepts within Western thought, generally based on white middle- and upper-class ideologies of child rearing (Edwards and Gillies 2013; Faircloth, Hoffman, and Layne 2013; Lancy 2007).

An insightful illustration came from one protective investigator, whose explanation of what constitutes an acceptable home environment culminated in her proclamation that, “Not everybody keeps a clean home... But if I see rodents, it’s over. If I see a roach, it’s gonna be over.” While other participants in this focus group pushed back against what seemed to be a rather extreme position (for example, by observing that it is nearly impossible to find a home in Florida without a cockroach), it was clear from this dialogue that personal beliefs, values, and biases shape the way caseworkers view child safety. Prior studies have similarly illustrated how frontline workers’ interpretations of policy are often shaped both by dominant ideology and by personal experiences and values (Dubois 2014; Scherz 2011; Morgen 2001). Caseworkers largely failed to recognize the ways in which class, race, and culture shape ideas about children’s needs and what constitutes a nurturing and safe environment for a child, or that their understanding of these concepts might not be universally shared. What was also left unspoken in these conversations, furthermore, was the extent to which parents or caregivers could, or should, be held solely responsible for ensuring these conditions.

Additional responses sought to define safety more concretely while still allowing for the importance of context. Participants in several focus groups described child safety as being characterized by the absence of danger threats, drawing on the danger threshold criteria specified in DCF policy and taking into account the full context of the situation. Taken together, these diverse conversations share a common thread that exemplifies one of the key ways in which the

conception of child safety has evolved. Whereas Florida's child welfare system was previously largely incident-driven, under the current practice model, caseworker understandings of child safety are far more context-driven, recognizing that a singular incident does not necessarily dictate the ongoing circumstances to which a child is exposed. Although this is not clearly articulated through DCF's definition of safety, caseworkers were able to draw from the broader set of policies that guide the safety assessment process to understand safety from this more holistic, contextual perspective.

While caseworkers sought to be both concrete and holistic in defining child safety, these conversations were at times also plagued by ambiguity and vague statements that suggested a strong reliance on personal judgment or intuition. One caseworker's definition of child safety was simply, "You can walk away without the fear of that child being harmed when you leave." Though statements like this may convey the sentiment of what safety means to an individual, it is entirely unclear from this sort of description precisely what would inform the caseworker's judgment as to whether or not a child is likely to be harmed and, furthermore, suggests that safety has more to do with feelings than with tangible and observable conditions. This theme of fear and persistent feelings that children were unsafe was woven throughout the focus group discussions, and will be addressed in greater depth in the next chapter.

### **Child Safety vs. Family Preservation**

As I described in Chapter 4, child safety and family preservation have frequently been characterized as opposite ends of the child welfare spectrum, a dichotomization that implies families are unsafe, and that prioritizing safety means removing children from their families. This perceived tension between child safety and family preservation was present in many of my conversations with caseworkers. Although caseworkers emphasized child safety as their first

priority, they frequently discussed safety within the context of efforts to preserve the family unit and “help the families keep their children safe.” As noted in the previous section, ideas about child safety often centered on the family environment. While this environment was commonly viewed as the primary threat to child safety, it was simultaneously considered the first and preferred solution, by focusing efforts on improving conditions within the family to ensure child safety. Responses provided during focus groups indicated that despite the recent policy shift emphasizing safety, the family preservation philosophy had not been entirely discarded. In fact, Florida law continues to dictate that children are “to remain in the custody of their parents or legal custodians unless and until there has been a determination by a qualified person exercising competent professional judgment that removal is necessary to protect their physical, mental, or emotional health or safety” (Fla. Stat. Ss 39.4085). Caseworkers understood that their charge required negotiating the tension between child safety and family preservation as they strove to achieve both.

In discussing the mission of the child welfare system, for example, a child protective investigator communicated that the primary purpose was to ensure “that children are safe in the homes with their parents and families. And if they’re not safe, how can we help the families to make – ensure that they are safe and that we can help, um, minimize abuse and neglect in families?” Various caseworkers expressed similar beliefs that their role included “strengthening families,” building the “protective capacities” of parents, “increasing parenting skills,” “empowering families” to be self-sufficient, and “preserving the family” while ensuring a safe environment for children. This was frequently described in terms of increasing a family’s resources, as illustrated by the following narratives:

It's my job to make sure that you have what you need to keep your kids safe... [We] try and understand what resources they have, and then filling in the gaps. (Child Protective Investigator)

It's about tools in the toolbox, right? ...Making sure our families that we work with have the right tools, the resources to handle whatever situation that comes across them. (Child Protective Investigator)

Another way that I've heard it put is that we're the hub of a wheel. So we're the family's point of access to whatever services they may need in order to succeed. (Case Manager)

Emphasis on family preservation was widespread among focus group participants, indicating that caseworkers viewed this as a critical component of their work. "Our ultimate goal is not to remove the child. It's for us to implement services so that you can help yourself to make sure that this doesn't happen again," a child protective investigator clarified. Both investigators and case managers voiced a strong belief that their main objective was "to do everything possible to keep the families together." Most of them seemed to embrace this philosophy, at least in theory.

At the same time, caseworkers underscored that child safety came first. This led to the acknowledgment that they could not always keep children safely with their families. Removal was generally described as a last, though sometimes necessary, resort, particularly among child protective investigators. "I think that's our main goal is to try to keep the children in the home," an investigator explained. "We try to do everything in our power not to remove a child. But if we have situations that, like, we have a resistant parent or the home is just in a state where we can't leave the child and know that he's safe when we leave the home, we might not have any choice." The general consensus among participants was that the removal of children should be reserved for cases in which all other options have been exhausted; in the words of one investigator, "if nothing at home works." Even in these situations, the focus continued to be on preserving the

family unit when possible, as clearly articulated by case managers: “Our goal is always reunification.”

The dialogues that emerged suggested that the concept of family preservation was highly valued among child welfare agencies. This was further described as a significant change from the “old way” of doing things, as indicated in the following excerpt from a focus group with child protective investigators:

CPI 1: So it’s, um, remember in this business we have to do the least restrictive first, you understand? Um, the – we not just – I think the days are over, what you think? When we just pluck children out and...

CPI 2: Remove and ask questions later.

CPI 1: I think that doesn’t fly anymore. The judge will dismiss your – your case. So, it’s – removal is the last resort. Because, I’m telling you the truth. Children function better with their family.

These sorts of conversations reflected an awareness that the system had at times been geared towards removal, but suggested that such an approach was no longer widely accepted. Yet at the same time, recent policy changes and data on child removals clearly indicate that Florida has been returning to a more reactive, removal-centric system. Front-line workers seemed reluctant to acknowledge this reality during focus group conversations; it is unclear whether they were simply unaware of the data, which is publicly available, or whether they were in active denial. In either case, they continued to emphasize that under the current practice model, there was an expectation for efforts to be made to preserve the family first, and removal was only undertaken if children’s safety could not be ensured in the home.

Many caseworkers embraced the concept of family preservation not only because it was policy, but also because they genuinely believed it was better to keep the families together if child safety can be ensured. One of the primary perceived benefits to using an in-home family preservation approach was a reduction in trauma experienced by the children. Across focus

groups, participants expressed that most children want to stay with their parents and that this was generally less traumatizing for them. As one caseworker expressed, “What kid doesn’t wanna be with their parents?” Participants noted how disruptive removals were for children, as in the following examples:

You want to, um, do the least amount of trauma on a kid that you can. She talked about the trauma of being removed from your parents. That also means you lose the other extended family that you had. Sometimes it means you have to change schools, and your friends, and all those other things. So, if the child can safely remain in the home, that’s always the most beneficial to them. (Case Manager)

But it’s not even their parents, though, it’s their friends, it’s the teacher that, you know, pays extra attention to them, it’s the school that provides the support and a safe haven. We’re removing them from not only the bad implements of their life but also the good ones and the strong supports. (Child Protective Investigator)

As these narratives indicate, removing children from their parents frequently results in also separating them from extended family members, siblings, friends, and their community. Some participants, furthermore, expressed that the act of removal itself might be more traumatizing to the children than the actual abuse or neglect they experienced in the home, emphasizing the impact that removal has on a child’s mental health and sense of self. The following excerpts illustrate this perception:

Sometimes we feel like removing kids ruins them... I had one kid, he couldn’t make it anywhere, and as soon as he got back home, his hostility disappeared. His aggressiveness disappeared... His emotional outbursts disappeared. His meltdowns. Everything. He was calm. He was a different kid and it was all because he went back home. (Case Manager)

You know, they’ve told me over the years working at, you know, “Every home is different. They don’t ask me what I like to eat, they don’t ask me what my religion is.” And after they’ve been moved two or three times, they – they tell you, “I forget who I am. I forget,” because everything in their life is not the way it used to be and it affects them mentally... and it’s sad because foster care affects these kids’ mentally. I think every kid that is removed automatically suffers from attachment disorder because they don’t trust anybody from that point on because they didn’t do... Nine times out of ten, they’re not the one that did the bad thing;

it was the parents. But yet they're the ones yanked out in the middle of the night and their shit thrown in a trash bag... And hauled off. (Case Manager)

In speaking about the traumatization of removal, caseworkers drew attention to the inherent contradiction in the notion that removing children is paramount to ensuring child safety. Their comments underscore an awareness that the act of removing children often inflicts further harm, a finding that has been confirmed by research (Bruskas 2008; Doyle 2008, 2007; Lawrence, Carlson, and Egeland 2006), and in this sense, the very system that is charged with ensuring the safety of children in fact routinely engages in the violation of child safety.

Additionally, some participants further emphasized that keeping children in the home was less traumatic for the entire family. One caseworker expressed, "I think the trauma to the – to the whole family, you know, that's to me is important, not to traumatize the parents either, you know." Another caseworker noted, "There's so... so much systematic trauma... but with the, with the in-home cases, I think there's less because you're not breaking that family up." Reflecting on the experiences of parents whose children are removed, furthermore, a caseworker empathized, "It's got to be completely overwhelming, because I think sometimes we forget because we see it every day, we forget how traumatic and life altering that is... they just have their children removed from them, and now we're throwing all this on them, and it's a lot." Thus, family preservation was viewed as not only less traumatic for children but also for parents involved with the child welfare system. Presumably, this would also be beneficial to the objective of ensuring child safety, since parents would likely be better positioned to focus on addressing the concerns that brought them into contact with the system if they are not simultaneously coping with the trauma of having their children removed.

Despite their generally positive views towards family preservation, however, concerns about ensuring safety when children remained in the home persisted. The following narrative from a case manager captures the apprehension that many participants reported experiencing:

My primary concern is that substantiated abuse or neglect escalates to something more... Um, you know, it – that’s kind of what worries me, is that yes, they’re in the home, because we want to preserve the family. We want to do what we can to keep this family together. But, you know, it’s – it’s that what if type situation, of, okay, that happened. What if it escalates to that, and then we have a bigger problem on our hands. That could lead to ultimate child death.

Both case managers and child protective investigators lamented that keeping children in the home left them with a heightened concern for child safety, producing chronic feelings of worry. The highlighting of child maltreatment deaths in the media, described at the beginning of this chapter, added to their anxiety, as they knew these concerns had a basis in reality. Addressing her colleagues in one focus group, a case manager stated, “I guarantee every one of you all, like, you’ll be doing something random with your family or your friends, and something will pop into your head, and you’re like, oh... is this kid okay right now?” In this way, family preservation was very much a double-edged sword from the perspective of caseworkers; on the one hand, they believed it was usually in the best interest of children, but on the other hand, they feared that children left in the home might be harmed. The fact that caseworkers did not express the same level of fear or worry over removing children from their home, despite recognition that removal was often detrimental to children, is indicative of the specific way child safety has been constructed in opposition to family preservation, whereby the family, or at least the particular type of family that encounters the child welfare system, is viewed as inherently unsafe.

## **Summary**

Analysis of Florida’s child welfare policies and caseworker focus group data presented in this chapter illustrate how child safety has been conceptualized in particular ways that have

facilitated a shift towards increased removals and out-of-home placements. In policy, safety is conceptualized both broadly in terms of embracing a holistic understanding of children's needs that encompass physical, mental, and emotional health and development, and narrowly by focusing explicitly on how caregiver behavior affects children. By defining child safety specifically as the absence of maltreatment, the onus is placed entirely on parents to protect children from harm. At the same time, these policies are riddled with inconsistencies and ambiguities in defining child maltreatment, leaving substantial space for interpretation.

Caseworkers must wrestle with these ambiguities as they attempt to apply state policies in their work with families. The prevailing theme that emerged during focus groups with regard to the meaning of child safety was that this was a somewhat elusive concept, lacking a precise and uniform definition, and strongly dependent upon the specific family context. Nonetheless, caseworkers felt strongly that they understood what safety was and could recognize an unsafe child when they saw one; this speaks particularly to a strong reliance on 'instinctual' knowledge, a theme that is further interrogated in the next chapter. Caseworker discussions of the criteria they considered often invoked cultural and class-based values and ideologies of children and families that were seldom questioned or critiqued. While support for efforts to preserve families remained intact, the construction of child safety under the new practice model was largely felt to be in direct tension with family preservation, with caseworkers left to negotiate between these competing priorities. Overall, the state's re-prioritization of child safety has promoted a view of system-involved families as inherently unsafe and removal as the best way to protect children. The next chapter will further explore the implications of this approach to conceptualizing safety by examining how safety is operationalized in practice.

## Chapter 6

### Operationalizing Child Safety into Practice

The previous chapter illustrated that, despite Florida's heightened prioritization of child safety, the concept remains loosely defined in policy, allowing for various interpretations and caseworker discretion. This becomes particularly clear when examining the process of operationalizing the concept of child safety into practice. In fact, some of the most significant problems plaguing the system prior to implementing the 2014 legislative changes were issues of operationalization. Among its many findings, the *Miami Herald* investigative report (Miller and Burch 2014a, 2014b) revealed that child protective investigations were largely incident-driven, failing to assess the underlying problems that led to maltreatment, and that in-home cases were rarely court-ordered and relied heavily on the use promissory safety plans without the provision of services or the legal means to enforce them. In other words, the practices in place had failed to operationalize safety in a meaningful way. Development of the Safety Methodology practice model came in response to these shortcomings and was intended to establish more concrete and 'evidence-based' practices. The findings I examine in this chapter, however, suggest that the operationalization of child safety remains highly problematic.

One of the implications of the strongly context-driven understanding of safety described in Chapter 5 is that what constitutes safety will vary from one child and family to the next. This creates considerable complications from a procedural perspective, especially since one of the objectives in developing the new practice model was to create greater standardization of practice.

By conceptualizing child safety as variable and context-specific, it follows that practice will also vary depending on the context, and particularly the caseworker's interpretation of that context. This challenges the notion that child welfare practice can, and should, be standardized. As child welfare systems increasingly gravitate towards ideas of objectivity and attempts to apply scientific principles to casework practice, they are forced to reconcile this with the simultaneous emphasis they have placed on the individualization of services. Indeed, this is a substantial critique of the growing emphasis on evidence-based practice (Adams 2013; Regehr, Stern, and Shlonsky 2007).

Although the state's approach to conceptualizing and operationalizing child safety is built upon actuarial risk assessment, considered to be a best practice in child welfare, some research suggests that such approaches fall short of achieving the standardization and consistency that is intended. Actuarial risk assessment, as applied to child welfare, is a process for statistically estimating the probability of future child maltreatment based on empirically related risk factors (Cuccaro-Alamin et al 2017; Cooney et al 2013) The development of actuarial risk assessment tools emerged in response to the lack of clarity and standardization commonly found among child welfare systems, particularly the failure to accurately and consistently identify which families required intervention. Scherz (2011) argues, however, that the development and use of these tools primarily serve to provide the *appearance* of greater standardization, objectivity, and scientific validity while typically failing to establish clear directives for state intervention or definitions of abuse and neglect, resulting in the continued heterogeneity of practice. The findings I describe in this chapter build upon, and lend further support to, this work.

Here I examine the process of operationalization in greater depth and the challenges experienced by caseworkers in their efforts to implement policies into practice, drawing attention

to the disjunctures that arise and the implications these have for families who intersect with the child welfare system. Discussions of how the concept of child safety is operationalized into practice revealed further inconsistencies and discrepancies between what is written in policy and how caseworkers described their efforts to apply those policies in their actual casework. Often, caseworkers found themselves traversing into realms of ambiguity, in which decisions hinged upon their interpretations of practice guidelines and perceptions of particular family situations. The lack of clarity and inconsistencies described in the previous chapter translated directly into uncertainty and challenges encountered by frontline workers as they sought to apply policies in the field. Additionally, bureaucratic processes, inadequate resources, and limited capacity further affected the ability of caseworkers to address safety and shaped how policies were implemented in the field.

### **Assessing Safety**

Examining the operationalization of child safety within the child welfare system begins with the family assessment process. Assessment comprises one of the core functions of child welfare caseworkers and one of the primary means by which safety is operationalized. In order to determine whether children can remain in the care of the family or whether they must be removed from the home, caseworkers must complete a thorough assessment of the family situation, and identify what, if anything, could be implemented to keep the child safely in the home. Subsequently, if a child has been deemed unsafe, the caseworker must provide updated assessments throughout the life of the case to determine whether adequate changes have occurred within the home and family environment to ensure the ongoing safety of the child without continued supervision and intervention by the state. These procedures are delineated in the child welfare practice model (CFOP170-1).

The protocol used for this purpose is the Family Functioning Assessment (FFA). Per the practice model, the FFA “is the process by which information is gathered, analyzed and assessed to determine child safety in the household where the alleged maltreatment occurred” and “serves the purpose of identifying family conditions, how the children are vulnerable to those conditions, and whether the parent/legal guardian and other significant caregivers in the household are able to care for and protect the children” (CFOP 170-1:2-6). The FFA is completed at the front-end of the case by the child protective investigator, culminating in a safety analysis, as well as on an ongoing basis by the case manager until all safety concerns have been addressed and the case is closed. Completing the assessment requires the caseworker to collect information in six domains, which provide the “substantive basis” for safety decision-making. These domains are: (1) extent of maltreatment, (2) circumstances surrounding maltreatment, (3) child functioning, (4) adult functioning, (5) overall approach to parenting, and (6) discipline and behavior management. The types of information caseworkers are expected to collect for each domain are further delineated in Figure 5. There is no additional guidance or further explanation provided as to *how* each area is to be assessed, such as specific criteria the caseworker should consider, with the exception of a *Child Development Stages Matrix* that is provided as an appendix for caseworkers to refer to in assessing whether the child’s functioning and parental expectations are appropriate given the child’s age. Otherwise, the policy simply provides the lists of items to be addressed in each domain, leaving the operationalization of each concept open to interpretation.

Thus, the assessment protocol appears to be plagued by the same problems of ambiguity that were observed in relation to defining child safety. In fact, two items that stood out as particularly perplexing, from an anthropological perspective, were those pertaining to “functioning within cultural norms” under both the child functioning and adult functioning

domains. It is unclear what exactly is meant by this, how cultural norms are defined, who defines them, or to whose cultural norms this refers. Those of the family? The caseworker? The community? Similarly, “cultural practices” appears as one of the items under the parenting domain and again under the discipline domain, without any further clarification, which further suggests, by its inclusion as a separate item, a lack of understanding that all parenting practices are inherently cultural practices. The failure to clearly define and operationalize the various concepts included within the assessment poses a considerable obstacle to the state’s objective of standardizing child welfare practice.

Extent of Maltreatment	Circumstances of Maltreatment	Child Functioning	Adult Functioning	Approach to Parenting	Discipline/ Behavior Mgmt.
<ul style="list-style-type: none"> <li>• Maltreatment type</li> <li>• Severity</li> <li>• Description of specific events</li> <li>• Description of emotional and physical symptoms</li> <li>• Identification of child and maltreating caregiver</li> <li>• Condition of child</li> </ul>	<ul style="list-style-type: none"> <li>• Duration</li> <li>• History</li> <li>• Patterns of functioning leading to or explaining maltreatment</li> <li>• Caregiver intent</li> <li>• Caregiver explanation</li> <li>• Unique aspects (e.g. use of weapons)</li> <li>• Caregiver acknowledgment and attitude</li> <li>• Other problems associated with maltreatment</li> </ul>	<ul style="list-style-type: none"> <li>• General mood and temperament</li> <li>• Intellectual functioning</li> <li>• Communication and social skills</li> <li>• Expressions of emotions</li> <li>• Behavior</li> <li>• Peer relations</li> <li>• School performance</li> <li>• Independence</li> <li>• Motor skills</li> <li>• Physical and mental health</li> <li>• Functioning within cultural norms</li> </ul>	<ul style="list-style-type: none"> <li>• Communication and social skills</li> <li>• Coping and stress management</li> <li>• Self-control</li> <li>• Problem solving</li> <li>• Judgment and decision making</li> <li>• Independence</li> <li>• Home and financial management</li> <li>• Income and employment</li> <li>• Citizenship and community involvement</li> <li>• Rationality</li> <li>• Self-care and self-preservation</li> <li>• Substance abuse</li> <li>• Mental health</li> <li>• Family/domestic violence</li> <li>• Physical health and capacity</li> <li>• Functioning within cultural norms</li> </ul>	<ul style="list-style-type: none"> <li>• Reasons for being a caregiver</li> <li>• Satisfaction in being a caregiver</li> <li>• Knowledge and skill in parenting and child development</li> <li>• Expectations and empathy for child</li> <li>• Decision making in parenting practices</li> <li>• Parenting style</li> <li>• History of parenting behavior</li> <li>• Cultural practices</li> <li>• Protectiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Disciplinary methods</li> <li>• Approaches to managing child behavior</li> <li>• Perception of effectiveness of utilized approaches</li> <li>• Concepts and purpose of discipline</li> <li>• Context in which discipline occurs</li> <li>• Cultural practices</li> </ul>

Figure 5. Family Functioning Assessment Domains

In describing how they assess child safety, caseworkers indicated that they triangulate information from a variety of sources in order to evaluate the family’s situation. Caseworkers

were expected to validate all information included in the assessment through direct observation or corroboration by multiple collateral sources (CFOP 170-1). Most commonly, methods for gathering information included interviewing members of the household (parents, children, and others living in the home), interviewing ‘collaterals’ (extended family, neighbors, friends, school personnel, primary care practitioners or other professionals working with the family), observation of the home environment and family dynamics, and reviewing prior abuse reports or criminal history. Many caseworkers emphasized the family as being the primary source of information. “A lot of times, families will tell you exactly what they need,” a child protective investigator stated. Numerous respondents agreed that families often knew what they needed to better ensure the safety of their children, but might not know how to access those resources. Thus, investigators and case managers alike sought to engage families directly in the assessment process and encouraged families to identify their own needs, as well as provide input about specific services they would like to receive.

An important caveat was ensuring that the inclusion of the family’s voice was meaningful. “It’s kind of like, making sure that when we make decisions, it’s not just what we want or what we feel like this is what they need. Making sure that they are in that process, they’re telling us, like, ‘This is what I may need,’” a child protective investigator explained. “Because they know what’s best for them sometimes.” This process was frequently described in terms of allowing the family to “tell their story,” although caseworkers might inject their own interpretation in the assessment. There was also particular emphasis placed on engaging children in those conversations, with a number of caseworkers specifying that they try to talk to the children first. A case manager explained, “Sometimes I think it’s just as easy as like talking to them, like, because the kids will tell you some stuff. A lot of them are very honest, so if you kind

of just get into a conversation, sometimes they'll tell you that they're not safe without even realizing they're telling you they're not safe, so, I do a lot of my assessment through just conversations with my kids.”

While there was general agreement that families were the most critical source of information, there was also recognition that families might not fully disclose to caseworkers. Thus, it was important to corroborate what families shared with information from other sources. Expanding on this, an investigator explained that sometimes the caseworker needs to “just read between the lines. Like, if we have, like, prior history of inadequate supervision a bunch of times, you know, ‘Hey, do you need a daycare? Do you have somebody to watch your kids while you’re at work, or so you can go hang out with your friends?’” Other caseworkers shared similar examples of how they incorporated additional sources of information, such as observations of the home, and ‘read between the lines’ to help families identify needs that they may have trouble articulating. In this regard, caseworkers did not merely take what families said at face value, but were engaged in processes of interpretation in which they drew together various sources of information to piece together an understanding of the family situation.

Along these lines, another aspect of this process discussed by respondents involved assessing the parents’ perspective of what happened. For example, caseworkers assessed whether a parent showed remorse over the maltreatment incident and exhibited an understanding of how their actions jeopardized the safety of their child. This assumes that the caseworker is able to establish what happened and that the parent is blameworthy, both of which may be contested by the family. Disagreement with the caseworker, however, often contributed to the caseworker’s evaluation that the family had not taken responsibility, and therefore could not be trusted to ensure the child’s safety. This reflects what prior research has indicated about the expectation for

system-involved parents to show deference to the caseworker (Woodward 2021; Ramsay 2017; Lee 2016; Reich 2005) I explore this theme further in Chapter 7, where I examine how conceptions of child safety are informed by caseworker perceptions of system involved families. Despite their emphasis on allowing families to tell their story, focus group conversations suggested that caseworkers generally privileged their own perception and interpretation of the family in assessing child safety.

Caseworkers further emphasized that assessment was an ongoing process that continued throughout the life of the case. Child protective investigators completed an initial assessment, concluding with a safety determination, and then, if the case transferred to case management for ongoing services, the case manager was expected to build upon the investigator's assessment and continue to complete regular updates. The ongoing nature of the assessment process allowed for caseworkers not only to identify areas where progress was made over time, but also to identify new and changing needs that might arise over the course of the case. As one case manager explained, "I think it's really an ongoing thing, because as you have families, they – you may get a case for certain allegations and then the longer that you have it, you realize there also [are] these [other] issues." Another case manager added that, "The life of people may change. I mean, you get a case and a year later mom may be in a different situation and need something else from us." The idea of assessment as an ongoing process was deeply embedded within practice, as indicated by caseworker responses. While the idea of being responsive to families' changing needs over time seems logical and even desirable for a social services system, an important caveat that complicates this picture is the fact that these cases are largely court-ordered. One of the implications for families, therefore, is that the list of tasks they need to complete in order to

reunify with their children and close out their case may end up growing as their case manager identifies new needs to be addressed, thereby prolonging state intervention in the family's life.

That the current assessment process reflected a considerable practice change was reiterated across many focus groups, with mixed reactions. Caseworker valuations of the assessment tools and procedures varied considerably. Some respondents found the process to be highly effective and reported that the Safety Methodology had improved their ability to assess safety. One perceived benefit of the practice model was having a more clearly articulated set of procedures. An investigator expounded, "There's a whole new process from beginning to end, from pre-commencement to closure of a case. There's much more follow-up with your supervisor as well and the higher ups. Everybody kind of has an eye on everyone's cases now, so it's a lot more evolved and a full process." Compared to previous practice, the new model was far more prescriptive and detailed, with greater procedural specificity and supervision. Although definitional ambiguities remained with regard to what actually constituted a safe or unsafe situation, the *process* of how workers were to go about gathering information and evidence was more clearly delineated, which many viewed as an improvement. Caseworkers felt that, as a result, people were generally more "on the same page" and had greater clarity as to what was expected of them.

Additionally, the assessment process created under the new practice model was reported to be far more thorough and comprehensive. The assessment protocol was designed to provide an in-depth, holistic assessment of the family's strengths and needs, which caseworkers described as less "incident-driven" than in the past. Participants explained that through this assessment process, they tried to get "the whole picture" of the family, which included looking into their past history, current parenting practices, the home environment, and their support network. A child

protective investigator explained, “We have to look at the story of this family. What got them to where they are, at this point? What changed? What happened?” Similarly, another worker added that, “You wanna get down to the root problems and how the family functions, and you have to discuss with each family what’s going on, what’s the triggers, what’s the stressors, how do you – how do you deal with these issues, how do you function on a daily basis?” Therefore, the assessment goes beyond simply looking into *what* occurred (e.g. the specific allegations of the abuse report) to better understand the full context of the family and *why* the maltreatment occurred.

For many respondents, this was a clear strength of the new methodology, which produced a better understanding of the family than what was previously achieved under the old practice model. As one investigator shared, “Using the safety methodology model and the family functioning assessment, I think those things have improved our ability for further interviewing and doing these family assessments, asking more questions about their background, their histories.” Another caseworker expounded on the practice change and the benefits she perceived resulting from it:

I think before we kind of maybe didn’t get the whole picture, you know what I mean? Like, we were kind of out there, incident-based focus, looking at the maltreatment. And now we’re kind of looking at the whole family in general and asking a lot more questions, um, on these investigations... So I definitely think that that’s the shift in the... the paradigm shift what we’re doing. And I think it’s... it’s difficult but I think it’s actually working more better, um, in that, you know, it’s really... we’re looking at... at the family and-and the full scope.

From the perspective of this investigator, the new assessment process provided a more holistic picture of the family situation, enabling a better assessment of the family’s needs, which ideally will reduce the likelihood of the family coming back into the system if the entirety of those needs are addressed. Caseworkers generally expressed that they were better able to understand the

needs of families as a result of the more thorough assessments they were now conducting. Particularly towards the latter half of my data collection, respondents perceived considerable improvements had been made in terms of creating better guidelines and resources for safety assessment and planning. In fact, some new guidelines and resources were developed in response to feedback received earlier in the implementation process on aspects of the practice model with which caseworkers were struggling. In this regard, there was a degree of responsiveness by the state to the needs identified by frontline workers, although many participants simultaneously expressed the sentiment that they were rarely consulted about their experiences in the field or ways to improve practice.

### **Implementation Challenges**

While numerous caseworkers saw value in this more comprehensive assessment process, they were simultaneously plagued by myriad challenges in implementing the practice model, particularly when it came to conducting safety assessments. One of the primary challenges to assessing safety that caseworkers reported was family resistance, typically fueled by a lack of trust or fear of the child welfare system. Families could create obstacles to completing the assessment process by denying caseworkers access to the home or children, refusing to answer questions, or providing dishonest answers to the caseworker. In order to be effective in their job, therefore, caseworkers stressed that they must build rapport and establish trust with the family. The ability to engage families effectively contributed to better quality and accuracy of assessments of the family's strengths and needs, identification of appropriate services to address safety concerns, and increased buy-in among families to participate in services. Building the rapport necessary to achieve engagement took considerable time, however, which caseworkers often did not have, particularly child protective investigators, who were pressed to make

relatively quick decisions about the safety of children. As a result, investigators were frequently struggling to gather whatever information they could from resistant families, and even making decisions informed by the degree of resistance or cooperation they encountered.

Another significant challenge, and closely related to family resistance, was the perception that caseworkers were always working with partial information. Even with a comprehensive assessment, respondents articulated that they never really knew everything about a family. Speaking to this issue, one case manager explained, “It’s difficult assessing the child’s safety when it comes to, we’re only in there a snapshot of times, and you have to have that rapport with your families to be able to understand what they’re talking about, and what they’re really sharing, and what the overall picture really looks like when you’re not there.” Caseworkers expressed that even when families do cooperate, parents are always on their ‘best behavior’ when the caseworker is present, thus limiting their ability to assess what the family dynamics actually look like. Another limitation that was noted was the ability of children to communicate with the caseworker. As one case manager explained, “Depending on the age, too, if they’re not able to verbalize it or if they’re afraid to verbalize it even if you’re talking to them alone. They’re not always going to disclose you know their safety so that’s a barrier.” Particularly when very young children are involved (e.g. infants, toddlers), the caseworker must rely on information from other sources. Furthermore, the child’s perception of normality and their attachment to their caregiver also shape the testimony they provide to caseworkers. Similar challenges were noted with regard to information gathered from collateral sources, who may have their own biases that influence their cooperation with caseworkers and what they share.

Additionally, some of the concerns held by caseworkers were that the assessment process was too subjective. Caseworkers felt that safety criteria could be interpreted differently by

various individuals, leading to inconsistencies in safety determinations. Voicing concern about the degree of subjectivity in the assessment process, a child protective investigator explained,

I do think methodology is beneficial and the practice model useful, and it does give us a guideline as to how to assess a family, but there's a lot of gray area that create, that leads me to the ability to say these kids are safe and this is why, and her the ability to say they're unsafe and this is why. So it's like you can have an investigation, and it can go either way.

Several respondents agreed with this critique, noting that there were inconsistencies in decision making processes, and that different workers could come to completely different conclusions on the same case. Case managers similarly acknowledged that it could be difficult to set aside personal beliefs and values when making a safety assessment, and that such biases could impact decision making, as expressed in the following quotes:

And it does come down to, again, to child safety, because maybe they've done everything, maybe they're – we haven't seen great, uh, behavioral change, but is the child unsafe? And if they're not, there's even-I mean, I think sometimes it can tend to project our own, you know, thoughts of what we think, you know, like the perfect family is or whatever. That-it's not-that doesn't have to be that, to be a safe home for a child, and that's sometimes that, you know, maybe it's not what we would hope it would be, but is this, you know, a safe environment for a child to return to? It can be tough sometimes to say I don't see that there are any real safety concerns. I don't feel good about it, but...

And she's, you know, she was – she was good enough, and that's what we ask for. And we... internally we have to identify what that means, and that's one of the hardest parts to me: what is good enough?

As these narratives indicate, many caseworkers struggled with reconciling this disjuncture between child safety and their personal ideas about what a 'good family' should look like. In general, respondents recognized that much of their assessment relied on the perceptions of people, including themselves, which were necessarily subjective and partial.

Furthermore, some caseworkers expressed concern over how intrusive the assessment process was for families. An investigator explained, "By the time that we... have to gather the

information that we need to gather to make a safety decision, we've pretty much talked to all of your neighbors, all of your household members... your schools, you know, so... is that fair to the, to the family? No, that's not." From this worker's perspective, the assessment might be viewed as a violation of the family's privacy due to the emphasis on gathering collateral information. This very much embodies what Khiara Bridges (2017) describes as the lack of privacy rights afforded to the poor, given that the vast majority of families reported to the system are low income. For caseworkers, it was somewhat of a double-edged sword. As noted, there were significant strengths to gathering so much collateral information, since doing so allowed the caseworkers to obtain a more holistic and comprehensive assessment of the family. On the other hand, the process could be very intrusive for families; by the very nature of conducting collateral interviews, caseworkers were inadvertently notifying the family's contacts that they were the subject of a child welfare investigation. While some caseworkers did not seem particularly bothered by this intrusiveness, others were troubled by the impact on families and questioned whether the ends justified the means. The sense of violation families experienced could also fuel further resistance to cooperating with child welfare professionals.

Perhaps most surprising and concerning, however, some child protective investigators flat out rejected the ideology behind the new practice model precisely because of its emphasis on more comprehensively understanding families. Whereas case managers generally tended to conceive of their role as social work, investigators were more likely to see their role as limited to investigation and did not necessarily identify as social workers. Many investigators described themselves as "first responders" and emphasized their focus as assessing the immediate safety of children. The new practice model, however, embraced a stronger social work orientation, with many components, such as the more comprehensive family assessment process, that investigators

perceived to be outside their role and with which they did not feel comfortable. The following excerpt from one focus group illustrates this resistance:

CPI 1: [DCF is] making us more like a – from a psychological perspective, versus the, you know, the old way... Like, all right, well, I guess I have to understand you, sir... I don't want to understand you.

CPI 2: It might be a social service, but our title is investigator, and it's not social worker.

CPI 3: But they're trying to make us a social worker.

As this conversation demonstrates, many child protective investigators viewed their position as being more along the lines of law enforcement rather than social work, and in some cases were clearly antagonistic to the notion that they should be more aligned with social work. In other focus groups, child protective investigators were not quite so explicit in their opposition, but expressed that they did not possess the qualifications to conduct the kind of psycho-social assessment that was expected under the new practice model, nor were they provided with adequate resources and supports to take on this role. Many investigators, and even many case managers, did not have backgrounds or degrees in social work. To this day, the state does not require caseworkers to have a social work degree, although it is considered a preferred qualification. For a considerable portion of caseworkers, then, the only preparation they receive is the ten-week pre-service training they complete when they are hired. Clearly, a ten-week training program cannot be expected to provide workers with the same skillset and qualifications that one acquires through a four-year degree program, and indeed most respondents described the training as wholly inadequate in preparing them for the actual work and expectations of the job.

Even among case managers, who were more likely to perceive their role as social work, there were substantial concerns about their qualifications to conduct the kind of assessments necessary to understand the needs of children and families. In particular, case managers expressed that they had limited knowledge and education on mental health issues and did not

receive training in this area. Through the family functioning assessment, however, they are expected to assess the mental, emotional, and behavioral health and functioning of both the children and parents, as these comprise components of the holistic conception of child safety. Yet neither the assessment tool nor the operating procedures provide specific guidelines about how to assess these domains, such as criteria for determining whether functioning is normal or indicative of having an unmet need. The portion of the assessment dedicated to ‘child need indicators,’ for example, simply lists a set of broad categories (e.g. emotional/trauma, behavioral, development, etc.) and asks the caseworker to rate each category using a letter-grade scale, where ‘A’ indicates the child is functioning well and has no identified needs in that particular area, and ‘D’ indicates the child has substantial needs requiring immediate attention. There are no additional screening or assessment tools identified in the operating procedures for caseworkers to use, other than the FFA, in conducting their assessment. The implication is that caseworkers must use their own discretion to assess the behaviors and functioning of the family members to decide whether there are any indications of safety concerns, which seems to assume that workers know what to look for in making these assessments.

Since they lack the training and skillset to fully assess many of these aspects, case managers reported that they were largely dependent upon assessments provided by mental health professionals, yet these were not always provided in a timely manner, if at all. A significant challenge, for example, was that while all children placed in out-of-home care are required to receive a Comprehensive Behavioral Health Assessment (CBHA) from a qualified professional within thirty days of their removal (CFOP 170-1), there is no such requirement for children who remain in-home with safety management services to receive a CBHA. Since it is not a requirement, most children receiving in-home care do not get a professional behavioral health

assessment unless the case manager identifies a concern. Without the appropriate skillset to assess mental and behavioral health needs, however, these issues may go unidentified.

Furthermore, since children do not get sent for an assessment until *after* a removal decision has been made, child protective investigators are unable to benefit from the use of professional assessments and must rely entirely on their own assessment, despite their lack of training or specialized skills. These challenges were even more pronounced when it came to assessing parents, as there were no universal professional assessments that all parents receive; rather, it was up to the caseworker to first identify the parent's needs, and then they could send the parent for a professional evaluation if appropriate.

Another challenge that caseworkers experienced with implementing the practice model was uncertainty about some of the nuances involved in assessing danger threats and making safety determinations. In particular, focus group conversations suggested that not all workers understood the distinction made in the practice model between safety and risk, or the correct procedures to follow based on their assessment results. One area that seemed to cause considerable confusion for investigators was with regard to assessing 'present' versus 'impending' danger threats. The concept of present danger appeared to be fairly clear among workers, but impending danger was more difficult to comprehend and distinguish from risk. The following statement from one case manager, for example, illuminates the uncertainty participants expressed about what actions they were able to take with regard to impending danger:

I find it difficult as a professional, um, to assess the imminent and impending danger. You know, we have this safety plan to cover our behinds, you know, and I find that very difficult, that I can remove all day for that, you know, immediate safety, but because I – you know, it may happen in two months, that's impending, you can't really do anything on that. And so I find it challenging to deal with that transition.

This account reveals a misperception that the child welfare system was essentially powerless to enforce family interventions when impending danger was identified, and seems to confuse impending danger with risk. In contrast to this perception, the child welfare operating procedures clearly dictate that a child who is exposed to impending danger is considered unsafe, and therefore the child welfare system has authority to mandate intervention, whereas a family whose child who is determined to be safe but at risk of future maltreatment, based on characteristics of the family that are statistically associated with the occurrence of child maltreatment, does not require mandatory intervention but may be referred for voluntary services. To establish impending danger, caseworkers must be able to clearly describe the danger threat and demonstrate that the child will be harmed in the foreseeable future if no intervention is taken. Numerous caseworkers, however, described difficulty in articulating the presence of impending danger threats in a way that met the established threshold criteria, which left them feeling as though there was nothing they could do, despite their sense that children were in danger. To what extent such children were actually in danger, or simply ‘at-risk,’ could not be ascertained through the focus groups, but clearly the ambiguity between risk and impending danger posed serious problems for caseworkers attempting to implement the assessment procedures.

Investigators also struggled with the influence that a family’s prior history, or lack thereof, had on the significance of the safety and risk assessment results. Especially with regard to the risk assessment, workers felt that too much emphasis was placed on a family’s past, rather than focusing on the current circumstances in the home. For example, if the family has been the subject of previous child protective investigations, regardless of whether or not they were substantiated, these are counted against them in determining the level of risk. If the parents themselves were the victims of abuse or neglect as children, or if a parent has *ever* suffered from

a mental health, alcohol, or drug problem, these are all also counted as risk factors. As a result, many families are classified as high risk for maltreatment simply based on past history rather than current conditions in the home. While services are not mandatory for families who are at-risk but whose children are safe, they are strongly encouraged to participate in voluntary prevention services, at times in ways that are highly coercive and place families at increased risk of further child welfare intervention. The topic of coercion is explored in further depth later in the chapter.

Furthermore, there was a sense among some investigators that the new assessment process simply resulted in delaying decisions that were viewed as inevitable. In one focus group, for example, there was frustration expressed that investigators were putting significantly more time into their job and still “getting to the same place... All your shelters that you would have sheltered before you’re sheltering now, and vice versa. You know when you have a shelter.” In other words, investigators felt that they knew when a child was safe or unsafe, and did not perceive that the new assessment process had any impact on their decisions regarding child safety. Rather, they viewed the requirements of the assessment process as an unnecessary burden that simply drew out the decision-making process. In other focus groups, it was further reported that this process actually produced delays in the initiation of services that could help to ensure child safety, as expressed in the following narratives:

Normally when we first get there, quote unquote with methodology, we’re not supposed to be looking at what type of services to provide. We’re supposed to get out there and obtain all this information and then talking to relatives, talking to neighbors, and everything to come to this conclusion 14 days later asking what services they need. But by being here for a while you automatically, and by working this job you automatically go out there, you sit down and by looking at different things you can see what the family needs by just talking to them, and the kids and the behavior is and everything like that. So from the job you – you can already know and then you just talk to the families ask them ‘Okay, if I put this in will this help you out?’

But it's also frowned upon to say, well, upfront we know what services are needed; per methodology we're supposed to gain all of this information and then at the end we're supposed to determine what services. Sometimes we go out there and we're like 'I know exactly what you need.' But we're not allowed to say that because that's not what methodology wants. We want to gain all of this information and at the end we all come to a decision of what the family needs.

This appeared to be another area where a considerable disjuncture arose between policy and practice, with significant ramifications for child safety. Many investigators perceived that they were required to complete the Family Functioning Assessment prior to making any service recommendations or referrals. Administrators at the Department of Children and Families pushed back against these statements, insisting that this was not the policy and that the practice model allowed child protective investigators to refer families to services while they were still completing their assessment. The reality that caseworkers encountered in the field, however, was quite different. In fact, some even reported that they had service referrals rejected by providers because their assessment was not complete. This can result in delaying services for families, since assessments could take anywhere from thirty to sixty days to complete. For those in need of immediate intervention to address safety concerns, such delays may result in the removal of children who might otherwise be maintained in the home with appropriate services.

### **Removal Decisions**

After a child has been deemed unsafe, a decision must then be made about whether the child should be removed from the home, or whether their safety can be ensured in the home with the implementation of safety management services and a safety plan. Responsibility for making these decisions falls upon child protective investigators. As case managers explained during focus groups, although they continued to assess children's safety on an ongoing basis after the case transferred to them, only child protective investigators had the authority to make removal

decisions. Any safety concerns identified by the case manager, therefore, must be reported to DCF to investigate the claims and assess whether removal was necessary. This could, at times, be a source of contention if case managers and investigators held differing perceptions of the safety threats posed to children. Frustration was expressed by case managers that they had no role in the decision-making process. If they felt an in-home case warranted the removal of a child, they had to file an abuse report and wait for a decision from DCF. They did not always agree with the decisions reached by investigators, furthermore, but found themselves stuck dealing with the consequences of those decisions, such as being responsible for ensuring the safety of children left in the home.

Removal decisions were not made by investigators in isolation, however. Across focus groups, it was reported that decisions about whether or not to remove children entailed a joint decision-making process among, at the very least, the investigator assigned to the case, their supervisor, and a representative from Children's Legal Services (the attorneys who represent DCF on child welfare cases). Higher level administrators from the DCF office might also be brought in as needed, particularly if there was disagreement on how to proceed. This process was actually a considerable departure from how removal decisions were made prior to 2014. Whereas it was reported that in the past investigators had the authority to make removal decisions on their own, they are no longer able to do so. While this procedural change would appear to provide the benefit of creating greater shared accountability, lifting the burden from investigators of being solely responsible for such a grave decision, many participants did not view it that way. Among child protective investigators, there was substantial frustration over a perceived diminishing of their power. As one investigator explained,

We're not allowed to make our own decisions anymore... if I want to remove a child, I have to go through you, then through you, do a phone call with all of you,

and then do another phone call with somebody else. All while I'm standing in a house where people are screaming at me because they're really mad at me 'cause [of] what I'm trying to do. It used to be... I could make that decision and I feel like a lot of it [has been] taken away from us.

This sentiment resonated across numerous focus groups with child protective investigators and was a source of much contention. Although some participants acknowledged the benefits of the additional oversight, for many seasoned investigators it was perceived as an unnecessary burden that obstructed the removal process and even a personal affront that their professional judgment was no longer to be trusted.

According to DCF policy, furthermore, child welfare professionals were directed to implement the least intrusive intervention necessary to ensure child safety, with removal being reserved as a last resort. As described previously, this ideology was echoed repeatedly throughout focus groups. In theory, this meant that caseworkers should pursue in-home interventions first and foremost, with policy further specifying that they “must make reasonable efforts to prevent a child’s removal” (CFOP 170-7). This did not appear to play out in practice, however. The heightened emphasis on ensuring safety at all costs that came with the 2014 policy shift created greater impetus to remove children out of an abundance of precaution while continuing to pay lip service to the concept of family preservation and taking the ‘least intrusive’ approach. Through the Family Functioning Assessment, investigators were in fact gathering and documenting the evidence necessary to support a removal decision; by implementing a more comprehensive and far-reaching assessment process, DCF was ensuring that investigators would be more likely to uncover ample justification to remove children. Meanwhile, there did not seem to be a strong focus on holding workers accountable to demonstrating due diligence in “offering, arranging, and providing all needed in-home safety plan services” to prevent removal, despite the fact that such requirements were stipulated in policy (CFOP 170-7).

Along these lines, numerous focus group participants expressed that, ultimately, removal decisions were driven by Children’s Legal Services and whether or not their attorneys could find legal sufficiency to remove the children. Once adequate evidence was gathered to support a determination that children were unsafe, removal was often a foregone conclusion. During one focus group, for example, when further pressed as to whether they ever attempted to implement court-ordered in-home services with families before reaching the conclusion that removal was necessary, the participants stated that if they had sufficient evidence to file for court-ordered services, they simply proceeded with removing the children because the same burden of proof was required. Such practices stood in clear contrast to official state policy. Unless the judge hearing the case was particularly savvy with regard to the provisions of the practice model, or a staunch advocate of family preservation, the petition for removal was unlikely to be questioned as long as the evidence presented met the criteria for legal sufficiency.

Another factor impacting removal decisions was a lack of available resources to address the broader scope of problems being identified through the Family Functioning Assessment. Many communities lacked a robust array of services to address identified safety concerns. In particular, lack of intensive family preservation services provided in the home was a barrier in many areas of the state, as were limited availability of substance abuse treatment, comprehensive mental health services, and assistance for families impacted by poverty. An investigator expounded,

We’re supposed to learn more about these families, get more in-depth with them, and learn all of their problems. So, by all these new questions that we’re asking, so we learn all of these problems that these families are having. We don’t have the resources in [County] to help these families, so we end up removing them. Like, I feel like methodology, we removed more kids when we rolled out methodology than what we ever have in [County], because we found out what the problems were, which was great. That’s the whole purpose of methodology. But we have nothing to fix that, so what did we do? We removed.

As this investigator's narrative suggests, the benefits of the new assessment process in enabling caseworkers to learn more about the comprehensive needs of their clients were overshadowed by the inadequate resources to address those needs. Limited availability and capacity of the services that did exist frequently resulted in long waitlists and delays in initiating services, which could mean the difference between being able to implement an in-home safety plan and needing to remove a child, since immediate services may be crucial to ensuring the child's safety. A child protective investigator alluded to this dilemma, stating, "I feel like, we probably need more funding for that [diversion services] because they're full... so if they're full and they're not accepting anyone, then I have no choice but to remove a child if I can't get them in the home to prevent a removal." If services were not readily available, child protective investigators might be reluctant or unable to keep the children in the home, since the availability of sufficient safety management services was a pre-requisite for establishing an in-home safety plan.

Even leadership at DCF acknowledged that a major limitation of their family preservation effort was the failure to develop the necessary array of in-home safety services (Miller and Burch, 2014a). While the provision of safety management services was incorporated as a component of the new practice model, responsibility for developing this service array was largely left to the Community Based Care agencies, and generally without the provision of additional funding. With many agencies already stretched thin and even running into deficits (Beall, Chen, and Salman 2020), development and expansion of the service array took a back seat in many communities. A significant consequence of the child welfare practice model, therefore, whether intentional or not, was an increase in removals, as many investigators felt that in the absence of services, their only option to ensure safety was to remove children. This was not a fault in the logic of the practice model per se, as numerous caseworkers expressed, but an

issue of insufficient resources to adequately support the child welfare practice model. I will return to the issue of inadequate community resources in Chapter 9 when I delve further into the structure of the child welfare system.

This picture becomes further complicated, and the meaning of child safety even more ambiguous, when state data on the reasons for child removals are reviewed. If, as the state claims, removal is a last resort reserved only for situations in which children cannot remain safely in their home, and safety is defined explicitly as the absence of maltreatment, then it stands to reason that children should only be removed if there is a verified maltreatment, based on the definitions laid out in the Maltreatment Index (CFOP 170-4). It is not clear that this is the case, however, based upon DCF's own reported data, available to the public in their online data dashboard. These data from the most recent complete state fiscal year (2019-2020) are presented in Table 3. There are some clear discrepancies in the maltreatment types listed in the dashboard and those listed in policy. For example, neither 'physical abuse' nor 'emotional abuse,' both of which appear as maltreatment types in the dashboard, are listed as maltreatment types in the index, which instead includes 'physical injury' and 'mental injury.' Similarly, 'physical neglect' is not listed in the index, nor is 'caregiver inability to cope,' the definition of which is entirely unclear from the dashboard and not provided anywhere in DCF policy documents.

These discrepancies muddy the water as to what exactly constitutes maltreatment when it is not consistently defined. Furthermore, the data also make clear the fact that children are not always removed based on the presence of maltreatment. Specifically, the data indicate that a number of children are removed because they are afflicted by severe behavioral or physical health issues, which the parent(s) is presumably unable to manage. The fact that the child's issues, and not a behavior or action on the part of the parents, is listed as the reason for removal

on these cases suggest that the investigator did not find evidence to verify maltreatment. It would seem, then, that the operationalization of child safety is in fact more complex than the definition provided by DCF, and is not actually limited to merely an absence of maltreatment.

*Table 3. Reason for Removal, Florida Child Welfare Data, State Fiscal Year 2019-2020*

<b>Maltreatment Domain</b>	<b>Specific Maltreatment/ Removal Reason</b>	<b>Number of Children</b>
Abuse	Physical abuse	1,729
	Emotional abuse	0
	Sexual abuse	509
	<b>Total</b>	<b>2,238</b>
Neglect	Physical neglect	432
	Medical neglect	564
	Inadequate supervision	3,139
	Inadequate housing	1,829
	Abandonment	1,022
	<b>Total</b>	<b>6,986</b>
Caregiver Capacity/ Home Environment	Substance misuse	7,760
	Domestic violence	3,336
	Caregiver inability to cope	2,351
	Incarceration	961
	<b>Total</b>	<b>14,408</b>
Child Behavior/ Health	Child behavioral issues	307
	Child disability/physical health issues	96
	Child substance abuse problems	185
	<b>Total</b>	<b>588</b>

Furthermore, numerous caseworkers expressed the perception that inappropriate safety and removal decisions were frequently made. Interestingly, these concerns had a dichotomous nature, with some participants emphasizing a belief that unsafe children were left in the home who should be removed, while others underscored a belief that too many children were removed unnecessarily. These discussions were most prevalent among case managers who, as noted previously, did not have an active role in removal decisions. In one focus group, for example, case managers expounded on their concerns about DCF’s decision to refer families with significant safety issues to a voluntary intensive family preservation program. A case manager explained,

There's been such a push for so long [by DCF] to keep kids in the home and not remove that [the program] is now getting cases where it's a clear-cut, everyone knows it, it's a removal. Like the – it's – it's unsafe... we feel the next time we see this child, they will be dead and it's clear. But we're still handling those on a voluntary basis.

Another case manager added that, "And I feel like once they make that decision, 'We're not gonna remove, we're gonna put in [program],' then that – that's it... it's hard to get them back onboard with, 'you still have the ability to remove the child.'" As this conversation suggests, there was a perception among some caseworkers that the emphasis on family preservation and reducing removals from DCF had resulted in a failure to adequately address child safety. The fact that caseworkers indicated families with children who were determined to be unsafe were referred to voluntary, rather than mandatory, services clearly contradicted what was stated in policy. In another focus group, case managers similarly expressed that they "often question a lot of their [DCF's] decision making" and described it as "extremely nerve wracking" to have children in situations that the case manager felt was unsafe. Interestingly, these concerns were reported by case managers in counties with removal rates that were both higher and lower than the state average.

On the other hand, there were also case managers who felt strongly that children were being removed unnecessarily. An example is provided in the following focus group excerpt:

I just feel like we're just sheltering kids, and I also just feel like they just shelter kids instead of putting services in the home and helping the parents and trying to be more supportive with the parents and just snatch them out automatically, and it's not fair. I just feel like most... majority of the families that we do get, of course, some of them need to be sheltered, but majority of the times, some of those parents can be, like, you know, babied a little bit, and you can help them. You don't have to automatically shelter them, 'cause something extreme happened. And I just feel like, um, they get snatched out completely fast. Like, I don't... I don't understand.

In contrast to the previous excerpt, this conversation indicates a perception that insufficient efforts were made upfront to try to keep children in the home before resorting to the removal of children, and that many removals could be prevented through greater use of in-home services. That such diverse perspectives emerged across focus groups suggests that child welfare practice, particularly with regard to removal decisions and the use of in-home interventions, is highly variable throughout the state. A number of focus group participants indicated, furthermore, that at times child protective investigators may actually alter or modify their assessments in order to obtain the decision that they want. For instance, an investigator might override a safety assessment in which a child was deemed safe in order to refer the family to an intensive in-home service program that only accepts families where children are considered unsafe.

### **Lack of Confidence in Safety Planning and Services**

A general preference towards removal was further evidenced through focus group discussions about safety planning and the effectiveness of in-home safety management services. Caseworkers described safety plans as the primary strategy for trying to maintain children safely in the home and address identified safety threats while working with families. Any child determined to be unsafe but remaining in the home must have an active in-home safety plan in place, which must describe specific actions or interventions that will be implemented to keep children safe from the specific danger threats identified through the family assessment (CFOP170-7). Typically, these plans involved implementing a combination of formal and informal services and supports. For example, formal services might be provided in the form of an intensive family preservation program where a caseworker comes out to the home several days each week to check in with the family and provide targeted interventions to address identified needs, such as parenting education or addressing environmental hazards in the home. The family

might also receive formal mental health, substance abuse, domestic violence, or childcare services, depending on their specific needs. Informal supports, on the other hand, might include engaging a relative, neighbor, or friend of the family to serve as a ‘safety monitor’ who checks in on the family each day to ensure the children are safe and supports the family in following their case plan. A case manager offered the following overview of the considerations that went into safety plan development:

Similar to if we’re making a determination for needs to remove, you know, can we safely plan around that issue? If we can, then we’re going to safety plan. Are there family members around who can help alleviate that? Will there be people who could check in on them? Um, is there a service provider who can come into the home who will also be there to monitor whether or not these things are happening? Is that child old enough to, you know, self-report or do any of those things? Um, do we need to go to the home more frequently? So, maybe we need to be in the home twice a week, and making sure that everything’s okay. Um, do we need to check on the kid at school, so we can have these private interviews to know that things are happening as we say that they’re happening?

As this narrative suggests, safety planning involves a very thorough process of identifying specific individuals, services, and strategies that can be used to mitigate against the dangers posed to children in the home and hold families accountable to ensuring safety. Respondents further identified that certain conditions must be met in order to implement an in-home safety plan. These criteria, which are specified in DCF’s safety planning policy (CFOP 170-7), include (1) the ability to control the danger threat to children with available safety services, (2) having a ‘safety manager’ in place, meaning a non-offending family member or a professional who can ensure the safety of children, (3) having the family’s agreement to cooperate with the safety plan and all identified services, (4) the home environment is “calm and consistent enough” to implement the safety plan and have providers in the home, and (5) the family has a physical location in which to implement the safety plan. As with definitions of safety, these criteria were rife with ambiguities, such as what exactly qualified as “calm and consistent enough,” or what

precisely could be considered an appropriate “physical location” to implement a safety plan. One investigator recalled attempting to implement a safety plan with a family living in their car, for example, having been instructed that this counted as a physical location.

Meeting the necessary criteria to establish an in-home safety plan was arguably difficult, not only due to the ambiguous language of the policy, but also due to the limited availability of services described previously. Even when the safety plan requirements and services were in place, however, case managers and child protective investigators admitted that they worried about those children a great deal, much more so than they did about their children in out-of-home placements. Many expressed feeling that safety plans were frequently insufficient and failed to fully alleviate their concerns. Although on paper the plan might abide by all the protocols and address all the established requirements, caseworkers were skeptical about the extent to which this actually ensured the safety of children.

Caseworkers reported a variety of specific challenges encountered in the field regarding safety plan implementation and maintenance. First, despite DCF’s efforts to create more rigorous requirements, many caseworkers continued to feel that safety plans were largely promissory in nature, meaning they were based upon a promise by the family to comply with the plan. Although the family’s agreement to cooperate was only one of several requirements specified in policy, caseworkers still perceived this to be the linchpin upon which safety plans were based. Furthermore, they reported that it was extremely difficult to monitor compliance with the plan, particularly since they often did not have enough time to check in with the family as often as they felt they should. This meant that they relied heavily on the ‘safety manager’ identified for the case, however, caseworkers were sometimes skeptical of these individuals as well, especially if a family member was serving in this role.

Along these lines, it was clear from a number of discussions among investigators that personal beliefs and biases towards families could have an effect on their decisions about whether or not to attempt to implement a safety plan. While caseworker perceptions of system involved families are explored in greater depth in the next chapter, a few findings are important to note here as they directly relate to these decision-making processes. Numerous caseworkers exhibited an inherent distrust towards family members who were called upon to serve as supports for safety plans. They perceived family members to be largely unreliable, expressing, for example, that if no one from the family was intervening prior to the state stepping in, how could they be trusted to do so now? Additionally, some respondents indicated that a personal history with the family could have a significant impact on case decisions. In one investigator focus group, the following transpired:

CPI 1: If they have a bad history and they've screwed me over in the past, I'm taking the kid, you know.

CPI 2: You're taking the kid, you're not going to safety plan... I don't like safety plans. They never work.

This conversation suggests that an investigator's past experience with a particular family can have a significant influence on how they view and assess the family's current situation. Rather than approaching the family from a clean slate, the investigator is likely to bring previously formed impressions to the new investigation, and may be unwilling to offer the family a fair chance. These and myriad other comments revealed a considerable degree of distrust towards families and a lack of confidence in the safety planning process, both of which contribute to investigators' hesitance to try in-home interventions.

Caseworker resistance and concerns were not simply founded on biases towards families, however, but were also fueled by negative experiences. Investigators and case managers alike reported having had the experience of safety plans that fell through and ultimately led to the

removal of children. Participants further lamented that when a removal occurred after more than one ‘failed’ safety plan, they were frequently reprimanded in court for not taking action sooner. Conversely, the Court might question the reasoning for removal after so much time had passed, making it more difficult to convince the Court that children were unsafe. Not only did these experiences create further discomfort among caseworkers towards the use of in-home safety plans, but they also raised another concern for front-line workers – the fact that they were generally held solely accountable for safety and removal decisions. This caused great frustration among respondents. As one case manager explained,

We don’t make the decis[ions]... like we present everything to the Courts and to the judges and they make the decisions, so ultimately, the case manager’s not deciding whether to keep the kid in home or not, you know. But we get blamed for everything that happens.

For case managers this was especially infuriating, as they had no authority whatsoever with regard to removal decisions. Even for child protective investigators, though, there was pushback against the notion that they were fully responsible, since removal decisions were made jointly with supervisors and the attorneys from Children’s Legal Services, and furthermore had to be granted by the Court. In their experiences, however, the Court rarely demonstrated an understanding or acknowledgement of these nuances. The injustice, from the perspective of caseworkers, was that they did not have control over these decision-making processes, and at times disagreed with decisions that were made, yet ultimately they were the ones who came under fire for those decisions.

A final issue related to caseworkers’ concerns about the use of in-home interventions and safety plans, focus group participants also exhibited a persistent belief about children being unsafe despite a lack of evidence. It was widely reported across focus groups that there were certain cases in which the investigator or case manager strongly believed children were in danger

but did not have sufficient statutory evidence to substantiate abuse or neglect. These cases caused a great deal of concern and frustration over the inability to prove something that in fact amounted to a feeling that a caseworker had, which seems to reflect the privileging of professional judgment as well as the influence that concerns over liability have on casework practice, as noted in previous research (Scherz 2011; Reich 2005; Lindsey 2004; Roberts 2003). Speaking to this issue, a caseworker relayed, “So that’s unfortunate, because you know, you have that gut feeling something is wrong, the children are lying, the parents are lying, but then there’s no handprint on their face or there’s no disclosure, so we have nothing to go on.” It was unclear from this and similar statements how it was that, without any evidence to base such assertions on, caseworkers came to believe families were lying and children were unsafe.

Moreover, as the above statement implies, many caseworkers expressed a heavy reliance on intuition over evidence. Consequently, they often felt frustrated by the burden of proof that was required to remove children or at the very least mandate non-voluntary services, despite their emphasis presented earlier that removal should be a last resort. At times, this resulted in caseworkers spending extra time and energy trying to obtain the evidence they needed, as the following excerpt suggests:

CM 1: Or you just spend your time... when you’re not spending the time on the new case, you spend your time calling the schools, checking to see if the kid is still at school, going by the house in the afternoon. That’s what I had to do...

CM 2: You’re basically trying to trick ‘em and catch ‘em.

CM 1: That’s what I had to do.

CM 3: But sometimes, you can’t.

Despite state efforts to create a more standardized child welfare practice with clearer requirements for evidence to justify system involvement, these findings reveal that caseworkers continued to privilege their personal judgments and ‘instincts’ in assessing the safety of children.

Thus, if a caseworker had a ‘hunch’ that a child was unsafe, they might continue to pester the family, against protocol, in an attempt to obtain the evidence required to prove their suspicions were correct. An inability to find evidence of safety threats did not dissuade caseworkers from these convictions.

Liability appeared to be a major contributing factor. Expressions of the fear that something bad might happen abounded in focus group discussions. For example, a caseworker reported constantly feeling “just really worried about, you know, you don’t want to hear on the news that that child is dead.” Another described feeling that, “I wouldn’t be able to live with myself if something happened, um, to a child, because I wasn’t doing enough for that family. I would feel too responsible.” Addressing her colleagues in one focus group, a case manager stated, “I guarantee every one of you all, like, you’ll be doing something random with your family or your friends, and something will pop into your head, and you’re like, oh... is this kid okay right now?” Another case manager similarly relayed, “There’s nights that... after leaving a home, you, like, your stomach’s in such a knot that you just, you know that you need to do something and you can’t.” Liability was a substantial issue that appeared to greatly influence casework practice, perceptions of safety, and decision-making processes, with many respondents expressing that they would rather err on the side of caution (e.g. remove the child) than take a chance with an in-home safety plan.

Even when caseworkers perceived children to be safe, it seemed that their fears were never completely alleviated. There was the constant worry that perhaps they had failed to detect some lurking danger. The following excerpt from a conversation among one group of investigators exemplifies this preoccupation:

CPI 1: I think the primary concern is human nature. Everyone is subject to their own faults. You could have a perfect picture or the allegations could be

completely frivolous, and you leave them in there, the next day mom and dad get in a fight.

CPI 2: Dead.

CPI 1: You know, people are unpredictable, and we can't control everything. So, I think there's always concerns.

From this perspective, child safety could never be entirely guaranteed due to the 'unpredictability' of the family sphere. Yet this same logic did not appear to be applied to foster families, a contradiction that is further explored in the next chapter. Caseworkers generally assumed that by removing children from their family of origin and placing them in foster care, children were safe, whereas children who remained in the home with their family were always potentially in danger. These perceptions were indicative of the biases many caseworkers held towards families who came to the attention of the child welfare system; even when the allegations against them were unproven, these families were still not to be trusted.

### **Ensuring Safety through Coercion**

Another prominent theme that emerged through focus groups with regard to operationalizing safety was the use of coercive practices by caseworkers. To a large extent, coercion was understood as an inherent aspect of the child welfare system. After all, most families did not invite state intervention into their lives, although there were occurrences of parents contacting DCF to request assistance. For the vast majority of families entering the child welfare system, however, it was not by choice. Not surprisingly, a number of caseworkers noted that the adversarial nature of the system fueled resistance, since families became involved by means of an investigation into their behavior, and their decision to cooperate with services was often predicated on the fear of losing their children. If DCF decided the children were unsafe, parents had little choice in the matter and frequently felt forced into services. In the words of one case manager, "When they're involved in the system, they're volun-told to do a lot of things."

Caseworkers found it could be difficult to get families on board with services in these circumstances. Often, parents were simultaneously coping with the loss of their children and reacting to the sense of powerlessness they felt as a result of their involvement with the system. Given the role of caseworkers in this process, parents may have difficulty viewing them as someone trying to help. Not surprisingly, family resistance to child welfare intervention was a common occurrence and described as one of the greatest challenges caseworkers faced.

The coercive nature of the system also fueled negative perceptions of child welfare, which abound in popular discourse, and further reinforced family resistance. Child protective investigators, in particular, expressed deep frustration over their public reputation. “We’re always the villain, though. It’s, like, you just kinda learn to accept it with the job,” one investigator lamented. “I don’t even turn on the news because they never say anything good about DCF. Like, they never talk about those kids that we save every day.” Furthermore, many families had prior experiences with the child welfare system, including involvement over multiple generations, which also shaped their attitude towards services. “A lot of our families, they’re generationally involved with the Department and they grew up with services being in the home and so... they have a jaded outlook of things,” a child protective investigator explained. Similarly, another stated that they often encountered families who “don’t trust DCF, they’ve had bad experiences in the past with the old system, um, so you have to overcome that.”

Across focus groups, child protective investigators struggled with the constant criticism they faced, receiving the blame if a child was not removed and subsequently died, while simultaneously being reproached as the people who take kids away. They were commonly reviled as ‘baby snatchers.’ This popular image of DCF stood in stark contrast to how investigators viewed their actual role. “We don’t need to be the evil people. We can be the people

that help you and support you. Like, that's what our families don't understand sometimes," a child protective investigator asserted. Case managers were similarly impacted by these negative perceptions of the system, despite being distanced from the actual removal decision. Families often did not understand the distinction between investigators and case managers, and therefore parents often blamed case managers for their children being removed. Speaking to this challenge, a case manager articulated that, "It's hard to break that stereotype and get them to understand that we're here for their support or we're here to support them so they can get what they need... A lot of times they come at us very angry, so you have to break that down before you team." Another observed, "It doesn't make providing services any easier when they already see us as somebody who's not on their team." Case managers were especially critical of what they perceived to be largely confrontational interactions on the investigation side of the system, and the way this affected their ability to effectively engage families.

Despite their critiques of these dynamics and objections to the negative depictions of them, caseworkers acted in a variety of ways that were highly coercive. One of the ways that coercion manifested was with regard to the use of voluntary versus non-voluntary services. Numerous child protective investigators described a process of trying to offer families 'voluntary' in-home services first, and if the family failed to comply with those services, proceeding with the removal of the children and mandatory services. This was problematic for several reasons. First, services were not actually voluntary if families were threatened with the removal of their children for non-compliance. Second, the child welfare practice model clearly states that if children are unsafe, services are non-negotiable; this means that offering 'voluntary' services to families with unsafe children, as countless child protective investigators acknowledged doing during focus groups, is a direct violation of DCF protocol. While

caseworkers can offer in-home services with a safety plan to such families, policy dictates that these services should never be offered as ‘voluntary’ if the children have been determined to be unsafe. Voluntary services are intended only for families whose children are safe but considered at-risk of experiencing future maltreatment.

It was apparent from focus group discussions that child protective investigators did not fully understand when it was appropriate to offer voluntary versus mandatory services to families. In fact, they often seemed to conflate voluntary services and in-home services as being one and the same, failing to understand that it was possible to implement non-voluntary in-home services with a safety plan. As noted earlier, many investigators indicated a preference to forgo any effort to implement in-home services if they have legal sufficiency to remove children. A primary reason for this appeared to be the greater leverage that removing children gave them to coerce families into compliance. A prevention caseworker who had previously worked out-of-home cases explained, “So, out-of-home was, you know, forceful. You had a little more authority with the family. They were willing to engage more because a lot of times they didn’t have their children. You know, they were willing to work to get them back.” While some were critical, many caseworkers viewed coercion as acceptable and even necessary, believing that removing their children was the only way parents would be motivated to comply with services. These beliefs were particularly prevalent among child protective workers, and suggest that despite the widespread agreement that removal was a last resort, investigators may in fact be resistant to try in-home interventions if they have the option to remove children.

Furthermore, in situations where voluntary services were offered and appropriate (for families whose children were safe but considered ‘high risk’), both child protective investigators and case managers expressed caution over describing such services as voluntary to families.

Child protective investigators were largely in agreement about avoiding the use of words such as ‘voluntary’ when referring families to services. Case management agencies, on the other hand, varied in how they approached these services; some respondents stated that they were honest and upfront in communicating the voluntary nature of services to families, while others indicated that their agency explicitly instructed workers not to inform families that participation in services was voluntary “because you’ll lose them.” A common perception was that if families were told that services were voluntary, they would not feel motivated to participate, and therefore it was necessary to mislead families in order to encourage their engagement.

In some jurisdictions, the practices described by respondents went beyond simple omissions or misinformation, and instead involved direct coercion that was carried out collaboratively between child protective investigators and case management agencies. Case managers explained that they would report back to the investigator if a family refused to engage in voluntary services, and ask the investigator to revisit the family to encourage, or compel, their participation. They also informed families that this was their procedure in an effort to implore their cooperation. A voluntary services caseworker provided the following illustrative example of a conversation with a parent:

The mom is like, “Oh, well, you do what you have to do but if you’re asking DCF to come back into my life because I won’t continue [with services], that’s blackmail.” And it’s a whole conversation. We’re like, “No, sorry. We’re sorry that you feel that way, but we did explain to you at the beginning if you choose not to continue at the beginning or at any point, this is what we have to do.”

This narrative demonstrates the use of coercive practices to compel families to engage in services that are explicitly intended to be non-mandatory. Numerous caseworkers reported that they commonly told families the only way to get DCF out of their life was to participate in services,

and would ask investigators to convince the family to cooperate if the caseworker was having trouble engaging them.

There were, of course, legitimate reasons why families might be hesitant to engage in voluntary child welfare services. A common explanation, according to caseworkers, was that families feared participating in services would make their household more vulnerable to further DCF intervention and potentially the removal of their children. Respondents acknowledged that families were not entirely off-base with these concerns; engagement in voluntary services brought additional eyes into the home, thereby increasing the surveillance of vulnerable families. Since caseworkers were mandated reporters, any indications of maltreatment that they observed had to be reported to the abuse hotline. The reality, then, was that agreeing to participate in voluntary services actually placed families at greater risk of losing their children, as it provided greater opportunity for child welfare professionals to observe the family and gather evidence of child maltreatment. Thus, the employment of coercive tactics to engage families in voluntary services ultimately supported the end-goal of ensnaring families into mandatory child welfare interventions.

### **Bureaucracy Gets in the Way**

A final theme that emerged in relation to operationalization concerned the ways in which bureaucratic processes and requirements at times interfered with or presented barriers to efforts to ensure safety. In this regard, caseworker critiques of child welfare policy implied that while there were many procedures and protocols in place to give the appearance of safety, objectivity, and accountability, this was largely just an illusion. While they understood the intentions behind the practice model, many felt over-burdened by what they perceived to be an excessive amount

of red-tape, rigidity, and statutory requirements, especially when these were coupled with exceedingly high workloads.

One complaint was that DCF policy was too rigid and “cookie-cutter,” not allowing enough flexibility for caseworkers to adjust their approach to varying family circumstances. There were times when caseworkers felt that certain protocols were unnecessary for particular families and simply created extra work, but they were required to handle every case the same way. For example, investigators found it frustrating that they were required to complete a full family functioning assessment even for cases where there was no indication of maltreatment. “The FFA just causes way too much work... and it’s ridiculous when there are no indicators of any abuse or neglect, and the family’s fine, [but] you still have to do that whole thing,” an investigator pronounced during one focus group. A suggestion was that there should be a briefer assessment for cases in which the maltreatment allegations were not verified, since it produced a substantial burden to complete a full assessment on a case that would be closed out as unsubstantiated. Comments such as these appear to indicate that investigators did not feel completing the FFA was necessary to determine whether or not a child was safe, and perceived the assessment to be a largely frivolous endeavor. Another example provided by an investigator concerned protocols that were implemented for substance-exposed children:

I mean they’ve been implementing new protocols recently, substance abuse, exposed children and stuff which I think sometimes work well and sometimes don’t. [LAUGH] Then you know, you spend the same amount of time and energy on a newborn who’s born addicted to heroin as you do one who is positive for THC and lives in a 300,000 [dollar] home with everything they could ever want, you know. But the same energy and time and resources go into both cases. And sometimes I don’t think that’s necessary.

Looking past the obvious class bias embedded in this statement (e.g. the assumption that the substance-exposed child living in a \$300,000 home is well-cared for simply because the family is

affluent), the concern of this investigator was that every case that met the substance-exposed criteria was required to follow the same protocol, regardless of the specific circumstances. This required extra work on the part of the investigator, which was not always perceived to be necessary if conditions within the family and home environment appeared stable and there was no ongoing concern about the child being further exposed to danger.

As the examples above demonstrate, some workers found the protocols imposed under the new practice model to be overly tedious. In another focus group conversation, investigators described the revised protocols in terms of being forced to ‘jump through hoops,’ as illustrated in the following excerpt:

CPI 1: I’ve been doing this job a long time, as everybody knows, and whenever I first started... I didn’t have to go through hoops. I didn’t want to leave a child unsafe. Now you got to go through all these hoops and run it over with this one, or run it over with that one. I mean, I would call my supervisor and give them the rundown of why I think the child needs to come out of the home. We made that decision in the field then and there. It’s just too much outside forces going into what you’re doing instead of critical thinking and judgment thinking that you’re doing out in the field.

INT: So, you felt like it was better when you had made some of those decisions more independently?

CPI 1: Yeah, and I’m not saying that we’re right on every situation. But that’s why you have your supervisors. But if I call my supervisor and I give them the rundown and then they tell me, maybe we just, let’s see this, this, and this. That’s fine. But if I got a critical situation and I got to a home, and I’ve done this before, I found a child that’s got bruises from his behind down to his legs, then that warrants it, I think, taking the child out of the home...

CPI 2: But then you got to call your supervisor and your PA and have the discussion, “Can I remove?” And then once you make that decision, then you got to make the other phone call and talk about, “Where am I gonna put this child?” And you’re talking to people that don’t know anything about the family whatsoever.

CPI 1: And get on a conference [call] along with everybody and his brother.

CPI 2: And in the meantime, the child’s somewhere, you know, in the house and you’re out in the car, who knows what, while you’re trying to take all these steps.

This conversation reflects a concern that the addition of too many bureaucratic processes could impede the timeliness of critical safety decision-making in the field. Investigators worried that precious time was wasted going through the process of clearing safety decisions and getting permission to remove children when danger threats were present. Meanwhile, children's lives were on the line. The need to strike a balance between competing priorities to respond swiftly to situations where children were in immediate and serious danger, but also ensure that least restrictive approaches were taken in situations where the threat to child safety was less severe is not easily achieved through bureaucratic procedures. The concerns expressed by investigators clearly suggest the need to be able to employ different responses based on the particular circumstances encountered, but doing so requires critical thinking and judgment, skills that often develop over time and with experience, which, in a field with high turnover, many caseworkers lack.

It was further expressed that the high degree of rigidity caused the child welfare system and the courts to become "bogged down," particularly given the increasing number of children entering into care. The perception was that sometimes cases got drawn out longer than necessary as a result of overly rigid protocols. Speaking to this issue, a case manager relayed the following criticism:

If you've got parents who are willing to do permanent guardianship, why do all this when you could just have somebody go and do the paperwork, get the court date, and be done with it? Why drag all of us into this when the parents have been in agreement with this for a while, and we still want to give them the opportunity to do the service? Why do that? Why bog everybody down with that stuff? Stop being so cookie-cutter... Why are we still mandated to keep a case open for six months of PPS [post-placement supervision]? That's still very cookie-cutter. Some families may not need that, but you're still mandated to do that. Why?

The overall critique posited here was that a "one-size-fits-all" approach to child welfare intervention created unnecessary delays to case resolution by impeding the ability to modify

protocols to differing family needs. Requiring cases to stay open for a minimum timeframe, for example, failed to consider that some families may require less time. Similarly, mandating case management services to try to preserve or reunify a family when the parents have already agreed to give permanent guardianship of the children to another caregiver simply prolonged cases for no reason. In such situations, parents could always petition the court to reopen the case at a later date, should they decide they want to pursue reunification. Caseworkers felt that, ultimately, these overly rigid protocols and procedures were not in the best interest of children or families.

Closely related to the issue of protocols being overly rigid, there was a sense that the system tended to be highly reactive. Whenever there was an adverse event, such as a child death or serious injury, it seemed a new protocol was implemented in response. Child protective investigators made this observation during the following focus group discussion:

CPI 1: And I think they're going back to something bad happened. There was a death and something wasn't done appropriately so therefore we're gonna do this way over here but every single case that meets that criteria.

CPI 2: And we can do things and still a child's gonna die. So, I mean we can't protect the future and what's gonna happen.

CPI 1: But you know, I think we get immediate reaction sometimes to those things where they go from here to here and here is too rigid for what we really need. There might be certain cases that need an RSF [rapid safety feedback] review. But not every case that, just because the kids are a certain age and they have so many priors or these things are happening. It's like no, you know?

The perception of caseworkers was that much of the DCF response was media-driven, rather than being driven by what actually best ensured safety. They conveyed that, most often, changes in protocol occurred following a negative story reported by the media. In fact, at times they were directly told that a new protocol was being implemented because a negative story was about to break. This was certainly the case with the 'Safety Methodology' practice model, which the state rolled out in the aftermath of an extremely damning investigative report, first appearing in the

*Miami Herald* in early 2014 (Miller and Burch, 2014a, 2014b), that highlighted dozens of child maltreatment deaths among families known to the child welfare system. It is important to distinguish that caseworkers did not object to the implementation of new protocols to better ensure child safety; what troubled them were overly reactive responses by the state to negative press coverage that seemed more like a public relations intervention than genuine concern for child safety.

Additionally, there were rigid requirements and processes for connecting families to services, which also had the potential to impede efforts to address safety. First, the initiation of services was rarely immediate. Even if the caseworker was lucky enough to identify a service without a waitlist, they first had to submit a referral to the provider, which then needed to be approved. After the referral was accepted, which could take several days, the provider had to complete an intake, and then several more weeks might pass before they actually initiated services with the family. A case manager summarized, “For the most part, most of our services... especially for our parents, they require finding authorization, some sort of intake, and then the initiation of the services.” As a result, the entire process of connecting families to needed services could be rather drawn out and subject to delay at numerous points along the way.

On top of this process, funding could present another barrier and create additional delays to service initiation. Families did not always have insurance or qualify for Medicaid, and even if they did, it might not cover all the services that they needed. Among many communities, availability of funding to assist families with paying for services was limited and required authorization from the lead child welfare agency, but caseworkers expressed that this authorization was often difficult to obtain. Caseworkers indicated that this was particularly true for families receiving in-home diversion services, which served as another incentive to place the

children in out-of-home care. “It's pretty much impossible [to get services for families] without health insurance, unless you go through like dependency, basically,” an investigator surmised. A number of caseworkers noted that there were times when dependency cases were initiated or prolonged just so the family could access services and resources. The fact that this was the only way for some families to receive critical services was deeply troubling and indicative of the way in which bureaucratic rules and restrictions actually create obstacles to ensuring the safety of children with their family of origin.

Moreover, many services had particular eligibility requirements that precluded some families from accessing the services that were recommended. A commonly cited challenge was that providers, or insurance plans, had certain diagnostic criteria that had to be met to qualify for services. Expounding on this issue, a case manager relayed, “And then when you contact a service provider, sometimes that client does not fit their criteria. So, okay, you go back to the drawing board. Who do we have? We don't have anyone else.” Similarly, an investigator voiced frustration that, “A lot of the services now are pretty much, like, they have to have a mental [health] diagnosis to qualify for their service. And okay, this family needs a little bit of a wraparound social service care [but they don't have a diagnosis]... Well, unfortunately, we can't help.” Medicaid was particularly notorious for their strict eligibility criteria mandating a diagnosis in order to cover mental health related services. This was extremely daunting for caseworkers trying to connect families to appropriate services, with respondents indicating that some families were left with no options if they did not meet the established eligibility criteria.

Another significant challenge experienced by caseworkers was the burden of paperwork, documentation, and reporting requirements, which contributed to a workload that was frequently described as unrealistic. The myriad assessments that caseworkers completed entailed extensive

write-ups of their findings and conclusions. Additionally, they had to document every home visit and communication with the family in their case notes, develop and routinely update case plans, collect and document evaluations and progress reports from service providers, and complete progress reports to submit to the Court for periodic judicial reviews. These requirements were coupled with tight timeframes for completing tasks. Caseworkers protested that there was “not enough time in the day” to complete all that was expected of them. “I mean, you could work seven days a week, 24 hours a day, and you’d still have stuff to do,” one case manager asserted. Another described the situation as “constantly playing catch up.” At the same time, caseworkers were admonished to avoid accruing too much overtime, leading to further conflict as they attempted to meet their deadlines while receiving contradictory messages about needing to keep their hours under control. The following excerpt from a child protective investigator focus group illustrated this challenge:

CPI 1: And then it’s like you’re expected to get this paperwork in. Like, I’m giving you all. I know things need to be documented, but it’s, like, you’re expecting so, so much. Like...

CPI 2: Then you have to justify why you – why you’re putting in overtime. However, you knew I got a shelter, you knew I had to do my COD, my home study, my court. I haven’t slept yet, I’m running on 36 hours right now that I haven’t slept, you know, and you’re asking me what again? I’m late to put in – I have a 15 day case due? Really?

High caseloads and understaffing further exacerbated the situation. Many caseworkers reported carrying higher caseloads than the maximum limit specified in policy. As one case manager described, “The amount of families that we have, the amount of kids that we have is almost absurd. Um, and to be able to do everything for every family, you know, to the level that’s expected is, you know, nearly impossible... you just feel like, you know, you’re spread very, very thin.” With the increased number of children coming into care following the

implementation of the new practice model, caseworkers saw a corresponding increase in their caseloads, despite the lower caseload recommendations that accompanied the policy shift. Rather than pour additional resources into hiring more caseworkers to accommodate the growing workload, pressure was placed on the workers themselves to manage their caseloads and keep their numbers down. If a worker's caseload was too high, they were increasingly pressured to find ways to close out their cases. This contributed to a perception that DCF cared more about "the numbers" and performance measures than they did about safety, as exemplified in the following discussion among a group of investigators:

CPI 1: But sometimes, you know, management focuses on the numbers... It's like, I don't care about the caseloads and your numbers, I care about these particular cases that I can't close but you don't want me to put time in them because I got to get my numbers down... don't say that you can only have 15 [cases] when I'm not spending time on the problem ones, I'm spending time on the easy ones to get them closed out so that my numbers look good and that's not child safety, you know. It isn't, not at all.

CPI 2: Have you had anybody come up to you and say, "Which four cases are really problem cases that we need to focus on to make sure these kids are safe?" Have you ever had anybody do that? No.

CPI 1: No, actually, no.

CPI 2: "Which four cases can you close this week so that your numbers look good?" Not, "Which four cases are blowing up? Which four cases really need some extra work so that they're not gonna come back in a month or two or three?" No.

The impact of high caseloads combined with extensive bureaucratic reporting requirements contributed to workers feeling overburdened. Caseworkers found they had to prioritize tasks and make critical decisions about what they realistically could get done. This meant that some cases might get more attention than others, the amount of time caseworkers could spend engaging with families was limited, certain tasks might be neglected altogether, and ultimately quality was sacrificed. In the words of one investigator, "Everybody's just found ways to cut the corners." Indeed, this was precisely what an investigative report by *USA Today*, released not long after I

had completed my fieldwork, found: caseworkers skipped and falsified home visits, fabricated case notes, lied about conducting interviews with parents and children, and omitted information such as children's healthcare needs and reports of abuse in foster care (Beall et al 2020). There was, furthermore, evidence that supervisors were not only aware that this was going on, but actively participated in the lying and falsifying of documentation.

These issues were further compounded by inadequate workforce preparation, with respondents averring that the pre-service training provided to caseworkers did not cover practical knowledge and skills. "Training is so different from the actual job. They have very little to do with each other, and I think that's kind of a problem," chided one case manager. "What they train you to do is they train you to pass the test," another case manager commented. "And then so after you pass the test, you almost need this like extra, like... Let's go through all the paperwork, how you fill out this form... None of that is explained to you." Across focus groups, caseworkers emphasized that most of the core mechanics, particularly the documentation and reporting requirements, were actually learned on the job as new workers began to receive case assignments only to discover they had no idea what to do. The convergence of a heavy workload, poor workforce preparation, and perceived unrealistic expectations eventually led to worker burnout and turnover. The fact that caseworkers were largely overwhelmed much of the time was a substantial impediment to their ability ensure child safety and greatly contributed to their anxiety over leaving children in the home when they lacked the time to thoroughly assess and monitor the situation.

## **Summary**

Overall, the data presented in this chapter suggest that assessment is not a clear-cut, 'black and white' process, but rather, one that involves ambiguities which must be interrogated

and negotiated by the caseworker to make a determination about what is ‘enough’ to ensure child safety. The subjective nature of this process produces inconsistencies in practice, whereby various caseworkers and even supervisors may interpret the same set of information differently and arrive at different conclusions regarding the appropriate decision. Thus, despite the intent to create greater standardization through the implementation of actuarial risk assessment tools, caseworkers experienced the process as highly subjective with the potential for safety decisions to vary greatly from one worker to the next.

Furthermore, a variety of disjunctures arose between what was written in policy and what caseworkers reported happening in practice. In particular, caseworkers had difficulty distinguishing between ‘safety’ and ‘risk,’ described inappropriate uses of voluntary services with families whose children were deemed unsafe, and endorsed various coercive tactics, some of which directly violated DCF procedures. These findings indicate that safety is not operationalized in a uniform way; rather, they illuminate the ways in which attempts to create greater standardization in assessment and decision-making processes remain susceptible to individual interpretations and judgments. The primary impact of the state’s effort to create standardization appears to be an increase in child removals, which is facilitated by the uncertainty surrounding the operationalization of safety. Moreover, bureaucratic processes were often experienced as overly burdensome and may actually pose barriers to caseworker efforts to ensure safety. The implication is that such policies serve primarily to create the appearance that the state prioritizes child safety, but whether they actually do anything to enhance safety is unclear.

## Chapter 7

### Victims or Perpetrators?

The previous chapter alluded to the fact that one of the factors that shapes caseworker assessments of child safety is their perception of the family. Through the child welfare system, the state privileges, promotes, and enforces particular ideologies of the family, parenting, and childcare that reinforce dominant power structures and pathologize families who are precluded from attaining these standards (Layne 2013; Berry 2013; Sedano 2013; Jensen 2013; Hinton et al 2013; De Graeve and Longman 2013; Rudzik 2011; Chary et al 2011; Tarducci 2011; Elegbede 2011; Barlow 2004; Hays 1996; Colen 1995; Ginsburg and Rapp 1995). This ideology is generally presented in neutral terms, but is in fact deeply gendered, racialized, and classed, assuming a nuclear family unit with mothers serving as the primary caregiver and having access to sufficient resources to prioritize not only children's basic physical needs, but cultivation of their cognitive, social, and emotional skills as well. These constructions of the family and parenting, as they are applied and negotiated by caseworkers, and the implications they have for those encountering the child welfare system, are the focus of this chapter.

The ways in which child safety and family preservation are constructed by the child welfare system in opposition to one another indicates an underlying assumption that the family, more specifically the type of family that comes into contact with the child welfare system, is inherently unsafe. This reflects the fact that these families by and large do not embody the ideal family imposed by the state, as I will illustrate through my analysis. The widely shared

perception held by caseworkers that their primary objective was to preserve families while also ensuring child safety meant that they must transform the ‘unsafe’ family into a safe space for children. Prior research has underscored the adversarial nature of the relationship between caseworkers and families, noting that the dual role of caseworkers as both agents of social control and punishment *and* agents of social change and rehabilitation throws them into direct conflict with the families they seek to help (Handelman 1987; Hughes 1987; Reich 2005). As noted in the previous chapter, this conflict was often viewed by participants in this study as inevitable, but also presented as a significant challenge to their ability to carry out their job effectively. They were far less cognizant, however, of the way their assumptions and attitudes towards families contributed to such conflicts, or the ways in which implicit biases shaped their perceptions and interpretations of families’ behaviors.

In the current chapter, I explore caseworker perceptions of system-involved families in greater depth to understand how these shape parents’ interactions with the system and the decisions that are made about whether or not they can provide a safe home for their children. My analysis critically examines the ways in which gender, race, and class-based biases are embedded within the system, and the extent to which these biases are internalized by caseworkers. In addition to analyzing the statements of caseworkers, I present two case studies from my research that illustrate the complex circumstances surrounding system-involved families and the ways in which the system often disregards and exacerbates layers of oppression imposed upon these families. As the title of this chapter suggests, my analysis explores diverse conceptions of system-involved families, and parents in particular, as not only perpetrators of child maltreatment, but also as victims of their environment and circumstances.

## **‘Good’ vs. ‘Bad’ Parents**

Ideas about parenting and childcare lie at the heart of the child welfare system. In particular, the system upholds a dichotomized view of parenting, by which there are ‘good’ parents and ‘bad’ parents. Although portrayed in neutral terms, the dominant ideology of ‘good parenting’ enforced by the child welfare system is built upon an educated, white, middle-class, heteronormative standard of parenting practice (Berry 2013; Sedano 2013; Jensen 2013; Layne, 2013; Hinton et al. 2013; Rudzik 2011; Tarducci 2011; De Graeve and Longman 2013; Colen 1995; Ginsburg and Rapp 1995). Embedded within this ideology are assumptions that families have the time and resources at their disposal to provide a safe and nurturing environment, ensure continual supervision, access quality healthcare and social services, engage in their children’s education, and support extra-curricular activities. This standard of parenting is largely unobtainable for marginalized families, as it is predicated upon a degree of affluence and education they do not possess and, furthermore, fails to recognize cultural variability in parenting practices or the nuances that may exist in parenting behavior.

Under this construction, parents who abuse or neglect their children are, by definition, ‘bad’ parents. Moreover, the data suggest that the categories of ‘bad parent’ and ‘maltreatment’ have become conflated within the child welfare system and are largely understood as one and the same among practitioners. As established in the preceding chapters, the process of determining whether a parent’s particular behavior constitutes maltreatment involves an act of interpretation on the part of the caseworker. Discussions that unfolded during focus groups further indicated that interpretations of a parent’s behavior, and whether or not it constituted maltreatment, were often informed by the caseworker’s pre-existing perception of whether the parent was a ‘good’ or ‘bad’ parent, perceptions which were largely informed by the family’s structure, socioeconomic

status, and prior history. In this way, caseworker interpretations of parental behavior reflected their internalization of state ideology about parenting. This was evidenced in how they spoke about system involved families.

‘Typical’ families who came into contact with the child welfare system, according to caseworkers, were characterized by poverty, single-parent households (usually headed by mothers) or young parents with few familial supports, limited educational attainment, chronic unemployment, and generational system involvement. These families were overwhelmingly described by caseworkers as deficient and dysfunctional, qualities which were seen as undergirding whatever issues were going on in the home. In discussing the reasons families come to the attention of the child welfare system, for example, a caseworker explained, “They may have children who have behavior issues and they’re acting out from maybe a dysfunctional family.” The presumption that a child’s behavior issues were the result of family dysfunction seems to be reserved for the poor; although children from middle- and upper-class families also experience behavioral health issues, their families are typically not described by professionals in this study as dysfunctional or blamed for the child’s issues. Additionally, many caseworkers emphasized that a majority of families they encountered were affected by multiple complex and interconnected issues, particularly intersections of poverty, substance abuse, mental health disorders, and domestic violence. There were typically a number of allegations and underlying issues contributing to safety concerns, which further served to facilitate the perception of families as dysfunctional or deficient.

In conjunction with the view that system-involved families were fundamentally dysfunctional, the use of disparaging language that characterized parents as uneducated, ignorant, irresponsible, or unfit was commonplace. In a particularly poignant example, a

caseworker asserted, “Sometimes people will say something and you’re just like, oh my god, like, you should not be a mom.” Another telling example came from a child protective investigator, who, in complaining about the lack of appreciation they receive from families, stated, “You know, they’re not gonna go out there and say, ‘Thanks for the hundred dollars to Walmart that I sold so I can buy more crack.’ I mean, it happens. I mean, those are things they do.” These comments clearly characterized system-involved parents as deficient and undeserving of assistance. At other times, caseworkers used more subtle, but still highly patronizing language. They spoke, for example, about needing to “hold their [clients’] hand” through the process or praise parents for completing “simple” tasks, such as calling to schedule an appointment. In talking about convening family team meetings, one caseworker stated, “It is our role to make sure that everybody plays nice and follows kindergarten rules.” Such ways of speaking about system-involved families were extremely condescending and reflective of caseworker beliefs about parental deficiencies.

Across a number of focus groups, furthermore, a widely held belief was that for some parents, having their children removed was like a “vacation” or “honeymoon” because it relieved them of their parental responsibilities. This reflected the belief that system-involved parents were inherently irresponsible, and also frequently invoked the stereotype that most system-involved parents were drug users. A common perception, for example, was that parents take advantage of having their children removed and go on partying sprees. While some parents undoubtedly do go on binges following the removal of their children, it was very telling that caseworkers perceived this as parents ‘enjoying a vacation from their children’ rather than as coping with the trauma of losing their children. The preconceived notion of these parents as ‘bad’ parents influenced how caseworkers perceived their every action and life circumstances.

A particularly prevalent perception indicative of the presumed deficiencies of system involved families was that they lacked a basic understanding of how a ‘normal’ family functioned. As one caseworker summarized, “A lot of times, the families we deal with don’t have an idea of what it looks like or what it feels like to be a family.” This was often understood in terms of problematic family dynamics that had been passed down from one generation to the next. “I think a lot of our clients, it’s the situation that they’re in is normal to them. That’s how they grew up. That’s how their parents grew up, and it’s a perpetuating cycle that they’re not able to get out of,” a caseworker explained. “Or some of ‘em don’t even see the need to get out of, which is hard. How do you sell a new lifestyle, or by certain standards a better lifestyle, without calling it that?” Here, the presumed superiority of the state’s standard is made explicit, and the family’s failure to achieve it is assumed to be grounded in their ignorance. Numerous caseworkers shared this view that family dysfunction was learned, and that ‘breaking the cycle’ of system-involvement was largely a matter of teaching these families the ‘correct’ way to parent. It is perhaps not surprising, given these beliefs, that parenting classes tend to be a staple service for the child welfare system.

The fact that poverty was largely understood to be synonymous with family dysfunction was also apparent in numerous focus group discussions. Among some caseworkers, poor families were perceived as lacking even basic parenting or nurturing capacities, in contrast to more socially and economically advantaged families. This is exemplified in the following conversation that took place among a group of child protective investigators:

CPI 1: It’s totally different if you have like two, you know, if you have like a bad incident happen and both parents are, like, professionals and stuff like that...

CPI 2: They only hit their kids once.

CPI 1: Fell off a polo pony. [LAUGH] But, you know. You know, a lot of times it’s just, they’re – the parents are so unstable.

The views expressed in the above conversation clearly privilege middle and upper-class parents, who are perceived as more stable and deserving of redemption if they occasionally mistreat their children. Although not stated directly, it was implied that these hypothetical parents were inherently ‘good parents’ by nature of the fact that they have white collar jobs and a two-parent family structure. By contrast, the ‘typical’ child welfare client – the poor, working class, single mother – was considered inherently unstable and deficient.

Some caseworkers further expressed beliefs that impoverished parents had a sense of entitlement and were more concerned with receiving economic and material benefits than they were about the well-being of their children. These views were rather pervasive, emerging across multiple focus groups. A child protective investigator claimed, for example, “The main thing, you know, with the parents’ [desire to have] the child, is the benefits and money that [the] child brings them.” This statement refers to the social welfare benefits, such as TANF and SNAP, that some poor families receive, invoking the trope of the ‘welfare queen’ who has children in order to game the system and live off the welfare of the state (Gilman 2013; Bridges 2009, 2007; Roberts 2003). Another caseworker complained that, “Sometimes they want just daycare. They’re not working or not even looking to work, and they just want us to give them a daycare because they just want to be sleeping... They just want to be home and don’t want the kids there.” Similarly, during a focus group with case managers, participants expressed frustrations over the expectations they claimed families have for the child welfare agency to pay for services and provide them with basic needs:

CM 1: So dealing with that like they feel entitled, they feel we have to give them a house.

CM 2: Mm-hmm.

CM 1: We have to give them furniture. We have to help them with their kids.

CM 3: Oh, yeah.

CM 1: But they're parents and they don't see that role. Once they said like, "Well, you said I was doing it wrong. You fix it. You give me everything and make me do better."

CM 2: You provide for me.

Along these lines, a caseworker in a different focus group relayed, "Anytime they ask for money, I say, 'Have you done a budget?' So, why don't they have enough money to pay the bills?"

Indeed, providing families with 'budgeting lessons' was reported in numerous focus groups, as though poverty were simply the result of poor financial management.

These narratives illustrate the ways in which caseworkers invoked long-standing stereotypes and capitalist rhetoric to blame the poor for their own impoverishment – namely, that they are inherently lazy, lack money management skills, and are simply looking for free handouts. The internalization of this ideology allows caseworkers to situate the blame squarely within the family for their circumstances and provides a rationale for limiting the amount of economic assistance that is provided. Although many caseworkers recognized the social and economic barriers to achieving the 'good parent' standard experienced by system-involved families, it was often precisely these 'shortcomings' that were viewed as the evidence of their parental deficiency, and thus justification for intervention by the child welfare system. As noted in the literature, there is an underlying presumption that certain individuals lack parenting skills due to their perceived moral failings on the basis of their poverty, criminalization, lack of a nuclear family structure, or other characteristics that do not conform to the state's ideology (Berry 2013; Sered and Norton-Hawk 2011). Thus, the 'instability' of system-involved parents was understood largely as a personal failing, rather than related to broader socio-economic conditions that limit opportunities and access to resources for certain families. The often multi-generational nature of system involvement provided further affirmation that the problem was endemic to the family itself.

Assumptions that child maltreatment was primarily the result of parents' inadequacies also manifested through caseworker discussions about the overarching purpose of the child welfare system. In addition to ensuring child safety, caseworkers described a related objective as strengthening and building the capacities of parents to care for their children. In the words of a child protective investigator, "It's about tools in the toolbox, right? ... Making sure our families that we work with have the right tools, the resources to handle whatever situation that comes across them." A case manager similarly articulated that a primary goal was to "increase parenting skills, so they can keep their children safe." Another investigator, speaking to the benefits of providing in-home child welfare services, stated, "It gives the parents an actual chance to learn." Echoing these sentiments, a family support caseworker voiced that, "A lot of them might parent the way they were raised, and which... might be something that they need help with." Underlying these narratives was the belief that individuals encountering the child welfare system needed to be taught how to be parents – that a lack of parenting skills and knowledge, and not structural inequalities, was the primary problem fueling child maltreatment.

Caseworkers furthermore expressed frustration that families frequently were "not willing to admit that there's an issue" and instead "blame the system." These sorts of statements provided further evidence that caseworkers were largely convinced of the personal failings of system-involved families. Evaluating parents' assessment of the maltreatment incident, particularly whether parents showed remorse and demonstrated an understanding of how their actions placed their children in danger, was described as an important component of the safety assessment process. Parents who denied the allegations against them or who refused to accept culpability for harm that befell their child were quickly labeled as uncooperative and incapable of ensuring the safety of their children. Numerous respondents communicated a belief that

families struggled with acknowledging or accepting that there was a problem. “The initial recognition is just very difficult for some people to handle, or realize, understand,” a case manager relayed. “And if people don’t recognize, and understand what’s going on... it’s gonna be a difficult journey, if you don’t understand what the issue, the core issue is.” Similarly, a family support caseworker expressed,

I think denial that there is a problem or that they need to make changes, and then I think they kind of sometimes make a lot of excuses around that... So I think there’s a denial, and... my job is to kind of open you up to, well, here’s what the reality is. You might feel like your child is safe, but clearly, we’re here for a reason, and understanding like ongoing, continued behavior, you might be in a worse situation.

Admitting they were at fault was essentially a pre-requisite for parents to even be considered as an option for the continued care of their children. There was no space for the possibility that a parent’s denial could be legitimate, that an incident resulting in harm to their child may have been simply an accident, or that there may be extenuating circumstances outside their control. Once again, the notion that these were ‘bad’ parents was generally a foregone conclusion, which was further reinforced by their denial.

At the same time that caseworkers were evaluating the family’s situation based on their perceptions of whether the primary caregivers were ‘good’ or ‘bad’ parents, however, they were simultaneously faced with the reality that ideas about ‘good parenting’ were continually evolving. As Edwards and Gilles (2013) note, the modern construction of ‘good parenting’ is a relatively recent invention, complicating its application in the child welfare field. This meant that caseworkers sometimes had to confront parents regarding practices that had been considered acceptable perhaps as recently as when they were children, as reflected in the following narrative:

It's trying to open up their mindset ability to be able to see the other things. And of course, even just with the times changing. It's like, "Okay, yes, but when your grandparents were raising your parents, things like that were culturally acceptable and those things have changed now. What may have been okay or seemed okay when you were a child or when your parents were children may not be looked at the same way now." Everybody has to grow and adjust those values here and there.

The fact that ideas about 'good parenting' are so dynamic creates challenges for the state, as there is not complete consensus over what actually does constitute good parenting. This is perhaps best captured by the fact that there are dozens of different parenting programs throughout the state to which child welfare clients are referred, each using different curricula and parenting models. In some instances, caseworkers even discovered that across different state agencies there was not a cohesive, shared understanding of appropriate parenting practices. During a focus group with family support services caseworkers, participants described an incident during a parenting class in which a father began complaining about being in the program, insisting he had done nothing wrong and that a police officer had even told him he had the right to spank his child. As it turned out, the very same officer was also in the class due to issues with his own child discipline practices. While it provided a somewhat humorous anecdote, this story speaks to how families get conflicting advice from their communities, the state, and various authority figures about how to raise their children.

Moreover, the standards and focus of the child welfare system were also changing. Perhaps one of the strengths of the new practice model was that it placed the impetus for removing children squarely on their safety, as opposed to on whether or not parents met a particular ideal. Although perceptions of safety were undeniably informed by perceptions of parenting quality, it was no longer enough to simply assert that someone was a bad parent; caseworkers needed to provide compelling evidence that the child's safety was in jeopardy. One

effect of this shift was that caseworkers found themselves struggling to reconcile that their ideas of ‘good’ parents were not quite the same as ‘safe’ parents. What emerged in its place was a new concept of the ‘good enough’ parent, a concept that proved far more ambiguous. Caseworkers acknowledged that it could be difficult to set aside their personal beliefs and values about ‘good parenting.’ As one case manager expressed, “I think sometimes it can tend to project our own, you know, thoughts of what we think, you know, like the perfect family is or whatever... It can be tough sometimes to say I don’t see that there are any real safety concerns.” Further illuminating the challenge that this changing conception of parenting presented to caseworkers, a case manager described her experience with one particular mother, explaining that although this parent was still far from ‘perfect,’ “But she has grown substantially during that period. And she’s, you know, she was – she was good enough, and that’s what we ask for. And we... internally we have to identify what that means, and that’s one of the hardest parts to me: what is good enough?” These narratives emphasize a new understanding that while a family might not reflect the caseworker’s ideal, this does not necessarily mean that children are unsafe. Focus group data indicated that many caseworkers struggled with reconciling this disjuncture between child safety and their personal ideas about what a ‘good’ family should look like.

By refocusing the system on safety, rather than on ‘good parenting,’ there is a real opportunity to be more responsive to the needs of vulnerable children and families and prevent unnecessary removals, a philosophy that caseworkers increasingly embraced towards the end of my data collection. A case manager summarized, “Ideally, you know, a couple years from now, we’re hoping that this is the primary role of case management, is [non-judicial in-home services] as opposed to taking the judicial action.” This will require the ideology of ‘good parenting’ to be fully disentangled from the concept of safety. Caseworker responses clearly attested to the fact

that the system was still in a transitional period, with ideas about ‘good’ and ‘bad’ parenting still playing a prominent role in decision making.

### **The Family as Perpetually Suspect**

The conception of these individuals as ‘bad’ parents also served to facilitate ongoing skepticism and suspicion towards system-involved families. This manifested in a number of ways, with the underlying premise being that these families were not to be trusted. A commonly expressed belief, for example, was that families might provide dishonest or incomplete information to the caseworker in order to protect themselves. Among some caseworkers, families were viewed as inherently deceitful and untrustworthy, such as a child protective investigator who contended, “Everybody is a liar and we can only go on the information we’re given.” Another investigator explained, “I mean, these kids are savvy. A lot of them grew up in the system with parents that grew up in the system. They know what they can tell us and what they can’t tell us. They know how to skirt around the issue without actually telling us what’s happening. They’re very savvy to it and so are the parents.” Along similar lines, a different caseworker asserted, “These people that we deal with are not stupid... Like, they know how to manipulate the system. They’ve been doing it for a long time.” These sentiments are further elaborated upon in the following focus group discussion:

CPI 1: Sometimes, like, you go into houses, and families know so much about the system because they’ve been through it continuously, they’re going to tell you what, you know, what you want to hear.

CPI 2: Yeah, because the parents, they’ve been through this, done this. The majority of the time they have history from when they were kids, and it happened to them as kids. So, and they know how to, oh yeah, they know how to work the system, they know what to tell you so you can get out of their house and not come back.

These sorts of assumptions that families habitually lied or manipulated the system contributed to the adversarial dynamic of the client-caseworker relationship. While some caseworkers

expressed a less condemnatory view, suggesting that families might not be completely forthcoming out of fear that information they shared would be used against them, the implication was still the same, that system-involved families could not be trusted to be honest.

These ideas that families were untruthful and untrustworthy were not only based on caseworkers' first hand experiences, but were actually promoted through policy. According to DCF's operational procedures for the family assessment process (CFOP 170-1:2-14), "Informational discrepancies can also occur because family members are unsure of how the child welfare professional will use the information and are therefore either intentionally deceitful or only share partial information about factual details." This policy, in essence, instructs caseworkers to view families with suspicion and distrust the information they share, providing evidence that these perceptions towards system-involved families are not simply the opinions of rogue caseworkers, but are in fact embedded within the system itself.

Even if families were not intentionally dishonest, caseworkers were adamant that the information they shared still needed to be treated with skepticism. It was reported, for example, that a child's perception of normality, as well as their attachment to their caregiver, had a strong influence on the testimony they provided to caseworkers. This logic also applied to extended family members who might be interviewed by caseworkers as part of the family assessment process; if they perceived the family's behavior as 'normal,' they were unlikely to provide useful information about maltreatment occurring within the home. Interestingly, these responses affirm that 'normality' is in fact subjective and culturally-constructed by acknowledging that families may differ from caseworkers in their perceptions of what constitutes 'normal,' yet simultaneously dismiss the perceptions of families as 'incorrect' in favor of the caseworker's construction of 'normal.'

Another common sentiment indicative of caseworkers' persistent suspicion towards system-involved families was that many parents lacked the motivation to change, and without proper incentive, would not comply with child welfare services. These beliefs were particularly prevalent towards parents receiving voluntary or in-home services, or those whose children were placed with a relative, thereby allowing them to maintain regular contact. A number of caseworkers insisted that parents did not take in-home cases seriously since they maintained custody of their children. By contrast, these participants believed that removing children created a greater motivator for parents: "You take somebody's kids away, they are a lot more motivated to behavior change because they want those kids back." This illustrates the skepticism many caseworkers felt towards the concept of family preservation, even while claiming it was a priority. Moreover, it exposes the fact that, despite efforts to reform the child welfare system, the underlying logic continues to be one of punishing parents and coercing their compliance. Indeed, the notion of 'rehabilitation' that the system has taken on as its mission continues to imply that parents are at fault and must redeem themselves, which can only be achieved by accepting responsibility and engaging in the services mandated by the system. In this regard, taking someone's child from them was viewed as the best way to ensure compliance with services. These beliefs persisted, even as research suggests that the confrontational character of traditional child welfare interventions, epitomized by the removal of children from their parents, is more likely to produce resistance among families subjected to such approaches (Reich 2005).

Moreover, caseworkers conveyed that even when families cooperated and complied with child welfare services, their motivations for doing so remained suspect. Caseworkers questioned whether parents' engagement in services was genuine, as exemplified through the following quote from a case manager:

For most of them, especially in our voluntary programs, it's external. It's DCF saying, "You have to do this even though it's voluntary. Otherwise, I'm going to do X, Y, and Z." And so, when we get in there... [they] look at us as the enemy and they have to like fake things or look good and they don't actually participate in the services that we're asking them to do and they don't learn anything, they don't think that they need to do anything. They just get it over with.

The indication from this narrative, in addition to highlighting the ways in which coercive tactics end up backfiring, is that caseworkers were highly skeptical that parents did not engage in services out of a genuine desire to improve their family, but rather because compliance was the only way to get rid of the child welfare agency. It was also noted that parents were always on their "best behavior" when the caseworker was present, thus limiting their ability to assess the true family dynamics or the extent to which families were just 'performing' compliance. The notion that compliance with services may not be entirely genuine is not particularly surprising, given that parents are usually forced into services through an adversarial investigation process that brands them as "perpetrators." The fact that their every action is perpetually treated with suspicion, however, leaves parents in an impossible situation: they must comply with services in order to demonstrate that they take responsibility for ensuring the safety of their children, but their compliance is simultaneously suspected to be an act, just another way that they 'manipulate the system.'

Suspicion towards system-involved families also extended beyond the nuclear family to their relatives, who were believed to be equally unreliable and untrustworthy. This distrust was expressed both towards relatives who provided support with in-home safety plans, such as relatives who agreed to serve as a safety manager for the family, and those providing out-of-home placements for children who were removed from their parents. Although it was reported that family members were frequently incorporated as supports for in-home safety plans, many caseworkers simultaneously expressed significant skepticism about their reliability in this role.

Extended family members were largely presumed to possess the same deficiencies as the focal parents, and therefore were not trusted to hold up their agreed upon responsibilities when they were engaged as family supports. In part, this was believed to be evidenced by the fact that the family had not intervened prior to the state becoming involved, as articulated by a child protective investigator,

If I have to start gathering family members, start calling people to come and do this... They weren't doing it anyway, what makes you think they're going to do it now? ...They're going to do it now 'cause I asked them to? Right when I turn around, they're going to go back to doing their own [priorities] 'cause they didn't care from the beginning.

This sentiment assumes both that extended family members were fully aware of what was occurring inside the home prior to the child welfare intervention, and that no attempt was made to intervene on behalf of the children. Given the culture of the U.S. that prioritizes the autonomy of the nuclear family, however, relatives may not feel that they have the authority to interject themselves into the family's private affairs without support from the state. Another common concern was with regard to where relatives' loyalties lay, specifically that they may be inclined to protect the parents. A case manager explained, "I mean, if it's like mom's sister, how reliable is she, and is she gonna tell us the truth, or is she gonna cover for mom? So it's like, with those in-home cases, we don't know if the safety plan is really being implemented the way it should." These narratives reflect an overall perception that relatives could not be trusted, indicative of an underlying belief that the types of families who become involved with the child welfare system do not share a concern for the well-being of their children. Such attitudes towards system-involved families fail to consider that relatives may have a vested interest in protecting *both* the parents *and* the children.

Furthermore, focus group data suggest that child welfare interventions often transgressed simply enforcing particular parenting behavior in the name of child safety to also dictate ‘appropriate’ family arrangements. This was evidenced in a couple ways. First, if the children were placed with a relative, such as a grandparent, caseworkers believed that parents may be less motivated to engage in services since they still had access to their children via the relative caregiver. In fact, parents might find such caregiving arrangements acceptable or even preferable. Caseworkers, on the other hand, found this highly objectionable, believing that these arrangements served to relieve parents of their parental responsibilities without consequences. As described previously, this reflected the belief that without sufficient incentive (a.k.a. coercion), parents would not feel motivated to change. The fact that caseworkers found such arrangements unacceptable and insisted that parents needed to take responsibility as the primary caregiver, furthermore, suggests a rigid construction of the family that does not allow families to define for themselves what caregiving arrangements are acceptable and appropriate. This reflects the way in which the lack of a nuclear family structure has been constructed as pathological under the dominant parenting ideology (Laybe 2013; Tarducci 2011; Elegbede 2011), demonstrating the embeddedness of such ideology within the system. It is further evidenced by the fact that permanent guardianship (e.g. a relative agreeing to become the legal guardian of a child without terminating the biological parents’ rights) tends to be the least preferable permanency option, with pressure often placed on relatives to formally adopt children who could not be reunified with their parents. Indeed, some case managers noted that the system’s resistance to permanent guardianship was an obstacle at times that resulted in cases staying open longer than would otherwise be necessary.

Closely related, another concern expressed by caseworkers was that relative caregivers might enable parents not to comply with their case plans by allowing parents open access to their children. Not only was it believed that this could limit the motivation of parents to change, as noted above, but it was furthermore viewed as a violation of trust. A cornerstone of child welfare practice is to fully control the ‘offending’ parent’s contact with their children. Thus, when children are removed from a parent, the plan developed by the case manager establishes specific guidelines as to how much contact the parent can have with the child, how that contact will occur, and what the parent needs to do in order to continue to have contact with the child. Typically, this includes requirements that all contact be supervised and scheduled in advance, and can be revoked if the parent does not comply with other components of the case plan, such as failure to engage in mandated services.

Relative caregivers were expected to comply with the child welfare agency’s stipulations regarding parent-child visitations. Failure to do so, even if safety was not jeopardized, was considered a violation of their agreement with the agency. Even if relatives ensured that parents did not have unsupervised contact with their children, by allowing access without the agency’s knowledge or approval, relatives were viewed as violating the case plan and the trust of the agency. A case manager shared an illuminating example, recounting a particular case in which the family engaged in this sort of ‘deceit.’ He explained,

I show up for my little unannounced visit and I see dad walking out of the house. Dad’s supposed to have supervised visits by the agency three times a week. This was in October, he hadn’t seen the kids since June at the agency, but, um, you know, I see him walking out the house and, you know, that obviously I call in a police report and this that and the other ‘cause now the family members [are] allowing this dad to see the kid, you know. I didn’t think the child was in any harm at the time, but the fact of the matter is, I can’t trust this family now.

An interesting observation is that this case manager explicitly stated that he did not have any concerns about the child's safety. Rather, it was the violation of trust that was most important in his evaluation of the situation, the implication being that if he could not trust the family to comply with arbitrary rules that were primarily established as a mechanism to control the parent rather than ensure safety, how could he trust them when it came to anything else. Compliance was viewed as all or nothing, and, as this narrative demonstrates, even minor violations that posed no harm to the children could potentially result in a placement disruption. Although it could easily be framed as positive that this father was attempting to maintain a relationship with his children, the fact that the family was not following the procedures prescribed by the caseworker meant they were immediately labeled as non-complaint. Thus, beyond ensuring the safety of the children in their care, relatives were expected to adhere to a strict protocol that removed much of their agency as caregivers, despite the fact that they were not the ones charged with abuse or neglect. These findings further indicate that, contrary to the claims of the state, interventions and decision making were not solely based on child safety, but continued to invoke ideas about the need to punish and control families.

### **Extending Empathy**

The findings presented in the previous sections are not intended to suggest that all caseworkers expressed disparaging views towards system-involved families, or that holding some disparaging views precluded caseworkers from empathizing with the very families they criticized. Throughout focus groups, caseworkers often oscillated between condemning and commiserating with the families they served. Although participants were highly skeptical of child welfare involved families, they also recognized that not all families fit the negative characterizations delineated in the previous sections, and conveyed varying degrees of

understanding with regard to the difficult circumstances families were up against. As one case manager professed,

I think sometimes we forget because we see it every day, we forget how traumatic and life altering that is, no matter that they brought it on themselves, you know? It's still, they just have their children removed from them, and now we're throwing all this on them, and it's a lot. It's a lot at one time. And sometimes I think we forget that.

The above narrative illustrates the compassion many caseworkers felt for the families with whom they worked, while also revealing the ways in which caseworkers still viewed parents as culpable even when empathizing with their experience. This blending of empathy and judgment was common in how caseworkers spoke about system involved families.

At various points, caseworkers acknowledged the myriad barriers that many system-involved parents faced. In particular, participants noted the interaction of poverty, lack of access to resources, mental health issues, and generational system involvement. These were complex issues that were not easily resolved within the limited timeframe of child welfare services. Speaking to the complex needs of system-involved families, for example, a case manager emphasized the fact that many families were struggling just to have their basic needs met, explaining that, "If they are not meeting those [basic needs], then you're not really going to get anywhere with the other stuff, 'cause all their energy's just surviving. And we have some families that are stuck in that cycle of just trying to survive." Moreover, a perception was that for some families, help had come too late. A case manager lamented, "Some parents are just so... so far gone, they have nothing to give. They're overwhelmed, life has not been good to them, they have no support system." Indeed, most focus groups included somber discussions about the families that they "just couldn't help." The impact of generational system involvement was especially daunting to caseworkers, who acknowledged that many of the parents on their

caseloads were themselves victimized as children and never received the help they needed; it was a disheartening reflection of a broken system that blurred the boundaries between ‘victim’ and ‘perpetrator.’

Caseworkers also wavered from criticizing parents in a number of conversations regarding family resistance to child welfare intervention, acknowledging that this often resulted from the highly punitive nature of the system. In contrast to the harsh characterizations described previously of system-involved families as dishonest and untrustworthy, a counterpoint provided by a subset of participants was that families were justified in being apprehensive. An investigator elaborated,

I think a lot of... why it's so difficult for them to open up to us and to allow us in [is] because the minute that they do open up to us, we use that information against them... And which result in, nine times out of ten, of us taking their child. So it's like, 'I'm not going to open up to you. I'm not going to tell you what's going on.' But then at the same time, it's like they're in another situation. If you open up to us, we're going to take them. If you don't open up to us, we're still going to take them. You know, so that's why they're so untrusting, you know, of us.

Several caseworkers further expressed that they understood why families viewed them as “the bad guys,” admitting that they would not want DCF showing up at their door either and would be equally defensive. Illustrating this perspective, an investigator explained,

You have to put yourself in their shoes. I don't want me coming to my house and now you're gonna ask me a ton of all these questions. So, I have to really think about that. I always have to put that in my head. Would I want a CPI coming to my house, ringing my doorbell, talking about oh, you know, your house is nasty or something like that? You got to put yourself in their shoes. This is a stranger accusing them of something, you know. So, you have to have that empathy.

Furthermore, focus group discussions indicated a sincere effort to avoid blaming parents, as caseworkers recognized that many of their clients were doing their best in very difficult circumstances, and were more likely to become defensive if they felt criticized. An investigator expanded on this,

I think that we go in and we're not judgmental, we're not there to, you know look at them as, you know "you're a problem, here..." you know, "we're here to fix your problem because you can't parent," or you, know being very judgmental. I think we kind of come in, and we try to be as respectful as possible and just try to explain to them as best that we can and that, you know, "we're here to help you," and, you know, "even though that, you know, these things are going on, it doesn't make-necessarily make you a bad parent, it just means that everyone needs help, and, you know, here we are."

As this narrative demonstrates, caseworkers often emphasized their role as one of helping families, rather than criticizing or castigating them.

Beyond empathizing with families, some caseworkers actively challenged the dominant ideology and spoke out against the popular tropes that characterized system-involved families as deficient and dysfunctional. An illustrative example comes from a family support services caseworker, who offered the following counter-narrative:

I find this incredibly insulting the way it is assumed that if a family needs financial assistance then they need to be taught how to budget, as if their poverty is just the result of not knowing how to budget. This attitude is so common in child welfare and so detrimental to families.

This statement reflected a more nuanced understanding of the complex nature of families and their vulnerability. Poverty was widely recognized by caseworkers as a substantial factor impacting families that placed them at risk for system involvement. While caseworkers often invoked ideology positing poverty as a personal failing, as detailed earlier, there were many who expressed greater empathy regarding the economic barriers facing families. At the same time, they did not necessarily understand the systemic nature of poverty. Thus, while many caseworkers expressed empathy towards the difficult circumstances families experienced, this was often tempered with discourse about personal responsibility and the need for families to become self-sufficient, rather than relying on social service agencies to provide them with assistance. In this way, the challenges experienced by system-involved families were still

constructed as largely inherent to the family itself, rather than the product of structural and social inequalities.

The notion of self-sufficiency was also important in constructing system-involved families as ‘fixable.’ If the challenges families faced lay outside their control, there was little caseworkers could do, but if the problems lay within the family, then the family could be fixed. These sentiments connected to the rehabilitative ideology of social work, which most respondents (though not all, as noted earlier) embraced. Many caseworkers were attracted to child welfare precisely because it was understood to be a ‘helping’ profession, and therefore, pre-existing inclinations towards empathy and a desire to help were prevalent among focus group participants. A common theme, for example, was that caseworkers viewed their job in terms of “making a difference.” Many described this as their primary motivation for entering and remaining in this line of work. As one child protective investigator articulated, “I also like the fact that I can get involved and I can help these families have a better life or I can support them through a really hard time or, you know, be an outlet for the kids, you know. I think that’s why most people are here is because of that, you know. Because I feel like we can actually, a lot of times, make a difference in this job.” This was a widely shared sentiment. In fact, despite all the criticism directed towards system-involved families, many participants described working with families as their favorite aspect of their job, and most wished they had more time to dedicate to engaging meaningfully with their clients. Although they were often frustrated by bureaucratic processes, most caseworkers reported that they found their work to be rewarding, especially when they were able to achieve a “happy ending” on a case. By identifying with the state's rehabilitative mission, caseworkers could view themselves as a positive force in the lives of families, despite the often negative impact the system had on families’ lives. At the same time,

however, this could facilitate burnout when caseworkers found they were not always able to achieve a desired resolution on their cases, forcing them to reconcile with the fact that they were not always successful in helping families.

In line with this view of themselves as ‘helpers,’ the concept of advocating for families emerged across numerous focus groups, particularly among case managers, who were involved with families for a longer period of time than investigators. Caseworkers described advocating on behalf of families for more community resources or to provide assistance in paying for a family’s services, as well as advocating for other system partners to recognize the efforts families were making. Case managers, in particular, often viewed themselves as the family’s ally. An illustrative example of this sentiment, one case manager emphasized the importance of “showing them that we care and we believe in them; kind of giving them that sense of hope that we’re on their side. We’re not out to get them, but we really want to support them... showing that they have value, you know, and even though all this other stuff is going on.”

Ideas about taking a ‘strength-based’ approach also arose in connection to advocacy. A case manager, for example, expressed that, “Sometimes, I think what we see and what the Department [DCF] sees may be not always the same. So, sometimes we have to be their advocate. We might be the only one saying, ‘Hey, let’s try to look at strength-based,’ as opposed to maybe a different way.” The concept of ‘strength-based’ practice has permeated the child welfare field over the past decade, the central premise being that, rather than focusing on a family’s deficits, child welfare practitioners should focus on the family’s strengths that can be leveraged to build their caregiving capacity. Reflecting this value, another case manager relayed the belief that being strength-based was important for giving families hope that change was possible and they could achieve a better future. The concept of being ‘strength-based’ came up

frequently throughout focus groups, even as conversations often took a deficit-oriented direction. Although most embraced the idea of ‘strength-based’ practice, caseworkers conceded that identifying families’ strengths was often challenging, indicative of the largely negative perspective many held towards system-involved families.

A final noteworthy finding related to the concept of empathy, the ability to empathize was furthermore identified as a key strategy for engaging families in services. Along these lines, caseworkers stressed the importance of validating families’ feelings and trying to understand their perspective of the situation in order to move past the initial resistance and resentment that families may feel towards the intervention. This was reiterated numerous times over the course of focus groups. “At times you have to drop that title of an investigator and just be like, look, I can see you eye to eye... And yeah, just being willing to be that listening ear,” one child protective investigator explained. Another investigator characterized this in terms of “approaching them as a person and not an authority figure.” Both statements reflect an understanding of the unequal power dynamic that exists between families and child welfare professionals, and express a sentiment of trying to place themselves on the same level as clients. These strategies helped caseworkers to connect and build rapport with families. This is not to suggest that the empathy caseworkers expressed was not genuine, but rather that it was simultaneously viewed as a useful skill that contributed to their success as caseworkers.

Listening to families’ perspectives, especially with regard to their needs, was a critical mechanism by which caseworkers operationalized empathy to enhance family engagement. An investigator explained, “It’s kind of like, making sure that when we make decisions, it’s not just what we want or what we feel like this is what they need. Making sure that they are in that process, they’re telling us, like, ‘This is what I may need.’ Because they know what’s best for

them[selves] sometimes.” The idea of the family or client as being the ‘expert’ on their own needs is commonly incorporated within ‘strength-based’ practice. Soliciting the family’s input was seen as demonstrating respect as well as the child welfare agency’s commitment to helping the family address their perceived needs. By encouraging families to identify their own needs, furthermore, caseworkers sought to alleviate some of the confrontational aspects of the system by underscoring the role of the caseworker as ‘helper.’ This was viewed through a lens of ‘empowering’ families, although in practice it often meant that families were provided an opportunity to identify additional needs and services beyond those that had already been identified by the child welfare system, ultimately resulting in the family having more tasks to complete. These findings further reiterate the ways in which the child welfare system actually functions to reinforce the disadvantaged status of families by placing additional burdens on them in the form of mandated services they must complete to maintain or regain custody of their children, all under the guise of ‘helping’ struggling families. As noted, caseworkers largely identified with this notion of ‘helping,’ and although conversations were peppered with the occasional acknowledgement of the burden that child welfare interventions placed on families, this was often minimized or justified through the notion that families needed to demonstrate their dedication to their children. In this regard, the findings described here illustrate how expressions of empathy were strongly shaped by the underlying ideology that families required rehabilitation.

### ***Case Study 1: Breonna***

Breonna was a young Black mother, only twenty years old when I sat in on a court hearing for her dependency case. She had two young children, ages two and three, both of whom had been removed from her care and placed in the foster care system. She had aged out of the foster care system herself, and had been in foster care still when her first child was born.

Breonna's story illuminates how youth who become parents while in the system are set up for experiencing ongoing state intervention as adults. Since she became a mother while in foster care, her children were automatically under state custody. Being in foster care, furthermore, she was already subjected to intense scrutiny and surveillance, more so than what a teenage mother outside the child welfare system would be exposed. This placed her at increased risk of the state finding a reason to remove her children from her care.

Breonna's case was further complicated by the fact that she was a verified victim of commercial sexual exploitation of children (CSEC, or sex trafficking), had been largely 'non-compliant' with her court-ordered treatment services, and was actively engaged in 'high risk' behavior throughout her pregnancy and following the birth of her first son, including frequent elopements from foster care and likely continuing engagement in sex work. Based on this history, she was de facto labeled a high-risk mother. From the state's perspective, these were compelling reasons to remove her child, which it did very promptly, despite warnings from clinical staff who were working with her that doing so could further traumatize her and was likely to increase her resistance to treatment and escalate her high-risk behavior. This played out as predicted, and staff were never able to get her engaged in treatment or stabilized before she aged out of care. When she became pregnant with her second child, the state again moved to remove the child from her care immediately after his birth, based solely on the fact that she had not yet regained custody of her first child, indicating her 'rehabilitation' was not complete. The pathologizing of Breonna's behavior precluded her, in the eyes of the state, from being a 'good' mother; thus, she was never even given an opportunity.

At the time of my observation, the state was pushing to terminate Breonna's parental rights to both children. The basis for requesting termination, according to the state attorney from

Children's Legal Services, was that both Breonna and the father were non-cooperative with services and had failed to complete a court-ordered psychological assessment. At the same time, however, Breonna had developed a positive relationship with one of her children's foster mothers and was having consistent supervised visits with this child. Both she and the foster mother were amenable to continuing this arrangement, and Breonna was requesting that her other child be placed in the same home. Although these seemed like reasonable requests that did not jeopardize the safety of the children, the state attorney objected solely on the basis that, in the eyes of the state, Breonna was non-compliant, and therefore the state felt that the Court should not appease her. This objection clearly had nothing to do with what was in the best interests of the children's safety and well-being; it was about punishing the mother for her failure to comply with the state's demands. Indeed, the attorney was openly antagonistic towards Breonna in court, to the point that the Judge felt compelled to interject.

A very powerful scene unfolded as Breonna, trying to explain her side of the story, broke down in tears. Between sobs, she expressed being unsure of how to go about scheduling an appointment for the assessment and being unable to pay for it. She conveyed a willingness to comply with the order, but needed help navigating the system. The Judge, being familiar with Breonna's child welfare history and trafficking victimization, was empathetic. This was a fairly unique and rare situation, as the Judge in question had originally been assigned to Breonna's case when she was the 'child-victim,' and subsequently had requested to take up the cases against Breonna as the 'parent-perpetrator.' Visibly moved by Breonna's display of emotion, the Judge offered her a box of tissues and reassured her that she would not sign the termination of parental rights that day. The Judge extended Breonna's deadline for completing the psychological

assessment and ordered the assigned case manager to assist her with scheduling and paying for the assessment.

Breonna's story illustrates the complexity of child welfare cases and the ways in which the lines between 'victims' and 'perpetrators' are often blurred. Breonna was a victim of child maltreatment first, before becoming a parent and subsequently labeled a 'perpetrator' by the state. In fact, she was simultaneously considered a 'victim' and a 'perpetrator' *at the same time* in the eyes of the state, given that she was still a minor in the foster care system when she became a parent. Her history of system involvement did not seem to spark any empathy from the state, however, and if anything only reinforced the state's construction of her as a 'bad' parent. Furthermore, the case demonstrates the state's preoccupation with compliance and punishment, and the ways in which these objectives were prioritized more so than the safety of the children. Interestingly, despite the claims that case managers made during focus groups about being strength-based and advocating for their clients, no one, other than the Judge, advocated for Breonna that day. In fact, the case manager was silent throughout the entire hearing. Breonna was fortunate to have found an ally in the Judge; many parents do not have the benefit of being assigned to a judge who knows their personal history and recognizes the impact of past trauma on a parent's current behavior. In this regard, her case was quite exceptional; she was given another opportunity, whereas many parents in similar situations are not so lucky.

### **Scapegoating Parents in Response to Resource Scarcity**

As described earlier, caseworkers recognized that many families encountering the child welfare system were significantly impacted by intersecting structural problems of poverty, lack of affordable housing, limited employment opportunities, and economic instability. These issues were often at the root of their system involvement. Caseworkers struggled to reconcile this

reality with the ideological underpinnings of a system that asserted it was the personal deficiencies of parents that were the issue. This ideology significantly impacted the services that were available to address the needs of families. One effect was that, at times, the solutions offered to families did not match the nature of the problem. This was most notably characterized by the use of parenting classes as a sort of ‘catch-all’ service when the appropriate resources did not exist. Expounding on this theme, a family support services caseworker recounted,

We saw this happen a few times early on and had that conversation with investigation about, “What’s really the real issue here and what’s important?” They were sending over Nurturing Parenting referrals of families that were homeless, parents that didn’t work. You want us to address the parenting skills, where their real need is for stabilization to find them a living place and to get employed.

A very similar observation was made by a caseworker in another focus group, who noted, “We may have an issue where a family is referred for one thing, for parenting, but we go in a home and realize that the parent is a good parent, they just have all these other barriers.” These comments provide a clear illustration of how the system commonly equates poverty with being a ‘bad’ parent; consequently, poor parents are frequently referred for parenting services, despite the fact that such services do nothing to address the family’s more pressing economic needs.

A substantial challenge fueling this situation was lack of available resources, or inability to access the necessary resources, to address families’ needs. Sometimes this resulted from lack of insurance coverage and inability to pay out-of-pocket for services, as noted in Chapter 6. A more pressing problem in many communities, however, was that existing resources were inadequate or, particularly when it came to the economic needs of families, the necessary resources simply did not exist; chapter 9 provides a more in depth analysis of these issues. The impact with regard to how families were viewed by the system was that parents often received the brunt of the blame when the state failed to provide the necessary resources for children to

thrive. Complaining about requests from families for financial assistance to help pay for rent or other bills, for example, a case manager admonished, “They think we just pay for everything and anything.” Other caseworkers concurred that such requests were commonplace and beyond the capacity of the system; the sentiments expressed conveyed a mix of empathy and annoyance. By drawing on the ideology of ‘personal responsibility,’ the system posited that parents needed to be accountable for securing the resources they needed, thus deflecting responsibility from the state.

This ideology extended beyond blaming families for their economic struggles. Another area where this became apparent, and provided an especially enlightening example, concerned families of children with severe mental and behavioral health conditions. During focus group conversations, caseworkers acknowledged that accessing mental and behavioral health services could be challenging for families, and even the child welfare system could not always provide these families with the help they needed. At the same time, caseworkers tended to be critical towards such parents, chastising them for expecting the system to help their children, as if their struggle to handle a child with exceptional needs was an indication of their lack of parenting ability. In some focus groups, caseworkers were incredulous that parents would actually have the audacity to call DCF for help, even though the Department has a ‘parent in need of assistance’ protocol precisely for this purpose. Requests from parents to have their children with severe behavior issues removed by DCF, however, seemed to generate the greatest amount of scorn. The following discussion that transpired during a focus group with child protective investigators demonstrates the animosity some caseworkers expressed towards such parents:

CPI 1: But then you have some people, I have a case now where a 10-year-old, he sees a clown that tells him to kill people. Diversion is involved, they did everything they had to do, and the parents are still not satisfied. “We want DCF to do more, put him in a placement, remove him.” Like, “Ma’am, we can’t do that. Diversion is working, they’re doing what they have to do.”

CPI 2: They need to be parents and do their damn job is what they need to do instead of calling us.

CPI 1: Exactly.

The idea communicated in this excerpt, that these parents were not ‘doing their job’ as parents because they asked the state for help with a child who could potentially be a danger to himself or others, clearly aligns with the ideology of personal responsibility. Similarly, in a focus group of family support services caseworkers, a participant conceded, “Yeah, we do get those a lot. The parents are like, I need my kid in SIPP [Florida’s statewide inpatient psychiatric program] right now... So yeah, we get a lot of those where the parents are like, ‘I’m just done. I don’t want my kid here at all. Whatever you can do to help me get my kid out.’”

Caseworkers seemed to view these sorts of requests as shirking one’s parental obligations, even as some acknowledged that parents may be reaching out because they had genuine concerns about the safety of the child or others in the home and did not know where else to turn. In some cases, parents may have already exhausted less restrictive service options. By contrast, it is not unheard of for wealthier families to send ‘difficult’ children away to boarding schools, ‘boot camps,’ or other sorts of private residential facilities, but these parents are typically not criticized for their inability to manage their child’s behavioral issues. Lower income families do not have economic access to these options, but when they turn to the state for help, it is largely viewed as evidence of their personal failings as parents, rather than an indication of the way class inequalities create differential access to resources. Furthermore, it was also noted across a number of focus groups that foster parents routinely refused to take children with severe mental and behavioral health problems, or requested the removal of such children if their behavior was too difficult for the foster parent to manage, yet they were generally not criticized as ‘deficient’ parents by the system, nor was their foster parent license revoked. In fact, the

shortage of foster homes in many parts of the state created a situation in which child welfare agencies were often willing to cater to the special requests of foster parents to avoid losing them. Thus, it seems that only parents of low socio-economic status were truly held responsible for their inability to manage children's behavioral problems.

### ***Case Study 2: Gaelle***

I had the opportunity to observe a court hearing for Gaelle, who was receiving court-ordered in-home services on allegations of neglect, in early 2018. A mother of seven, Gaelle was a Haitian immigrant in her forties and spoke no English. At least two of her children were under the age of five, while her oldest two daughters, May and Ashley, were ages twelve and thirteen. Ashley and May had a different father from the younger children, who was in prison, and whose parental rights had already been terminated. This meant, among other things, that Gaelle was unable to collect child support for her daughters. She was currently unemployed and struggling to pay bills. She had recently suffered a stroke, but had been denied disability. The Judge expressed skepticism when Gaelle's attorney brought this up in court, stating, "I don't know that she's disabled." I was unable to ascertain from the hearing what her immigration status was, and whether she qualified for any financial assistance; this possibility was not raised during the hearing. Rather, the Judge admonished Gaelle for her lack of employment, telling her that she needed to get a job and that she was solely responsible for meeting the needs of her children.

Following the hearing, I spoke with Ashley and May, who expressed frustration at the lack of support from the state, and wondered aloud how their mother was supposed to get a job when she had young children at home and did not speak English. As Ashley explained, "It's harder for her to find a job because if she'll not speak English well, she'll not write on the computer. Basically, it's hard for her to have money to pay the house bills." They felt that if the

state actually cared about their well-being, it would provide their mother with assistance. “I don’t think they actually tryin’ to, like... arguin’ what the law, or the government, to actually bring or give her bread,” May criticized, referring to the fact that the state did not provide their mother with any financial assistance, nor did it require their father to provide for them. The account shared by the sisters clearly reflected a belief that the state was guilty of neglecting their needs. Meanwhile, they strongly objected to the possibility of being removed from their mother’s care, and firmly stated that they would run away if placed in foster care. As with many children who encounter the child welfare system, the proposition of being placed in a state-approved stranger’s home did not evoke feelings of safety for them.

Gaelle’s case provides an illustrative example of the systemic, intersectional oppression from which many parents subjected to state intervention suffer. Gaelle was multiply marginalized as a poor Black woman, a single parent, and an immigrant. The fact that she was labeled neglectful by the state reflects the failure of the state to recognize and address the enduring effects of oppression. Instead, parents like Gaelle are blamed for their failure to overcome oppression and become self-sufficient. This does not seem to prioritize child safety, as the state claims, since the failure to provide resources to struggling parents like Gaelle based on an ideology of ‘personal responsibility’ only further jeopardizes the safety of their children. As Dunkerley (2017) has argued, if the child welfare system devoted more attention and resources to meeting the needs of mothers, rather than expecting that they ‘pull themselves up by their bootstraps,’ the state might better ensure the safety of children.

### **‘Color-blind’ Practice**

While poverty was widely recognized and discussed during focus groups, on the other hand, there was little recognition of racial inequalities and the ways in which these create and

exacerbate vulnerability, not to mention the ways in which these inequalities may be reinforced by the child welfare system. Caseworkers were noticeably careful in talking about race, and rarely brought the topic up unless specifically questioned about it, for example, if asked about the demographic characteristics of the families they typically served. When they did respond to such questions, they largely denied the existence of racial disparities in the system despite evidence of disproportionality, insisting that they encounter families of all races and that distributions of race were ‘equal.’ “It’s kind of all over the place. I would say we have probably equally as much like African-Americans as we do White,” one caseworker asserted. “And I would say the same thing, Hispanic and non-Hispanic as well,” one of her colleagues added. In another focus group, a caseworker similarly stated, “Racial is kind of all across the board.” These sorts of claims ignore the fact that race is not equally distributed in the general population and are carefully crafted to give the impression that disparities do not exist.

Pointing to the fact that White families are also subjected to child welfare intervention, and even make up the majority of system-involved families, is a commonly employed tactic used to disguise and distract from the disproportionate representation of families of color. This invokes what Bonilla-Silva (2020; Bonilla-Silva and Dietrich 2011) refers to as ‘color-blind racism,’ a practice of denying that race continues to shape everyday life experiences, opportunities, and perceptions, thereby attempting to render race largely invisible. Reflecting the extent to which ‘colorblindness’ has become deeply embedded in child welfare practice, caseworkers for the most part denied, or at the very least did not acknowledge, that families of color were at greater risk of state intervention. Florida child welfare data paints a different story, however; current data at the time of this writing (February 2021) showed that approximately 35 percent of children entering out-of-home care were Black (DCF Child Welfare Dashboard, n.d.).

This trend has been fairly consistent over time, with Black children representing between 30 to 40 percent of children entering out-of-home care over the past decade. By contrast, only about 20 percent of the state's child population is Black, indicating that they are undeniably overrepresented in the system, with a disproportionality index of 1.75. The dashboard does not provide data pertaining to any other specific racial or ethnic minority groups, only an 'other/multiracial' category, for whom the dashboard indicates a disproportionality index of 2.36. To claim that families of color are at equal risk of experiencing state intervention as White families, then, is to completely ignore or seriously distort reality.

The only instances where participants brought up race and ethnicity independently were in reference to language barriers caseworkers encountered when working with non-English-speaking families. Thus, the only situations in which caseworkers seemed to feel race mattered was when it impacted communication processes. Although it was reported that an interpreter service was available for certain languages, such as Spanish, caseworkers in certain communities noted that they had considerable immigrant populations who spoke other languages, including various indigenous Central American languages and Haitian Creole, for which interpretation was not always available. Even when interpreter services were available, the use of an interpreter was perceived as creating a barrier to building a relationship with the family. As one respondent explained,

Sometimes in those types of situations, and I've had cases where it bothers me that I can't speak, you know, maybe Creole or something else, because sometimes you want to really have that person truly understand the severity of the situation, and it's just like, "Oh, okay"... It doesn't translate well. You're just hearing translation, but you don't translate the meaning, there is a feeling behind it as well.

Furthermore, caseworkers expressed concern that particular child welfare language did not always translate easily, and if the interpreter did not understand the child welfare field, they

might not explain the concepts correctly. While these were valid issues that undoubtedly affected the dynamic of the case, it was very telling that race and ethnicity were only treated as relevant insofar as they presented linguistic or cultural barriers to service provision. The notion that race may shape vulnerability to or experiences of the child welfare system was entirely unaddressed.

It is important to acknowledge that people of color, and women of color in particular, make up a sizable proportion of the child welfare workforce and were well represented among focus group participants in my study. One of the fallacies perpetuated in the ‘cultural competency movement’ that has taken hold in the health and human services sector is the assumption that ensuring people of color are represented among an agency’s staff automatically translates into racial equity and culturally responsive services (Johnson, McNeish, and Vargo 2020; Shaw 2005). Employing women of color among the front-lines of the child welfare system does nothing to change systemic racism and structural inequalities embedded within policy and practice; instead, the system indoctrinates people of color in the dominant white middle-class worldview, all the while using the racial diversity of the workforce to refute claims that the system is racist. As documented in the anthropological literature, the persistence of unequal power relations allows the values and practices of the dominant class to take on a hegemonic status, creating the perception that the dominant ideology is neutral, when in fact it is deeply racialized, gendered, and classed (Berry 2013; Sedano 2013; Jensen 2013; Rudzik 2011; Tarducci 2011; Hinton et al 2013; De Graeve and Longman 2013; Colen 1995; Ginsburg and Rapp 1995). The impact of this feigned neutrality, as Bonilla-Silva (2020) contends, is that it limits understanding of the structural nature of disparities, thereby making it difficult to imagine the necessary policies to address these problems. The perpetuation of racial disproportionality

thus becomes naturalized and attributed to the individual behaviors and personal failings of families of color.

### **Summary**

The findings presented in this chapter demonstrate how caseworker perceptions of system-involved families are shaped by the underlying ideology of ‘good parenting’ and preconceived assumptions that those subjected to the child welfare system are ‘bad’ parents. Since system-involved parents are presumed to be ‘bad’ parents, everything they say and do is treated with suspicion; even their compliance with services evokes skepticism and distrust. The myriad ways in which they deviate from the ‘good parenting’ standard, such as their failure to achieve economic self-sufficiency or their lack of a nuclear family structure, further reaffirm that they are ‘bad’ parents in need of rehabilitation in the minds of caseworkers. As shown, even when empathy was extended towards system-involved families, it was often still undergirded by ideas about self-sufficiency and personal responsibility. Very rarely did caseworkers actively challenge the dominant ideology or recognize the ways in which system-involved families were impacted by structural inequalities. These data reveal how child welfare ideology serves to pathologize and further marginalize poor, non-white and female-headed families, while failing to recognize the ways in which such families are precluded from the ‘good parenting’ ideology on the basis of their race, class, and ‘alterative’ family structures. Efforts to portray state ideology in neutral terms ultimately reinforces racial, class, and gender inequalities by rendering these disparities invisible and instead promoting individualized understandings of blame.

## Chapter 8

### Protecting Children?

Norina first entered the child welfare system at the age of five. More than a decade later, the rights of her parents had long been terminated, but the system still had not found a permanent home for her. She was just months shy of turning 18 and preparing to age out of foster care when I sat down to interview her. Although the national standard for achieving permanency is within 24 months of entering care, Norina was one of the countless children who fell through the cracks. How is it possible that over all those years the child welfare system was unable to find a suitable home for her, and what was the long-term impact on her safety and well-being?

A petite, Latina youth with light curly hair, Norina spoke openly about her frustrations with the child welfare system, detailing how the state had failed to serve her best interests. Rather than keeping her safe, the time she spent in foster care had created a sense of isolation and alienation. She experienced foster care as a sad place, being constantly surrounded by other foster children and lacking a genuine family connection. This resulted in escape seeking; at a fairly young age, Norina began running away from foster care to escape the constant reminders of her unhappy circumstances. “Like, I don’t know, maybe that’s just me, ‘cause I like to have my personal ‘me time.’ I don’t like being around these sad people all the time,” she divulged. “Like, ever since I was 12 years old, I used to go, leave in the morning and come all the way back at night time, 11 o’clock or 12 o’clock. If I don’t come back, I just leave.” Norina was brutally honest about her feelings towards the system, emphasizing the way she felt unheard and

as though those working within the system did not really care about children like her. “I don’t like being in foster care. I never did and I never will,” she concluded. Her disdain for being in foster care led her to elope for longer and longer stretches, spending more time out on the streets, where she was exposed to further danger, ultimately resulting in her exploitation and drug addiction. She was actively engaged in treatment at the time we met, and looking forward to a fresh start, but nothing could undo the years of trauma she endured while the state was supposed to be keeping her safe.

I begin this chapter by introducing Norina’s case because it exemplifies the complexity of children’s experiences with the child welfare system. My examination of Norina’s story is not meant to suggest that the state’s initial intervention in her case was inappropriate or unnecessary. By Norina’s own account, removal from her family, which she described as “really messed up,” was probably in her best interest. At the same time, however, she did not experience foster care as a positive intervention. Rather than protecting her, the child welfare system created additional vulnerabilities that ultimately led to further victimization. Although she had an optimistic view of her future, describing how she had gotten ‘clean,’ was enrolled in school, and hoped to become a doctor one day, in only a few short months Norina would be transitioning to independent living with no established support system, only the survival skills she had gained from her years on the street.

What I wish to illuminate through this chapter is that while the state and its agents criticize parents for failing to properly care for their children, it does not hold itself to those same standards. The justification for removing children from their parents and placing them in foster care is that this is done to protect them. Yet the underlying assumption that has remained largely unquestioned is that foster care is inherently safe. I seek to interrogate this assumption here,

illustrating how the state routinely removes children from their ‘maltreating’ parents in the name of safety, but subsequently fails to ensure the safety of children after they enter the foster care system. While physical abuse in foster homes may be rare, children often experience neglect, instability, and perpetual uncertainty in foster care, which can have a devastating impact, especially for those children who languish in the system for years. Interviews with youth revealed a variety of ways in which their experiences with the child welfare system affected their sense of safety, normalcy, and overall well-being. Meanwhile, caseworkers also offered varying, and at times conflicting, perspectives on the extent to which foster care truly protected children. These narratives call into question whether child welfare interventions are really in the best interest of children, or whether they primarily serve the best interests of the state. In this chapter, I further explore the role and practices of the state in ensuring child safety *after* children are removed from their parents, emphasizing the perspectives and experiences of system-involved youth.

### **Contradicting Caseworker Perspectives: Foster Care as Inherently Safe?**

Embedded within caseworker concerns about child safety explored in the previous chapters were certain assumptions about the relative safety of children in foster care compared to the presumed lack of safety with their biological families. The fact that participants explicitly stated they were concerned about the safety of children who remained in the home with their parents but generally did not express concerns about the safety of children in out-of-home placements alludes to an assumption that once children are removed from the ‘offending’ parents they are safe. In some focus groups, these beliefs were made explicit. One respondent, for example, expressed that, “There’s less to worry about when they’re out-of-home, ‘cause, like, your foster parent is licensed; you know they’re safe.” Another stated that, “But when our kids

are in foster care, we're not worried about the level of contact with the parent. We're not worried." In other focus groups, although not stated directly, these assumptions about the safety of children in foster care were clearly implied in a variety of ways, such as not needing to make as many home visits to check on the children or not requiring a safety plan for children in licensed foster care. It seemed that the grave concerns caseworkers held regarding the 'unpredictability' of human behavior, which made them hesitant to leave children in the care of their biological parents, did not apply to foster parents, as if the process of getting a license automatically made someone a 'safe' parent. What was unspoken in focus groups were the other key characteristics, besides a license, that distinguished foster parents from system-involved parents: namely, that they were more likely to be white and much more affluent.

Simultaneously, however, foster care was understood by many caseworkers as inherently traumatizing to children. Some participants expressed that the act of removal itself might be more traumatizing to children than the actual abuse or neglect inflicted by their family of origin, emphasizing the impact that removal has on a child's mental health and sense of self and security. Speaking to this issue, a case manager explained, "Sometimes we feel like removing kids ruins them... I had one kid, he couldn't make it anywhere, and as soon as he got back home, his hostility disappeared. His aggressiveness disappeared... His emotional outbursts disappeared. His meltdowns. Everything. He was calm. He was a different kid, and it was all because he went back home." In another focus group, a case manager similarly detailed the emotional impact foster care has on children as follows:

You know, they've told me over the years working at, you know, "Every home is different. They don't ask me what I like to eat, they don't ask me what my religion is." And after they've been moved two or three times, they – they tell you, "I forget who I am. I forget." Because everything in their life is not the way it used to be and it affects them mentally, you know? The parents are out still doing their thing on crack and the kids [ask], 'Well, what did I do wrong? Why

wasn't..." You know? And it's, and it's sad because foster care affects these kids' mentally. I think every kid that is removed automatically suffers from attachment disorder because they don't trust anybody from that point on because they didn't do... Nine times out of ten, they're not the one that did the bad thing; it was the parents. But yet they're the ones yanked out in the middle of the night and their shit thrown in a trash bag... And hauled off.

As this narrative suggests, not only is the removal process traumatizing, but it may also be experienced by children as a punishment, giving the impression that they have done something to deserve it. While this case manager's statement clearly still reflects disparaging views towards system-involved parents, it acknowledges that foster care is not exactly the perfect solution for maltreated children. Across focus groups, participants expressed that most children wanted to stay with their parents and that doing so was generally less traumatizing for them. "What kid doesn't wanna be with their parents?" one caseworker asked rhetorically.

In addition to separating children from their parents, caseworkers also noted the ways in which removal often disrupted other important relationships, including connections to their extended family, friends, school, and community. "We're removing them from not only the bad implements of their life but also the good ones and the strong supports," a caseworker surmised. Although children's physical safety may be ensured in foster care (though even this is not necessarily a given), a common sentiment was that their emotional safety, and the various supports that contribute to it, was often overlooked or neglected. These findings suggests that despite embracing a more holistic definition of safety, as detailed in Chapter 5, the system largely prioritizes physical safety when making decisions about what is in the best interests of children.

The notion that removal is detrimental to children has been supported by research that shows children placed in foster care often experience additional trauma while in care and tend to fare worse compared to children with similar maltreatment histories who remain in the care of

their parents (Hillen and Gafson 2015; Bruskas 2008; Doyle 2007; Lawrence, Carlson, and Egeland 2006). Caseworkers were aware of the research behind the push for family preservation and largely agreed with the premise that this was better for child well-being. At the same time, they still could not let go of their sense that children were somehow safer in foster care, even as these beliefs about the inherent safety of foster care seemed to contradict much of what they expressed regarding the traumatization caused by removal. These findings indicate that caseworkers may often find themselves caught between two conflicting sets of beliefs that must be negotiated on a daily, and perhaps case-by-case, basis. As the previous chapter detailed, implicit biases based on class and race may play a significant role in how these contradictions are negotiated.

In several focus groups, moreover, explicit critiques of foster parents emerged that directly challenged ideas about the safety and superiority of foster care. Case managers were particularly perturbed by the lack of accountability placed on foster parents. They detailed issues with getting foster parents to take responsibility for meeting children's various needs, including taking them to school and appointments, addressing emotional or behavioral issues, and teaching life skills. "There's no accountability, no parenting, nothing. It's literally your shelter. You drop 'em off, some you can't even take home till eight o'clock at night, gotta pick 'em up at six in the morning," a case manager complained. "What are you doing? You can't take 'em to any appointment. You can't do anything. You won't talk to their parents. You treat 'em like crap. Like, what *are* you doing?" This frustration with foster parents was quite common. The following excerpt from another focus group conversation provides further illustration:

CM 1: We can't get them to go to anything. We can't get them to assist, a lot of them, not all but a lot of them, most of them, we can't get to assist us with anything. It's like they just here. I just have a bed, that's it. You deal with everything else.

CM 2: People don't want to be parents. People want children to fall in line because this is how I think a life should be. And also they're not allowing these children to be children. Now you have to be a, how you call, young adult, some bullshit like that. Where you have expectations and there is, sometimes you have some rights, but mostly expectations. Because, "Well, you're not my kin, you're not my flesh and blood."

CM 1: My child, yeah.

CM 2: Correct. Therefore, you have to do certain things. I'm not saying they treat these children as workers, no. But as she said, "Oh, you're not my kid. I'm not going to take you to [your appointment]. There is a butler who's going to do that." No, there isn't one. So instead of putting, I don't want to say pressure, that might be too big of a word, instead of...

CM 1: No, they don't want to put pressure on their foster parents. They put pressure on case managers.

CM 2: Instead of giving them obligations, we get more obligations.

One of the consequences, as noted in the passage above, was that case managers often had to step up and take on these roles when foster parents refused. Another implication suggested by this passage was that the actions and attitudes of foster parents communicated to children in foster care that they were not a part of the family.

Indeed, numerous case managers observed the way foster parents treated their responsibilities towards the children placed in their care differently than what would be expected of a biological parent. A case manager explained, for example, that foster parents will call with requests such as, "'Hey, I'm sick today,' or, 'The child's sick. Can you pick 'em up from school? I gotta go to work.' So, like, I'm a babysitter today? I'm confused. Like, no, figure it out. What would you do if it was your own child in your house?'" Another contributing factor, it was noted that they were seeing increasing numbers of single-foster-parent households, and in conjunction, many more foster parents who worked full-time compared to in the past. Case managers questioned whether this was really ideal, noting the double standard that seemed to be in place. As one case manager articulated,

I feel that with the foster parents, especially... like, society won't really look too kind for a single parent with five children, so I don't understand why it's okay for

a foster parent... to be single and foster five children, with five children who are more than likely going to have some ongoing needs, you know, therapy and other type of things in place that regular children might not have. So, I just don't understand why it is okay when you probably would not be okay with a single parent having five kids.

This observation clearly highlights the contradiction between how the state treats system-involved parents versus foster parents. While system-involved parents are criticized and penalized for being single parents and failing to fulfil their parental responsibilities, foster parents seem to be given a free pass from the state and are expected to do only the bare minimum to meet children's basic needs.

Additionally, case managers expressed that many foster parents were quick to request children be removed from their care as soon as difficult behaviors emerged. According to one participant, "Everybody thinks it's, having this foster child is just like a blessing, you know. They're all kitties and puppies and you just have to feed them. You stroke them a little bit and be like, hey, you're on your own. No, it's not. These kids cause trouble. They do. That's their life. It's not easy. Why? Because they're removed from their parents." As these narratives imply, caseworkers felt that many foster parents simply did not view their role as one of parenting; they considered their responsibility to be providing for the child's basic needs, such as food and shelter, but were uninterested in performing the actual role of substitute parent.

The notion that foster care is inherently safe for children was further destabilized when a lawsuit against DCF was filed, and ultimately resulted in a settlement, in 2018. The lawsuit alleged that the state had failed to provide children in foster care with necessary mental health services, resulting in serious harm to the children whose needs were neglected. In one of the most extreme cases included in the lawsuit, a youth took her own life. A few years later, as the state was still fulfilling its obligations agreed to in the settlement, a bombshell *USA Today* report

came out documenting a long pattern of the state ignoring and covering up abuse within licensed foster homes. The report detailed numerous foster homes that were the subject of repeated abuse reports, including allegations of both physical and sexual abuse, but remained licensed and continued to foster hundreds of children over many years. In some cases, the reports were never even investigated. While publicly available state data indicate that maltreatment in foster care is rare (DCF Child Welfare Dashboard, n.d.), it is difficult to fully trust the data, given the history of cover ups, lack of transparency, and failure to document or report maltreatment of children in care revealed through the *USA Today* report. The occurrence of maltreatment, furthermore, is only one of the myriad ways foster care may negatively impact children and threaten their sense of safety. The following sections delve further into the personal accounts provided by youth regarding their experiences, highlighting their distinct perspectives of safety, and how safety is impacted by the system.

### **In the Eyes of a Child: Foster Care as a Substitute for ‘Real’ Families?**

Youth shared a diverse range of experiences with foster care, illustrating the great variability that exists in the quality of care provided to children in the system and illuminating the myriad ways in which the state can, and at times does, fail to achieve its overarching objective to keep children safe. Interviews with youth revealed that safety, from a child’s perspective, entails much more than simply ensuring children are not maltreated. Equally important are a child’s sense of belonging, normalcy, respect, and trust. Furthermore, interviews also revealed a distinction between being safe, in the concrete ways safety is operationalized by the child welfare system, and actually *feeling* safe, which could be difficult for children to articulate to case managers and other system stakeholders.

Notably, many youth I interviewed described very positive experiences in foster homes that provided a loving and nurturing family environment. In fact, what youth emphasized most about these particular foster homes was being treated like part of the family. Recounting the last foster home she stayed in before aging out of care, for example, Nana (Puerto Rican, 18 years old) expressed, “I really liked that place. Like, they, like, treat you like real family. They do.” Crystal (Latina, 16 years old) similarly stated of her foster family, “They treat me like their own family. They don’t call me a foster kid. They – they treat me like one of their own.” Several youth compared their relationships with their foster parents to biological family relationships. “It’s like a regular relationship, like a regular, which is how with like my biological mom,” Jonelle (Black, 15 years old) declared of her foster mother. Josaline (Black, 16 years old) similarly described her foster mother as “like a regular mom,” as did Trish (Black, 17 years old), who stated her foster mother was like “a real mother to me.” Javier, a 17-year-old Guatemalan immigrant who came to the United States as an unaccompanied minor, articulated that, “I feel that my relationship with [my foster parents] is as if they would be my second parents. They gave me love, like, they accept me... It’s like we are a family.” Quite a few youth even reported that they referred to their foster parents simply as their parents, such as Hailey (White, 17 years old), who asserted, “She’s my mother, I swear to God... she really took me in as family.” In many ways, these narratives captured the ideal that the child welfare system envisions for maltreated children – substitute families where children feel safe, cared for, and accepted.

Perhaps the characteristic that most distinguished these ‘good’ foster homes was the emotional support that they provided to the children in their care. This was often what youth alluded to when they spoke about being treated like family. Ariana, a 17-year-old Latina, expounded on the importance of this support. In describing her relationship with her foster

mother, she stated, “We communicate a lot, it’s – it’s something I haven’t found before, it’s a communication like from mother to daughter.” As our conversation continued to unfold, she elaborated further,

Sometimes I wonder what – what am I doing here, do you understand? What am I doing in this program? What am I doing? Why did all of this happen? Then I talk to my foster mom... And I tell her why – why, why me? Why one as a child suffer so much? And she says that it’s... what doesn’t kill you makes you stronger, and it’s true. So she gives me a lot of advice. And then – then it goes away, and I forget. But there are moments like that, for real.

Ariana’s narrative demonstrates how emotional support contributes far more to a child’s sense of safety than does the mere provision of basic physical needs. Among youth who reported having positive relationships with their foster families, it was the actions that those families took to comfort them and make them feel included, and even loved, that stood out most.

With regard to this theme, furthermore, interview data also indicated that establishing a sense of emotional safety does not typically happen immediately when a child enters a new foster placement. Although a couple youth expressed that they felt very comfortable in their foster home right from the beginning, most youth who reported having this kind of family-like relationship had been with the same foster family for an extended period of time, developing deep bonds over the course of many months. Youth who had only been in their current foster placements for a short period of time, on the other hand, were less apt to describe their relationship to their foster family as being close. Valery (Nicaraguan, 18 years old), for example, expressed that she was still becoming acquainted with her foster family. “Well, I mean, we’re not that close. Because I only been, like, for four months,” she explained. “So it’s just, like, getting used to it and learning to kinda, like, trusting or something like that.”

Teresa (Latina, 16 years old) spoke to this process in more depth. She stated that she had a good relationship with her foster mother, affirming that, “Like, some things I told her I don’t

tell my mom, my biological mom... So, yeah. I guess we're kinda, like, close." Similar to Valery, Teresa had been in her current foster placement for about four months when I interviewed her, and many of her responses reflected the fact that she was still becoming accustomed to her new setting and building relationships with her foster family. When asked specifically if she felt like she was part of the family in her foster home, she was pensive. "At first I wasn't, 'cause I'm like, these people don't know me. I don't know these people," she explained. "But, like, I kinda do have some conversations with, like, my foster brother... He told me that he welcomed me in the family and I'm, like, I felt more like, I felt more, I guess, being – like, feeling like I'm involved in another family." Teresa's narrative emphasizes how integrating into a new family occurs gradually, if at all. Entering into foster care is an abrupt change for children, disrupting their routine and placing them with complete strangers in unfamiliar homes. It cannot be assumed that this transition will be seamless or automatically satisfy the child's need for safety, as various contrasting youth interviews revealed.

Not all youth had strong emotional connections to their foster families. Although none of the youth I interviewed reported any specific safety concerns with regard to their current placements, a number of youth conveyed indifference or described relationships with foster families that were characterized by emotional distance and distrust. Maya (Black, 17 years old), for example, was very explicit about her disinterest in bonding with her foster family, stating, "My relationship with my foster parents, well, I don't try to build a relationship with them... 'cause to me, I had that with my mom, so nobody else can do that better than her, so I don't try to do like that with nobody." From her perspective, clearly, she did not view her foster family as a substitute for her real family. Aniya (Black, 17 years old) similarly indicated that she was not open to bonding with her foster parents, describing their relationship as "we speak when we need

to.” She expressed that she did not feel respected in her foster home, but shrugged it off: “I just deal with it. Like, there’s – there’s gonna be a problem everywhere you go.” Many youth expressed similar sentiments conveying the perception that how they felt did not really matter, the system made decisions about their lives and they simply needed to accept it.

Other youth spoke more specifically to the issue of trust and the barriers to developing trust with foster parents. As indicated earlier in a statement from Valery, trust was something that often had to be learned by youth. It was also something that had to be *earned* by foster parents, however, and many youth were reluctant to give it. Dionna (Black, 17 years old) said of her relationship with her foster parents, “It’s okay, like, I don’t really talk to them much... like, we talk, but like, not like into deep stuff.” When probed further about whether she trusted her foster parents, she replied, “It’s hard to say, what kind of trust, ‘cause like, I mean, I trust them to, like, pick me up and, you know, to see if whatever’s wrong... but I don’t know about other stuff.” Juliana (Latinx, 18 years old), a transgender youth who was just beginning their gender transition, shared this sentiment. “I don’t really have a relationship with them because of, you know, I don’t know them and I don’t know, like, their attitude or knowing their, you know, feelings,” Juliana stated. “I don’t know them that much and I don’t want to get – get too close... like I said, I have trust issues.” As these narratives suggest, youth may trust foster parents to meet their physical safety needs, but not necessarily their emotional needs, which ultimately limits their sense of safety in foster care.

Expanding further on the theme of trust, Olivia (Latina, 16 years old) detailed the issues she had experienced with her foster mother:

Trust is a hard word to really define... and explain, but let’s just say, it’s mutual. Like, I know, like, what she’s there for, and, like... I know what to tell her and what not to tell her. Cause last time I was too open with her, to where she twisted my words around, and that made me, like, take a step back. Like, no, like, that’s

not what I said, and that's not what I meant. So, it kind of made me feel, some type of way, but I'm working on it with her. Like, I'm trying to regain that back with her, but at the same time, I gave her no reason not to trust me. 'Cause I was always open with her, but I always feel like there's this thing with her, that she does-doesn't, like, trust me. Like, she checks up, like, she calls people at school to make sure I'm at school. Like, she has the security, like, watching me, and, like, it's, like, weird. Like, what do you think I'm doing behind your back, if I'm so open with you, you know?

Olivia's narrative illustrates a significant challenge concerning trust; namely, that it often is not reciprocated by foster parents. Jonelle (Black, 15 years old) had a similar experience in which an incident led to a deterioration of trust. As she recounted,

It was just sad situations that happened that I would have... I thought was going to be confidential and it wasn't, and so it like affected my relationship with my foster parent for like a month, like a couple weeks to almost a month. Like, it was really bad, so... I don't talk about anything personal like that no more... I don't express my feelings like I usually would no more. I don't feel comfortable.

When foster parents break or fail to reciprocate youth's trust, as described by Olivia and Jonelle, youth may feel that they have been taken advantage of, or that their trust has been misplaced. Even for youth who have been in a stable placement for an extended period of time and have a positive relationship with their foster parents, trust may still be limited. Despite having been in the care of her foster mother for over two years, for example, Lupe (Latina, 14 years old) explained that, "Like, sometimes, I don't like telling her things because she might tell my case manager, [or] my therapist." Concerns about confidentiality can significantly limit trust, particularly among system-involved youth, who are subjected to constant surveillance and invasions of privacy by multiple agencies involved with their case. Knowing that foster parents report back to the case management agency, several youth indicated that there were limits to how much they confided in their caregivers.

Closely related, and key factor contributing to youth's distrust, honesty was another significant concern. Numerous youth complained about encountering dishonesty within the child

welfare system, either from foster parents or other professionals involved in their case, such as caseworkers, therapists, or various DCF representatives. As Crystal (Latina, 16 years old) explained,

Some of the foster parents, like, they just look at you and they – they think what they’re saying is helpful, but it’s not helpful. I guess, like, for kids in foster care... all we want is to see you be honest with us. We don’t want you to lie in our face, because when you lie in our face, it just gets us even more mad. Like, just being realistic with us and blunt because if you don’t do that we’re going to end up running away and doing some other stupid crap on the streets... And then you’re going to be a runaway for, like, months. It’s happened to me.

Perceptions of dishonesty fueled a sense of injustice and belief that the system could not be trusted, thereby diminishing youth’s sense of safety. Moreover, Crystal’s comments highlight one of the adverse consequences that result when foster care placements fail to meet youth’s needs for both physical and emotional safety – namely, running away from care. Elopements from foster care are quite common, especially among older youth. At least half of the youth I interviewed admitted to running away on one or more occasions. Usually, their reason for doing so was because they felt unhappy or unsafe in their current placement. This was illustrated in the opening story about Norina, who disclosed that she began running away because she did not want to be around “all these sad people all the time,” referring to the other foster children in the home. Additional explanations provided by youth included not getting along with their foster parents, wanting to see their biological family, and being mistreated by foster parents or by other youth in the home. Regarding the latter, experiences of maltreatment while in foster care will be explored in greater depth in the next section.

Furthermore, many of the youth who reported positive relationships with their current foster families also alluded to experiences with previous foster homes that were not as good. In speaking about her current placement, which she liked very much, for instance, Josaline (Black,

16 years old) added, “It’s better than how the other foster homes were before.” Crystal similarly asserted that her current placement was “one of the best houses I’ve been in” since entering foster care, adding that “It’s pretty weird to find a foster home like this.” Particularly among youth who were in care for an extended time, multiple placement changes were common, and entailed a mixed bag of experiences. It was not uncommon for youth who described positive relationships with foster families to also report negative experiences that they had with prior foster homes. Many youth that I interviewed underwent several placement changes before they found a foster home that was a good fit, and in some cases even intentionally disrupted placements to prompt their removal from a home that they disliked. Makayla (Black, 16 years old) discussed her strategy, explaining that initially she did not know anything about foster care or how the system worked, “But now I know how to, um, get what I want.” As she described, “I didn’t know that they could move me from my first placement. I thought that’s where I was gonna stay forever... So, once I found out that they could move me... I tried – I tried my best to get closer and closer to my sister. So, that’s why I would start acting up.” It was clear from Makayla’s narrative that no one within the system had ever asked what she wanted or offered her the opportunity to provide input on where she was placed, but over time she had learned how to navigate the system and devised her own tactics for achieving her personal objectives.

Other youth, such as Yasmin (Brazilian, 17 years old), did not explicitly state that they had personally experienced ‘bad’ foster homes, but shared the perception that many foster homes were not as welcoming and did not treat foster children ‘like their own.’ Expanding on how her foster mother treated her like part of the family, Yasmin explained that it was,

...the littlest things, even like when she would, like, go to the store and, like, she would buy me something. Like, little things foster parents don’t really do that, you know, they don’t really wanna spend they money on them, on the kids and stuff. And like for Christmas presents, and she ask us what we want for

Christmas, and like she literally buy us everything that's on the Christmas list, like with her own money. So, it's like she really cares, you know, she doesn't do it for the money or anything else, so it's just, she's amazing.

In articulating the actions and qualities that made her foster mother remarkable, Yasmin indicated that most foster parents do not care and only foster children for the money the state pays them to do it. This perception was not unique. Having experienced numerous foster homes, Makayla asserted, "Some foster parents, um, they shouldn't take kids if they don't, like, if they're not gonna play the role as a real parent." This critique bore striking resemblance to those raised by case managers, described earlier. Hailey (White, 17 years old) further suggested that the issue was the lack of expectations established by the state, contending, "There's nothing really you can do, honestly. It's the case managers. It's foster care period, not really the foster parents. They're not supposed to do anything for you, really, besides have you under their roof and feed you... My momma does, she's extra. She do the most. She do my case manager's job. That's why I'm – I'm blessed to say that I have a placement like hers." The perception, therefore, was that foster parents were only required to do the bare minimum in providing for the children in their care, and those that went above and beyond were exceptional.

Monica (Haitian, 17 years old) similarly implied an awareness that not every child in foster care was as fortunate as she was to have found a loving home. She had been in the same home for two or three years, and had become very close with the family, including her foster mother's biological children. Of particular importance to her was the fact that she felt comfortable in her foster home: "I don't know how to explain it. It just... I just feel comfortable. Like the first time I came here, I just felt comfortable." When asked about her relationship with her foster mother, she quickly divulged, "I love her." Expanding on their bond, she explained, "She care about me. She help me a lot, even when I make mistakes. Even if I make the mistake

twice, she still hear me out.” Underscoring Monica’s account are themes of respect, understanding, patience, and forgiveness as core qualities that define a positive foster care placement. Pivoting from this explanation of her personal experience, however, she observed, “Well there’s good people, there’s bad people, and God – thanks to God, I found the good people because I don’t have to... I don’t know how to explain it... I found the good people, and they help me and stuff. So I’m thankful for that.” As the various narratives shared by youth indicate, placement in a ‘good’ foster home, one that truly embraced the child as a member of the family, was not a guarantee, something which youth in the system were well aware.

While youth reported a wide range of foster care experiences and recognized that the quality of foster homes varied greatly, some youth perceived that placement in foster care was better than remaining with their families of origin. Indeed, a number of youth that I interviewed directly expressed that removal from their family was in their best interest. Kristi (Cuban, 17 years old) and Crystal (Latina, 16 years old) both conveyed this sentiment. Kristi still had contact with her biological mother, and although they had been engaging in family therapy, she felt extremely uncomfortable about the idea of reunification. Speaking to this issue, she expressed her worry that if she returned to her mother, the abuse might resume, “and then I’ll just start running away out of her house, trying to go somewhere to be safe. But foster care, like, honestly, it is safe for me.” She insisted that she felt safer in foster care than she did in the care of her mother. Crystal, on the other hand, did not have any ongoing relationship with her biological family, and was largely uninterested in making amends or resuming contact with them. “My whole family, like, they’re... I could definitely say my biological family is shit compared to these people,” she stated, referring to her foster family.

At the same time, several youth that I interviewed conveyed that while they agreed with or understood the reason for their removal, their subsequent experiences with the child welfare system led them to question the state's investment in actually helping them. Youth such as Norina, whose story opened this chapter, expressed their deep dislike for the foster care system, even as they acknowledged that foster care was better for them than remaining with their biological family. Articulating her understanding that being with her family simply was not an option, Norina conceded, "I mean, sometimes it is what it is... Like, my family's really messed up." Despite this acceptance, however, she later affirmed, "I don't like being in foster care. I never did and I never will. I mean, regardless that my family, you know, they're all in drugs and stuff like that, I mean, regardless. But, 'cause, I mean, I'm better off in foster care than with my family." Similarly, Maya (Black, 17 years old) expressed, "What it's like, to me, is not, like – it's not happy moments... The place is okay, but for me, it's – it's not somewhere I want to be." Agreeing with the state's determination that they could not safely remain in the care of their family of origin did not necessarily equate to a youth's agreement that foster care was a safe or desirable place for them. For these youth, being in foster care was primarily a matter of biding their time, simply waiting to turn 18 and age out of care.

### **“Nobody Believed Us”: Maltreatment in Foster Care**

Maltreatment in foster care is purportedly rare, although this greatly depends on how maltreatment is defined, and to what extent the data provided by states can be trusted. Most states, Florida included, claim incredibly low rates of abuse within foster care – on average, fewer than two percent of children are alleged to be maltreated while in care during any given year according to data that states provide to the Children's Bureau (Biehal 2014). There is good reason to be skeptical, however, when the state is left to investigate itself, as is the case with

incidents of maltreatment in foster care. As a case in point, in the follow-up to the damning USA Today report on Florida's failure to keep children safe while in care, a subsequent article revealed that during the 2019-2020 state fiscal year alone, Florida had 92 cases of children with sexual abuse allegations against foster parents, but only six of these cases were verified by DCF investigators, despite the majority of allegations coming from credible sources (Hirt 2021). This figure does not even touch upon children who experienced physical or emotional abuse while in care. The evidence base is severely limited by a lack of empirical research on the occurrence of maltreatment in foster care and heavy reliance on state reporting systems (e.g., Poertner, Bassey, and Fluke 1999; Tittle, Poertner, and Garnier 2008, 2001), however, recent studies have suggested that abuse in foster care is more prevalent than once believed (Euser et al 2013; Uliando and Mellor 2012). Few studies, furthermore, have directly explored the perspectives of children about their treatment while in care (Morton 2015; Biehal 2014).

While the majority of youth that I interviewed did not report experiencing maltreatment while in foster care, at least not that they confided to me, several youth did experience abuse by their foster parents. Their accounts suggest that, when maltreatment does occur in foster care, it is not always recognized or acknowledged by caseworkers. In some cases, youth had to go to great lengths to document their maltreatment before their claims were taken seriously by anyone in the system. Given the substantial obstacles they encounter, it is easy to imagine that many youth never report their abuse while in care.

Nana was the first youth to confide in me that she was abused while in foster care. A friendly young female of Puerto Rican ethnicity, Nana had already turned 18 and was in a state-supported independent living arrangement by the time of our interview, but was quite eager to talk about her experience. Before the interview had even begun, she inquired whether we were

going to discuss her previous foster care placements. When I responded that we could discuss whatever she wanted, she affirmed that she very much wanted to share her experience with me. Although she was now in a much better situation, she was still upset by the way she had been treated, and especially by how she was initially not believed.

Sitting across from me at a small table in the public library near her school, Nana began, “Well, I was staying with Miss Melanie, and she was mean. Very, very mean. We caught her spitting in our food. And she would, like, turn off the A/C.” Nana explained that she and the other children in the home would beg the foster mother to turn on the air because it was so hot, but she would refuse. Living in south Florida, temperatures could climb well above 90 degrees Fahrenheit during the day. “She was just an ass. She was cooking our food in the floor,” Nana stated. In addition to the unsanitary food preparation, at other times the foster mother would deny them access to food. According to Nana, they reported the maltreatment to caseworkers and therapists, but “nobody believed us.” Eventually, the children began video-recording the abuse on their cell phones. “And then we called the 1-800-ABUSE line. Less than two hours. It was, like, 1:00 in the morning when they came. And they took us all.”

Her story did not end there. After being removed from the first foster home, Nana was placed in another home, which seemed “okay at first, but then [the foster mother] just started being, like, racist to this other girl.” When Nana called the foster mother out for how she was treating the other child, the foster mother “started snapping on me.” Apparently, the woman’s mother also had foster children, and she brought them over to the house to physically fight Nana and the other children in her care. How exactly the situation was resolved, Nana did not specify, other than to say that from there she finally went to a foster home where she was treated well. “I love that house. Like, I stay there for, like, four months and, like, I didn’t wanna leave.”

Unfortunately, since she was aging out of care, Nana was unable to stay in the home, and had to transition to an independent living facility.

Nana's experience illustrates the ways in which the state delegitimizes children's perceptions of safety, failing to take seriously the concerns that children raise about their treatment in foster care. She concluded with the following advice for the child welfare system: "Just try to be on the kid's side better than other people... 'Cause sometimes the kids do tell the truth." The fact that the children tried on numerous occasions to report their abuse to the very individuals within the system who were charged with ensuring their safety but were ignored until they provided concrete evidence was particularly unsettling.

Trish, a 17-year-old Black female, also spoke quite openly about experiencing abuse from within the system. She and her four siblings were all adopted from foster care by the same woman, however, it was far from a happy ending. According to Trish, "She was very abusive towards me and my other siblings. She adopted us, and like, um, she kicked out my older brother and my older sister when they turned 18 and she started abusing me." She described the abuse as physical, mental, and verbal. Eventually, she started running away from home, initially for a couple days at a time, and then, "I would run away for like three to six months, and then I would come back, just to get some clothes, say hi to my sisters." Although she began eloping to escape an unsafe situation, being out on the street further jeopardized her safety and ultimately led to her involvement with the juvenile justice system. Her re-entry into foster care was predicated primarily upon her 'high risk' behavior, and not her maltreatment.

Like foster parents, adoptive parents go through extensive training and licensing before they become approved to adopt through the child welfare system; as a result, they are generally trusted to be 'good' parents. In Trish's case, the allegations against her adoptive mother did not

appear to be taken seriously, as evidenced by the fact that her two younger siblings remained in the adoptive mother's care. Trish was uncertain whether her siblings were also being maltreated, but worried gravely for their well-being. Her story bears striking resemblance to that of Nana with regard to the state's seeming reluctance to take action against those parents who have been licensed by the child welfare system.

The final youth who shared an encounter in foster care that might be considered maltreatment was Kristi, a 17-year-old Cuban-American female. In contrast with the two narratives discussed above, Kristi's experience was more nuanced. An important distinction, Kristi did not explicitly identify what happened to her as abuse. The story she shared, however, entailed an altercation with her foster mother that clearly violated her sense of safety, and could be interpreted as rising to the definition of maltreatment provided by the state. As she explained, they got into a disagreement around what Kristi perceived to be a broken promise, and the situation escalated, culminating in her running away. Her recounting of the events that unfolded that day was as follows:

We did get in an argument at the end, kind of. Like, there was a day we were going to the pool and I was... I was texting my friends on Facebook... and then one of my friends texted me. He was like, "Oh, where you at? Let's chill." And I said, "Yeah, sure." ...So I ended up asking [my foster mom], she was like, "I'll go with you next time, but you know, you can tell him he can come. We're going to leave to the pool, like, around five," and it was like, two. I was like, "All right. That's fine, that's fine. Thank you." And she goes to me, "You can sit in the front yard... Just stay in front, please. Do not run away." And I was like, "I'm not going to run, don't worry."

...[My friend] was coming on the bike, and after that... at three, [my foster mom] was like, "Come on, we're going to the pool," and I asked her like, "Can I bring him to the pool?" And she was like, "Yeah, sure." And then after that, when I was grabbing my stuff, I texted him, "Hey, we're going to the pool, so hurry up." And he was like, "All right, all right, I'm almost there. I'm almost there." So then, we're already leaving, and then I'm just like, "Wait. Like, didn't you say he could come?" She was like, "Yeah, but, like, not anymore." And I'm like, "Wait. What?" Like, I don't know because she was drinking a little bit, so I don't know if she was like, off mind or something. I don't know, so I was like, "Damn, you told

me yes and now you're saying no. You're really going to lie?" Like, I kind of got upset...

Then after that we started arguing and then I went upstairs and was like, "Oh my God, like, I'm so mad. You told me I could bring him. He's already on his way. He's coming on a bike; he's not coming in a car," and whatever, I just got mad. She started screaming in my face and she went like that to me [gestures raising a hand, as if to slap someone] and I was like, "Don't touch me," because like, I don't want her to touch me because I don't want that to remind me of my mother. So I was like, "Don't touch me." She's like, "I'm not touching you." I'm like, "Good, then don't touch me. Get out of my face, stop screaming at me. You're not my mom," and whatever. She was like, "You want to be like that? Whatever, then go. Leave." And I'm like, "Fine, I will leave." ... That's how I ran away.

Adding insult to injury, in the aftermath of this incident, it was Kristi, not her foster mother, who was punished. After she returned from her runaway episode, she was deemed unstable and a danger to herself, and thus placed in a locked residential psychiatric facility. The events that triggered her elopement were irrelevant as far as the system was concerned.

Interestingly, despite this experience, Kristi still viewed foster care as the safest place for her, as described earlier in the chapter, and considered herself largely to blame for her 'poor' decisions. She expressed regret that she "took advantage" of her foster homes, and had been more interested in doing what she "wanted to do," which was party with her friends, rather than what she "should do." Although she was the alleged victim of maltreatment, not the perpetrator, Kristi's narrative reflects how children also become indoctrinated in the state's philosophy of personal responsibility. In this way, it was not only parents who were pressured to accept culpability for the maltreatment of their children, but even children were encouraged to assume accountability for themselves if they failed to comply with the state's expectations for them – namely, to be well-behaved, attend school, and stay out of trouble. To this end, the system is designed to enforce compliance, for both children and parents, more so than it is concerned with ensuring child safety, as evidenced by the system's response to conditions that threaten the safety of children in foster care.

## **Perpetual Instability**

The cases described above do not necessarily reflect the typical foster care experience, although it is perhaps difficult to say what exactly does constitute the ‘typical’ experience. As noted earlier, many of the youth that I interviewed did eventually find an amenable foster care placement. Even when they found themselves in a ‘good’ foster home, however, youth continued to be surrounded by uncertainty. For the most part, foster care placements were only temporary, after all. Ideally, the system’s goal is to find permanency for children, either through reunification with their family of origin, or through adoption if their family was unable to demonstrate an ability to ensure their safety. Many older youth in care faced a different reality from this ideal, though; with adulthood looming around the corner and no identified permanency options, many adolescents age out of the foster care system. Indeed, a considerable number of youth that I interviewed were anticipating precisely this conclusion, unless they were fortunate enough to be in a foster home that was willing to allow them to stay beyond their eighteenth birthday, and even these situations could change suddenly.

Crystal’s story provides a powerful illustration. At the time of our interview, she appeared to be very stable and was thriving in her current placement, where her foster family treated her “like one of their own.” It appeared to be a happy ending, with Crystal (who was nearly 17 years old at the time) expecting to stay with the family after she turned 18, but subsequent events revealed the volatility and temporariness of even seemingly stable placements. About six months after our interview, I learned from the agency working with her that the situation had changed drastically. There had been “an incident.” I never learned the details of exactly what took place, only that something had occurred that triggered Crystal, and she ran away. Although she was recovered by law enforcement and returned to the child welfare agency,

her foster family was unwilling to take her back. It was disheartening to hear, especially since Crystal had been in the home for at least a year prior to the incident and had a very strong bond with her foster family, yet as soon as challenges arose, they abandoned her. This led to a full tailspin, as it reinforced Crystal's pre-existing expectations of abandonment and belief that people could not be trusted. Only months away from aging out of care, it looked like Crystal would not achieve permanency after all.

This is the reality for children in the foster care system. Placements can deteriorate rapidly, and there is never a guarantee that a foster family will remain committed to a particular child in their care. Even children who are adopted can experience disruptions, for that matter, when adoptive parents decide they are unprepared for the behavioral and mental health issues that often accompany system-involved children. Ironically, while many stakeholders in the child welfare system lamented over the instability that children experience with their families of origin, they largely ignored or downplayed the instability that many children experience within the child welfare system, not to mention the ways in which the system exacerbates the instability already experienced by vulnerable families.

As noted earlier, some youth described strategies of intentionally disrupting placements they disliked in order to prompt a placement change. Although this achieved the desired immediate effect of being removed from the current placement, such strategies could also backfire. Case managers explained that children who developed a reputation for disrupting placements essentially became 'blacklisted' by foster parents. It quickly became difficult to find placements for such youth because no one wanted to take a child with a history of acting out and causing disruptions. Several case managers elaborated upon this phenomenon during focus groups, as in the following examples:

I have a couple kids who, they've gone through every [foster] home in [county]... so you get very worried, like this kid is on the street, and it's a choice that she makes, because there's perhaps maybe like a shelter, and that's where she doesn't want to go, or he doesn't want to go, but there is a placement. But because they've gone through every home, nobody wants them... So it's difficult, because, like, when they're here being you know, waiting for placement, we have to wait two, three nights because nobody wants them in their home, and they refuse to go to a shelter. So what do we do with these kids?

But then when you get a child that's moving from one placement to another because they disrupted, this whole history of these kids and what they've done, why they've been in foster care, oh they disrupt 30 placements already. So they have to note this and they have to explain certain things to the foster parent. They're runners, they run away, or they throw things, or they like to get out the house. You got to keep the doors locked. You know, or they come in with a safety plan... A lot of foster parents say, "No, I don't want to deal with that." Or, like I said, they tell us, "Oh, we'll just do it for one night," and you got to be back before eight in the morning to pick them up.

Thus, children's efforts to provoke placement changes could have the effect of increasing placement instability, as child welfare agencies resorted to bouncing 'unwanted' children around from one temporary home to the next, placing children with any foster home that would agree to take them for a night or two while they looked for another placement.

A number of youth spoke directly to the importance of, and need for, stability. When asked whether there was anything she felt needed to change about her current living situation, for example, Natalia (Latina, 16 years old) responded, "I need more stability." What was most telling, perhaps, was that she described her current placement as "pretty stable," despite the fact that she had only been there for four months at the time of our interview. This provides a fairly strong indication of the degree of instability many children experience, that remaining in the same home for four months would be perceived as stable. Bethany (Black, 16 years old), who had recently reunified with her father, similarly emphasized the significance of stability, explaining that she felt like everything in her life was back on track "cause I have a stable home,

I'm not always moving from place to place." It is worth noting that, in Bethany's case, this sense of stability came from exiting foster care, not while she was in care.

This climate of instability extended beyond foster care placements. Youth also experienced continual instability in the form of turnover among caseworkers, therapists, and other professionals who worked on their case. The revolving door of professionals who come in and out of children's lives in the child welfare system adds further trauma. Touching upon this aspect of instability, Nevaeh (Black, 15 years old) described the sense of loss she experienced when a therapist that she had been seeing and with whom she developed a close relationship suddenly left the agency. "I don't know, like, for me, I felt like I went into a deep depression because I felt like I lost somebody," she explained. Subsequently, the therapist had taken a position at another local agency, and Nevaeh was seeing her again, but the relationship was not the same: "It's just hard to like, re-open up, because I'm scared that she's going to leave again." Josaline (Black, 16 years old) similarly conveyed the emotional impact that turnover within the system has on children, detailing her experience of losing a judge to whom she was particularly attached. "I just hate when I have to switch the judge," she lamented. "'Cause you grow a bond with somebody, and then all of a sudden, they have to leave, and it's aggravating."

Turnover is especially high among caseworkers within the child welfare system, as previously noted in Chapter 6. Not surprisingly, then, many of the youth I interviewed had experienced changes in the case manager assigned to them. While some youth did report positive relationships with their case manager and viewed this individual as a supportive figure in their life, numerous youth held a healthy skepticism or were indifferent towards their case manager. Among many youth, expectations and trust were low due to their experiences with the system. Norina conveyed this sentiment, articulating the futility of depending on people within the child

welfare system because “they never come through. That’s why I taught myself to be a very independent person and don’t depend on nobody, especially them because I’m just gonna get my hopes up high and then get disappointed.” Over time, children learn not to develop relationships or put their trust in the professionals they encounter from the system because these individuals cannot be counted on. Like foster care placements, the professionals working on a child’s case can change from one day to the next, making the formation of attachments a potential risk to the child’s sense of safety. Notably, many youth who spoke with me were uncertain what supports they would have in the future after they exited foster care; their lives were very much characterized by temporality and lacked any enduring sense of security.

### **A Lack of Normalcy**

Youth also highlighted the ways in which foster care further disrupts a child’s sense of normalcy. Obviously being removed from their family of origin and placed in the home of strangers was one aspect. The instability described above was another. In addition, youth were subjected to a variety of rules, restrictions, and surveillance that served as constant reminders that they were not ‘normal’ children. It was this absence of normalcy that many youth found most bothersome.

Numerous youth complained that being in foster care precluded them from engaging in normal activities that other children their age were able to participate in. Overall, one of the most common responses I received when inquiring what youth would change about their current situation was a desire for more freedom. Most youth were either given a limited amount of free time to go out and had strict curfews, or were not allowed to go out at all. These restrictions were met with considerable frustration. Expressing the need for more freedom, 17-year-old Alicia (Latina) declared, “They only gave me like five hours to go out... That’s not enough. Especially

for just one day. Five hours. Not even, four hours... I mean, especially with my age, like, I'm around – I'm about to be 18 in like, three months, I should at least have like, a little bit more freedom.” Particularly among older youth who were quickly approaching adulthood, there was a yearning for greater independence, and the limitations placed on their freedom did not make much sense. In some cases, this desire sparked decisions to run away. When asked about why she had run away from foster care in the past, for example, Gabriela (El Salvadoran, 19 years old) stated simply, “I just want to go out.” Norina similarly described how her need for personal space had been the driving force behind many of her runaway episodes, and was frustrated by restrictions that she felt were not implemented out of an actual concern for her well-being, but rather “because it’s their job, you know? Be protective, you know, it’s their job. They don’t do it because they care out of their own heart. You know? And so it really bothers me because it’s like, if you’re not even gonna do it out of your heart, like, why are you even being so protective and not letting me, you know, have my space and have my freedom?”

Sometimes, youth did not have intentions of running away, but became labeled as runaways when they went out without permission or stayed out past curfew. Aniya (Black, 17 years old) relayed how this had happened to her on a couple occasions when she was late returning to her foster home. Although she had not actually run away, her foster mother called the police to report her when she was not back on time. This highlights one of the ways in which the child welfare system directly creates abnormal childhood experiences. Whereas most parents would not immediately call the police if their teenage child were out past curfew, foster parents are required to do so, lest they risk losing their license and possibly face criminal charges. The fact that these children are reported as ‘runaways,’ furthermore, has the potential to spur their

entry into the juvenile justice system, thereby increasing the amount of surveillance and restrictions to which they are subjected.

Several youth I interviewed, in fact, had experienced an increase in the restrictions imposed on them precisely because they had a history of ‘running away.’ There was a sense of injustice regarding the system’s response among these youth. Norina, for instance, remarked, “As far as, like, the rules and stuff, like, I get that they’re trying to protect... But, like, there’s some that don’t need those rules, you know, because they’re mature enough and responsible enough... You get me?” Her perspective was that there could be more consideration given to the child’s individual circumstances, rather than a universal approach. Likewise, Monica (Haitian, 17 years old) suggested that youth should be given more chances and called for greater empathy from the child welfare system, “‘Cause we go through stuff, we going through stuff... if you in foster care you go through a lot. So we go through stuff, so understand us more. Don’t judge ‘cause at the end of the day you get to go home with your own family or I don’t know, whatever the case might be. And we don’t. Sometimes we miss home, sometimes, you know?”

The impact on their friendships and social lives was another facet of child welfare involvement that youth found troublesome and manifested in a variety of ways. Liana (Latina, 17 years old) asserted that while in foster care she had been prevented from any socialization with her peers, resulting in the loss of all her friendships: “Like, I had no socialization because what I needed was to be isolated and not allowed to go outside and only not have a curfew and not anything, and not sleep over at my parents’ house and only see them twice a week. And it was ridiculous.” Monica similarly expressed that she was not allowed to attend social activities with her friends outside of school, which meant that she missed out on a lot. For many youth, such as

Teresa, friendships were also altered by the fact that they were placed in a different community and changed schools.

Yasmin (Brazilian, 17 years old) expanded on this issue, articulating in great detail how she felt she had been denied a normal childhood as a result of being in foster care. As she explained,

I kinda got cheated off a lot of my rights being in, you know, uh, foster care stuff, because a lot of people just tryna, just do what they gotta do. So, it's like, I don't know... Just like, we can't really be normal kids. Like we can't just... The things that we do, let's say if I was to smoke weed and then another 17 year-old was to smoke weed, I'm getting sent to rehab, and they just, you know... Just being 17 years old. I can't sleep over a friend house because they might be crazy, and I would need somebody to go and check they background to see if it's okay. Like, that's too much. Like I can't. You know, and it's – it affects people. I'm – I didn't go to my eighth-grade prom. Like, I didn't do anything. Like, I didn't take senior pictures. I'm a senior now and didn't do any of that. You know? So it's like, I missed out on a lot of stuff... It's not that we can't do it, it's just, like, it's not their priority, you know?

There are several distinct components to Yasmin's narrative. First, she emphasizes her inability to engage in the same activities as other children her age, highlighting the ways in which her participation in fairly commonplace teenage behaviors, such as using marijuana, would be subjected to a higher level of scrutiny and intervention. Second, she underscores how she is precluded from a variety of childhood experiences, such as sleepovers, dances, and senior pictures. Finally, she observes that the issue is not necessarily that foster children are not allowed to partake in any of these activities, but that ensuring access to these normal parts of childhood is not a priority for the child welfare system.

A very similar sentiment was conveyed by Hailey (White, 17 years old), although she responded with a resolve to rebel against the system's rules. Hailey recounted how she used to sneak out from foster care to sleep over at her friends' houses:

'Cause you know you'll be – you'll be seeing in them little white girl movies where they always have sleepovers. So, I'm like, "That's the closest thing I'm gonna get to, like, a childhood. So, I'm gonna go have my sleepover. [LAUGH] I'll see you next week... And you know, when you're in foster care you're not allowed to do that. So, it's like, I feel like as a kid you should be allowed to. And I would, before I would run away, I would always express to the foster parent, "My home girl momma could come talk to you. Ya'll could exchange numbers, do what ya'll gotta do." She'll be like, "No, it's the rules." Okay, but I'm gonna break the rules. Call the police. I'll be back next week.

As Hailey described, even though she communicated to her foster parents where she was going, her actions resulted in her being reported as a runaway because sleepovers were not allowed by the foster care system. Undeterred by the consequences, she was determined to create whatever semblance of a normal childhood she could, even as it propelled her into deeper layers of restrictive intervention.

A final manifestation of the lack of normalcy that youth reported entailed invasions of their privacy. Being in the child welfare system meant having a variety of professionals involved in every aspect of their lives, including foster parents, case managers, DCF, therapists, court-appointed advocates, and the judge overseeing their case. Often, these individuals had access to their private information, and youth had little control over what was shared with whom. As Natalia (Latina, 16 years old) commented, "Sometimes it's like, if you're stuck in a bubble... 'Cause everybody wants to be involved... And that's the only thing that I don't like because then I feel like my life isn't private anymore." She relayed feeling that there was "one too many people" involved in her case, and although she described herself as being "pretty open" with everyone, she longed for a greater control over her privacy.

Makayla (Black, 16 years old) also shared frustrations over the lack of privacy that she experienced in foster care. In her case, it was her recent experience with giving birth while in foster care that stood out the most. "Um, when I was in labor. They had to be, like, right there.

Like, the person from my group home that I was in, she had to be right there,” she explained. “And it’s not that I didn’t like her, but it’s like, she was there... And I’m just like... I didn’t want her looking at my vagina.” The entire time Makayla was in the hospital, she was supervised by child welfare staff. While she and the father of her child were trying to bond with their newborn baby, there was someone else in the room with them at all times. “That’s so wacked. I didn’t like it,” she asserted. Having such an intimate moment of her life exposed to the surveilling gaze of the state was clearly experienced as an extreme violation of privacy. The overarching implication of these narratives, moreover, is that children involved in the child welfare system do not have a reasonable expectation of privacy.

### **“Nobody Wants to Hear My Story”: The Marginalization of Children’s Voices**

When I interviewed Norina, what was most striking about her story was how she felt silenced by the child welfare system. This was the aspect of her experience that frustrated her most. “Almost all the time, like, adults take adults’ sides and they never believe the child... Nobody wants to hear my story. Nobody wants to listen to what really happened,” she told me. What she was referring to was not the maltreatment she had experienced by her family. It was everything she had experienced while in foster care. It was the fact that a bunch of strangers were making decisions that affected her life, and she was given no voice in the matter. As she explained,

I’ve been in DCF ever since I was five years old; they’ve always made the choices in my life. Like, I can never make one single choice for myself in my life. And they always think what they’re doing is best for me but sometimes things that they do is not what’s best for me... And that’s one thing that I don’t like about the system. Everybody acts like they’re not doing nothing wrong when they’re doing a lot of things wrong. And then they wonder why kids want to run away. Look at how they treat them.

This was the story that she felt no one wanted to hear. It is a story of how the child welfare system further marginalizes the children in its care, and it is a story that was shared by many of the youth I met through my research.

It is perhaps ironic that a system dedicated to the welfare of children rarely seeks the perspectives and input of the children it serves with regard to what is in their best interests. Yet this sentiment was quite pervasive among the youth I interviewed. “I feel like they don’t consider, like, kids’ feelings. They just feel like they know it all. And that’s it,” Liana (Latina, 17 years old) asserted. Much like Norina, when we sat down to start our interview, she promptly told me that she hated the foster care program she had been in. She had since reunified with her family, but was still very upset by her experience, especially by how she felt she was never consulted regarding what she wanted. “I feel like if I’m gonna make decisions on your life, I’m gonna sit down and have a conversation with you and get to know you first. I’m not gonna base it off what everybody thinks they know about you,” she stated when asked what she would change about how the system operates.

Many youth felt misunderstood, which contributed to their perceptions that the system was not helping them or looking out for their best interests. This was expressed by Jayden (Black, 15 years old), who told me, “I just feel like no one, yeah, like no one understood or understands... and just it’s, it’ll save me the time and the hurt trying to make them understand, just deal with it myself.” Olivia (Latina, 16 years old) shared similar sentiments of being misunderstood and questioned the actions of the system that were supposedly taken in the ‘best interests’ of children. Her perceptions were based not only on her own experience, but also those of other children she had met through the child welfare system. She elaborated,

I do think some of their ways are very corrupt... there are some ways I don’t agree with what they do with the kids, which they think is best. But, you know,

that is just my opinion out of many... but like being acquaintance with a lot of kids that have been through similar situations... so like hearing their point of view about it and like discovering the ways they act or see, observing the way that they think of the system and stuff... I feel like there are certain things that could be changed... [children in foster care] feel trapped sometimes in these situations. That they feel like their voice is not heard. They feel like they're very, like confined. Which they shouldn't feel that way, because you guys should like, through this program, are trying to help them.

In this passage, Olivia exposes the disjuncture between what the child welfare system claims to be its objective, that of helping children, and the actual effect it often has, that of harming children. By not listening to or valuing children's perspectives, the system contributes to the further marginalization of these children.

Some youth described how they had to learn to advocate for themselves to ensure that their voice was heard. Natalia (Latina, 16 years old), for instance, explained, "I have to speak up in court in order for people to know what I want. Because that's one thing about the system. If you don't speak up they'll do whatever they want with you, pretty much." For some youth, this was difficult because they felt nervous speaking in court. In other cases, it involved learning how to communicate more effectively, usually by adjusting their 'attitude.' Along these lines, Keisha (Haitian, 17 years old) reflected on how, in the past, she had been "rude... I was bad. That's – that was my problem." After she started to be more respectful in court, she felt like she was treated with greater respect in return. Norina offered a similar insight on her experiences with court, noting, "You catch more bees with honey than with vinegar." Other youth felt that they were treated antagonistically in court, especially by DCF, or that their perspective was not really taken seriously. Reflecting the latter, for example, Aniyah's advice for other children on how to navigate the child welfare system was simply, "Know the game. Know the rules," suggesting that it was best to just play along and accept whatever the system decided was their fate.

A common thread across most of the interviews I conducted, furthermore, was a call for greater understanding and empathy. This was overwhelmingly the response I received when I asked what advice they would give to those working within the child welfare system. The following are just a few quotes illustrating the prevalence of this finding:

Probably just more understanding... Like, if they could see themselves in my shoes. ~Teresa (Latina, 16 years old)

I just think, like, put your, like, as you're talking to them, put yourself in the child's position, in the child's shoes, and kind of understand what they're going through. ~Jayden (Black, 15 years old)

I mean, like, they could put themselves in our shoes. ~Nevaeh (Black, 15 years old)

I don't know, just like, hearing me out. ~Kristi (Cuban, 16 years old)

These requests for professionals to be more empathetic to children's circumstances were often peppered throughout my interviews with youth. Participants conveyed their awareness that most individuals working in child welfare had not been through what children in foster care have been through. The presumptions of these professionals about knowing what was best for children, without considering or making an effort to understand children's experiences, was what youth found most infuriating. Thus, this tied back to youth's desires to be heard, to be believed, and to be able to make decisions about their own lives.

### **Facilitating Access to Resources: The Benefits of Foster Care**

One interesting finding that emerged from this research concerned the ways in which entering foster care facilitated children's access to certain resources. This emerged most clearly with older youth, who were reaching a critical juncture where decisions needed to be made about whether to exit or remain in the foster care system. A number of youth with whom I spoke were currently weighing their options between reunification with their parents or remaining in the

state's extended foster care system after they turned eighteen. Among youth who had been able to maintain their family relationships and continued to have regular contact with family while in foster care, staying in the child welfare system offered numerous benefits and advantages. Their family relationships remained intact and unchanged, and by staying in the system, they could ensure that they would not be a financial burden on their families, who were largely economically disadvantaged. Additionally, by staying in care, youth gained access to a number of highly-valuable resources. They received insurance coverage through Medicaid, could get financial assistance from the state to help pay for an apartment and living expenses, and were eligible to receive free tuition to attend any school within the state's public university system. All these benefits were available to youth up to the age of 22, so long as they complied with the requirements of the state's extended foster care program, which included being actively engaged in some sort of educational or vocational preparation program.

In this regard, system involvement may provide a variety of opportunities to which youth otherwise would not have access. Several youth that I interviewed confirmed that they would be staying in extended foster care, specifically noting the benefits that they anticipated. Trish (Black, 17 years old) detailed her plans for college, affirming, "I have a free tuition waiver because of foster care." Monica (Haitian, 17 years old) was not certain about the exact details, but expressed her understanding that, "They buy you a house if you keep doing... Like going to school and everything, I think they buy you or they rent you an apartment, so yeah." Kristi (Latina, 16 years old) was also thinking ahead to the future. In discussing how she was making an effort to change her behavior in hopes of being released from residential care, she added, "On top of that, I'm going to be 17 next month, so it's like, I have to be good from now... I want to show the judge from now until when I turn 18, I can be good, so I can be able to be set in my

own apartment, go to college, things like that.” In addition to demonstrating the value of extended foster care for youth, this quote further illustrates how the provision of assistance and access to resources is predicated on compliance with state expectations.

In contrast, Dionna (Black, 17 years old) was still undecided about what she would do, and expressed that she was receiving conflicting advice from various child welfare professionals. She had a strong relationship with her biological mother, but was uncertain whether she should pursue reunification. “I mean, like they’re saying that I should [reunify], but my [advocate]... I don’t know what to call it, but they’re, like, they’re telling me that I should do, you know, get into the program that will help me get into my own place,” she explained, referring to state-supported independent living. “But then my case manager, she’s like, ‘Oh, I want you to stay with your mom,’ and all that... So, I do want to do the independent living, ‘cause I feel like... ‘cause my mom, she’s struggling right now. I don’t want to cause her more stress.” Dionna proceeded to outline how, if she went into independent living rather than reunify with her mother, she might be able to help her mother out, for example, by babysitting her younger siblings, who were still in her mother’s care. Her narrative exemplifies how decisions about permanency cannot focus on the child alone, but must take into account what is best for the entire family unit.

The unintended consequence is that the state actually disincentivizes families with older children in care from reunifying. Given the resources that are provided to youth in extended foster care, which they would not receive if they exit care prior to their eighteenth birthday, many families may view it as being in their best interest for the child to remain in care. This observation was also made in some of the case manager focus groups, who noted that sometimes they encountered resistance to reunification from various parties involved in the case because the

access to resources created by their system-involvement was perceived to be better for the well-being of both the child and family.

The flip side of this was that certain resources were limited. Youth received small monthly stipends of approximately \$100, which several interview participants complained were insufficient. Youth felt that, especially for girls, the stipends were not enough to meet their personal hygiene needs, and they could not count on foster parents to provide these items. For girls of color, in particular, hair care could be quite expensive, and not being able to get their hair done was another reminder that they were ‘different’ from other children. Clothing was also identified as an issue. When children are removed from their parents, they rarely have the opportunity to pack up all their belongings to take with them. Typically, they or their case manager hastily shove a week or two worth of clothing into a bag before being rushed off. Complaints that they did not have enough clothing, or needed new clothing but lacked an adequate budget to purchase new items were common. Case managers confirmed that this was a substantial challenge, and they often had to rely on charitable donations.

Coming from predominantly low-income families, many children in foster care may be used to scarcity, but it is rather revealing that, once they entered the child welfare system, the state did not seem to prioritize meeting these needs. Meanwhile, their removal from their family often resulted in a loss of benefits for their parents, since many assistance programs are directly tied to children, an issue that will be further explored in the next chapter. From a family perspective, then, entry into the child welfare system had a mixed effect, increasing access to some resources while restricting access to others, which could significantly impact a family’s chances of reunification.

## Negotiating Family Bonds

Another prominent theme that emerged out of my interviews with youth concerned the ways in which system involvement impacted their relationships with their families of origin. Earlier in this chapter, it was described how some youth were deliberate in their avoidance of bonding with their foster family precisely because they did not want to jeopardize or diminish the relationships they had with their biological family. From their perspective, they already had a family, and foster care was no substitute for the real thing. On the other hand, many youth did develop close relationships with their foster families, as described earlier, and did so even though the overwhelming majority of them continued to have strong ties to their biological family. Other than a few youth who wanted no further contact with their family of origin, most of the youth with whom I spoke had enduring family relationships that they desired to maintain, or in some cases repair. Being in foster care created certain complications, however, as it often disrupted children's relationships with their biological family and, moreover, as they began to bond with their foster family, it required them to navigate between competing sets of family relationships.

This tension was articulated by Teresa (Latina, 16 years old), who had described her relationship with her foster family, and especially her foster mom, as being very positive. Sitting across from her at the dining room table in her foster home, I asked how she felt about living there. She stated that she liked it, then paused. "Not gonna lie, yeah. I mean, it's nothing... It's never gonna be like home for me... Being with my mom," she explained, and then added, "But, I'd rather be here than where I used to be. And feel like this is, I don't know. This is comfortable." Teresa's response clearly demonstrated the conflict she felt between the new relationships she was developing in foster care and her pre-existing relationships with her biological family. Clearly, she felt a sense of loyalty to her biological mother, and indicated

through her answer that this relationship could not be replaced. At the same time, she felt like she was in a better situation compared to being in her mother's home, and as a result, came across as somewhat torn.

For youth like Teresa who still had close connections to, and hoped to eventually reunify with, their biological family, developing relationships with foster families could feel like a betrayal. In addition, youth were keenly aware of the socioeconomic differences between the foster homes where they were placed and their families of origin, which might also create feelings of unease. Several youth remarked aloud on the considerable degree of affluence their foster families had. Teresa, for one, commented on how large her foster family's house was, adding that her mother's house was very small. Crystal similarly mentioned how nice her foster family's home was, and spoke about the extravagant vacations they had taken her on. Since I interviewed many of these youth in their foster homes, I was also able to observe this affluence, noting the upscale communities in which many, though not all, of these families lived.

Most commonly, however, youth complained that their biggest issue was restricted access to or loss of contact altogether with their biological family while in foster care. For a number of youth, this was the direct result of court orders; they were not allowed visitation or contact with their parents. Some youth understood the reasons for the restrictions that were in place, such as Norina, who had accepted that it was in her best interest to be separated from her parents. Other youth could not understand why they were not allowed to have contact with their family and were visibly upset with the restrictions that had been put in place. Discussing her desire to see her father and sister, for example, Alicia (Latina, 17 years old) expressed, "They want to see me, and I want to see them, I don't know why they don't allow me to? Because I was never put in foster because of anything that my dad did." Jayden (Black, 15 years old) was

similarly frustrated about not being able to visit or speak to his mother, who he missed terribly. He elaborated, “Not being able to talk to my mom – for weeks and stuff. That’s the most frustrating. Knowing that if I went to call her, that I’d put her at risk of getting in trouble.” He had only been in foster care for a couple months when I interviewed him, but stated firmly that he was ready to go back home. Even Teresa, who was content to remain in foster care for the time being, reported confusion over not being allowed to have a home visit with her mother, which she could not understand because her case manager had completed a home study “and everything came out good.”

Even when youth were not prevented from having contact with their family, there were considerable barriers to seeing them regularly. In particular, numerous youth reported that the distance to their family from their foster care placement was a substantial obstacle which either limited the frequency with which they visited their family, or prevented visitation altogether. One such youth was Natalia (Latina, 16 years old), who described her foster home as being “far from everything,” and specifically “the distance from my family’s home” was a problem that made it difficult for her to see them. Kiara (Latina, 15 years old) also voiced that distance from her family had prevented her from visiting them, adding, “I miss my house... my family.” Further illustrating the challenges youth encounter in this regard, Kristi (Latina, 16 years old) detailed the ordeal she had to go through in order to see her father while in her previous foster placement, explaining that she would have to leave early in the morning and spend hours traveling by bus to get to her father’s home. As she put it, “It’s kind of been like, damn, I have to work my way to go see my dad.” The accounts provided by these youth suggested that foster parents and case managers rarely assisted them in their efforts to see family.

For some youth, furthermore, physical contact with their parents was not an option because they lived out of state. Such separations over extended periods of time significantly impacted the dynamic of these relationships. As Yasmin (Brazilian, 17 years old) conveyed, “I haven’t lived with them for a long time, and the relationship is different when you just textin’ and talking, you know, then when you actually live with somebody.” Trish similarly described how she used to be very close to her biological mother, but over time had become more distanced: “I used to talk to my mom every single day, just tell her everything, and like, I don’t know if it’s because I feel like I’m getting older and, like, I-I feel like I don’t need her. I know I do... but, I don’t know what it is. I just... But, I do wish, like, our bond would be better.” Like Yasmin, Trish had been separated from her mother for an extensive period of time, only able to keep in touch by phone, which had clearly impacted their relationship.

Additionally, in some cases, access to youth’s families of origin was complicated by their immigration status. Javier (Guatemalan, 17 years old) and Gabriela (El Salvadoran, 19 years old) both came to the U.S. as unaccompanied minors, and their parents were still back in their home countries. Although both youth were working on legalizing their immigration status, it was a lengthy process, and in the meantime they did not have the ability to leave the country to visit their families. Javier in particular expressed his desire to visit his family, stating that he was only able to talk to them by phone for thirty minutes each month. Two other youth that I interviewed, Lupe (Latina, 14 years old) and Valery (Nicaraguan, 18 years old), had been living in the U.S. with their parents, but following their entry into foster care, their parents left the U.S. and returned to their country of origin. Neither youth explicitly stated whether their parents had been deported or left voluntarily, but in either case, the consequence had been a disruption to their family relationships. These experiences illustrate the ways in which the intersection of the child

welfare and immigration systems can result in severing children's family ties, potentially separating children permanently from their biological family.

It was not only relationships with parents that were impacted, moreover. Equally important to youth were their relationships with siblings from whom they had been separated. Although the system is supposed to prioritize keeping sibling groups together, this frequently does not occur. Several youth reported being separated from, and having limited contact with, their siblings since entering foster care. Olivia (Latina, 16 years old) spoke at length about her frustration with how her access to her younger siblings, who she had largely cared for prior to entering foster care, had been restricted. Explaining that she was currently allowed a one-hour supervised visit per week, she criticized,

But for me, knowing them for their whole life, like, with me taking care of them, like, I don't like how I don't have contact with them, throughout... So, I feel like, oh, I feel as like an older sibling, but I don't have rights, 'cause those are not my kids. [LAUGH] That, you know, I like to know what's going on with them, because out of everybody, I know, I know them. I know, like, what they're going through. I can only imagine at the age of five and six, what's going on in their heads, and, to them, everybody leaves. Everybody's always left them. So, when I see them, and I tell them, "I'm gonna come back." They're, like, "No, I'm not going to see you for a long time." And I thought – that really, like, breaks my heart, because as kids they just think, like, "Oh, you're going to leave me." They tell me all the time, "I wish you could come to me with every different house that I go to." And it's hard, you know.

Olivia's narrative illustrates the devastating impact that separation from siblings can have on children, especially when they are young. For her, the concern was much more with regard to the emotional harm being done to her siblings, who were much younger than she and unable to understand everything that was happening. This is the aspect of child welfare intervention that the state is often reluctant to acknowledge – that removing children from 'maltreating' parents frequently also entails separating them from siblings, extended family, and communities where they have close ties. The disruptions to family relationships created by the child welfare system

can undermine the very purpose of the intervention when children are disconnected from their family and other natural supports.

### **“Every Family Has Their Issues”**

In contrast to the caseworker perspectives explored in Chapter 7 regarding their views of system-involved parents, youth provided much more nuanced perceptions of their family relations, highlighting the fact that family dynamics were not ‘black and white’ but involved a complex set of interactions and relationships. Among many youth, parents were not typically viewed in simplistic terms as ‘good’ or ‘bad’ parents, even as youth recognized that at times their parents had engaged in behaviors that placed their safety and well-being at risk. Negative incidents did not entirely negate the relationship they had with their parents. Similarly, difficult relationships with parents did not necessarily negate the sense of love and belonging that youth felt. For many youth, there was a desire to work through troubled family relationships, because at the end of the day, there was no substitute for the bond they had with their family of origin.

As noted in the previous section, with a few exceptions, the youth I interviewed largely desired to maintain or mend their family relationships. At the same time, most youth did not paint idealized pictures of their family relationships, but instead had realistic expectations and understandings of family dynamics and knew that no family was ‘perfect.’ This sentiment was perhaps best encapsulated by Anabelle, a 17-year-old girl of Haitian ethnicity who was about to age out of foster care when we met. Child welfare staff had been trying to convince Anabelle to stay in extended foster care, however, Anabelle had decided that she would be returning to her family. In response to the concerns expressed about her family dynamics, which the agency staff felt were abusive and exploitative, she merely shrugged. “Every family has their issues,” she replied. Anabelle understood that foster care was only a temporary solution, and eventually it

would end. Rather than extend her time there, she preferred to repair her relationship with the family she knew would still be around when the state stopped caring. For many youth aging out of the foster care system without permanency, returning to their family of origin is inevitable, and often their preferred option.

A number of youth with whom I spoke, furthermore, actively disagreed with the state's characterizations of their parents, or at the very least felt the state was unfair towards their parents' situations. A few youth explicitly stated that their parents had not done anything wrong, and the reason for their system-involvement was primarily due to the youth's behavior. Even youth who agreed that they had been mistreated by their parents, however, still generally felt empathetic towards them. Teresa (Latina, 16 years old), for example, described her relationship with her mother as somewhat rocky, but expressed that, "I feel bad for my mom. She be getting by herself." Pamela (Honduran, 16 years old) similarly reported having a troubled relationship with her mother because "my mom is very difficult," but added, "I love my family." Having difficult relationships with parents did not negate their attachments, and several youth spoke defensively about their parents. One example came from Lupe (Latina, 14 years old), who articulated that it upset her when people in court spoke poorly about her mother, stating, "Even though she would treat us bad. I really feel bad for her." Sofia (Latina, 13 years old) also shared this frustration about how the system treated parents, and spoke in her mother's defense. She explained,

DCF is very complicated because you don't really know what they're gonna say and, it's just complicated because they can say things that's hurtful to – to your parents, and um, you know, when your parents are supportive of you, it's complicated. So, that's the only thing I don't like, that DCF can be, sometimes, very, um, hurtful... Or they can like, say things that aren't really nice to say... It's sometimes like rude stuff. Because my mom, she's been there for me, she's been really nice to me, and she's always been a nice mom. And she's really never had to deal with this situation. So, this is the first time we've ever had to deal with it,

and most of it was my fault because I'm the one that didn't want to listen to my mom and I didn't want to follow her rules. But they were making it seem like she was the one that was, um, um, hurting me. And she never wanted to hurt me. I'm the one that was always, um, like, never wanted to follow the rules... and it's very hard for my mom, she was really depressed, you know. My mom comes from South America, and she really doesn't know how to deal with this. This has never happened to us.

As these narratives illustrate, youth's relationships with their families were complex, but even amidst the difficulties they had, youth did not view their parents as 'bad' parents. They understood the struggles their parents endured, and mostly wanted to work on improving their relationship.

A number of youth, furthermore, voiced their opposition the state's decision to place them in foster care, emphasizing the negative impact it had on their family. Liana (Latina, 17 years old), for example, offered a very negative analysis of her foster care experience. She switched placements between three different foster homes during a brief six-month stay in care, two of which she described as good homes with "very nice" foster parents, and one that she proclaimed she "hated." Even in the homes that she liked, however, she was unhappy with the rules and restrictions that were put in place by the system. Furthermore, and perhaps most importantly, she vehemently disagreed with the state's decision to remove her from her family in the first place, and therefore felt that the entire foster care experience was unnecessary. From her perspective, her placement in foster care had exacerbated tensions in her family relationships and created more problems: "Because when I was not here, we would fight a lot and stuff." When she reunified with her biological family after this short stint in care, she said everything improved immediately because she was back home. Her narrative speaks to the fact that foster care does not always have the intended consequence of improving children's lives. In many cases, placement in foster care disrupts the bonds and relationships that children have with their

family of origin, including siblings and relatives, as well as their broader community relationships.

Kiara (Latina, 15 years old) similarly questioned the way foster care was often taken as the first intervention by the state, and called on the state to focus more on trying to help families keep their children, rather than placing children in foster care. She was in foster care for the first time and missed her family terribly. “I just need my family,” she stated. Her advice for DCF was quite pointed: “They should know that... foster care is not a game, foster care is not fun... Like, foster care is, like, not the fun place to be in... they should look forward to not putting us in foster care, to try to like, help the situation at home.” Like Liana, she did not find removal from her family to be helpful, did not want to be in foster care, and thought the system should focus more on keeping families together.

Perhaps the most critical feedback, however, came from Bethany (Black, 16 years old), who also described her experience with foster care as largely negative. When it came to her feelings towards DCF, she did not mince words:

DCF need to be shut down; they is, like, cold... Sometimes I feel like they do their job, and like they do help, but, like, they come and they'll break up, you know, like, the structure of family and people you meet and they'll just tell everybody like, “Oh you can't come back around this child because of this, this, and this.” But they don't understand, like why that mom or person did it. So, it's like, they just need to be shut down.

Thus, she also shared the perception that the system broke up families unnecessarily instead of helping families address their issues and trying to support family preservation. With regard to her experience specifically, she was particularly frustrated by her case manager's response to her situation. At the time of our interview, she had reunified with her father, but explained how, rather than listening to what she wanted, her case manager had tried to convince her to stay in foster care: “Instead of tellin' me, ‘Hey, you should go home and be with your family,’ [she told

me] ‘you should age out of foster care.’ I don’t want to stay here, I want to go home,” Bethany recounted. “Then she says, ‘Well, we could find a nice foster home.’ How do you know it’s gonna be nice? You ain’t gonna stay there.” Bethany was extremely displeased with the foster care placement where she ended up and upset by the fact that her case manager did not support her desire to reunify with her father. Taken together, these narratives underscore the fact that family preservation is a priority for many children encountering the child welfare system, but they do not perceive it to be a priority for the state.

### **Summary**

The findings presented in this chapter illustrate the diverse range of experiences that children have with the child welfare system, and the implications with regard to the state’s objective of ensuring child safety. For many children, this experience is not black and white, but rather entails a mixture of positive and negative aspects that come with being involved with the child welfare system. Numerous youth described positive relationships that they developed with foster families, as well as concrete resources that came out of their involvement with the system. Simultaneously, many of these youth had enduring relationships with their families of origin, and some were disheartened by the lack of support they received to maintain these relationships. The findings also illustrate how system involvement often exacerbates or creates greater instability and uncertainty in children’s lives through multiple placement changes, constant turnover among professionals working the case, and failure to find permanency.

Moreover, and most consequential from the perspectives of youth, system involvement created and continually reinforced a sense that they were not ‘normal’ children, and that their views and feelings were not valued. This was particularly frustrating when youth tried to express that they felt unsafe, but their concerns were dismissed or greeted with disbelief. Overall, the

findings indicate that children’s conceptions of safety are distinct from how child safety is constructed and operationalized by the state. For children, safety is more often something that is felt, as opposed to concrete, observable phenomena. It is more than the absence of maltreatment, as defined by the state. As the findings detailed in this chapter demonstrate, safety also entails a sense of trust, inclusion, emotional support, and having normalcy – things that children in foster care often lack. The failure of the state to prioritize these needs and recognize children’s conceptions of safety ultimately constitutes a failure to ensure their safety.

## Chapter 9

### Systemic Chaos

One of the defining characteristics of the child welfare system, as the name itself implies, is that it is not a solitary operation, but is in fact a *system* comprised of multiple organizations and entities. The clear division between child protective investigations and case management created through Florida's partial privatization is only the first layer. There is an array of both public and privately operated physical and mental health care, substance abuse treatment, parent education, domestic violence, and other service providers to which children and parents are referred, as well as a dependency court system comprised of judges, attorneys for the state and for parents, Guardians ad Litem, and other children's advocates. Additionally, the system often intersects with law enforcement, juvenile justice, immigration, and school systems. Rather than a singular and entirely state-run operation, then, the child welfare system entails an intricate and complicated web of various state and non-state actors.

In part, this system allows the state to disperse accountability onto others. Indeed, the very ideology of Florida's privatization movement, deemed 'community-based care,' suggests that the welfare of children should be the responsibility of communities (e.g., private individuals) rather than the state. The proclaimed logic of this shift was that communities best know how to meet the needs of their children and families, but another major driving force was a belief in the greater efficiency of the private sector (Vargo 2015; Albowicz 2004). In this way, privatization provided an opportunity for the state to both cut costs and delegate responsibility to other

organizations. The system, therefore, is intentionally designed to make local communities share accountability with the state.

To call it a system, however, is rather generous, as it implies a certain degree of organization, order, coordination, collaboration, and mutuality. This was not the picture of Florida's child welfare system that my research participants painted for me. Instead, they described a system that often functions as a tangled web of chaos and confusion, characterized by disagreement, conflicting ideologies and interests, fragmented services, and competition over scarce resources amongst the different actors involved. Amidst all this, the concept of child safety is reinterpreted and reimagined in myriad ways across different communities and different groups of stakeholders. If there is no consensus among caseworkers about the meaning of child safety, the introduction of these additional actors only adds to the murkiness. In this chapter, I explore how these broader cross-system processes impact the interpretation and operationalization of child safety. In particular, findings highlight the ways in which the very structure of the system, and overall lack of cohesion, impedes efforts to ensure child safety.

### **A Fragmented System**

Responding to the USA Today investigation into Florida's child welfare system, described previously in Chapter 5, the current DCF Secretary, Chad Poppell, provided a statement in which he blamed privatization. In a surprisingly honest admission from a state official, Poppell claimed that many of the system's problems resulted from the decision to privatize, alleging that privatization had produced "a fractured system that is not appropriately resourced" (Beall, Chen, and Salman 2020). While there was considerable truth behind this statement, it simultaneously seemed downplay the role that the state played in this process. It was, after all, the decision of state lawmakers to privatize the system in the first place, and

subsequently cut funding and resources, as elaborated further in the next section. The failure to allocate adequate resources to the system was not the direct result of privatization per se, but a subsequent decision that was made by the state, based on neoliberal beliefs that privatization would result in greater efficiencies and thus enable a reduction in spending. On the other hand, Poppell's criticism that privatization has led to a further fracturing of the system is fair, and this perception was shared by a great number of caseworkers with whom I spoke.

In particular, privatization created an explicit division between child protective investigations, which remained the responsibility of DCF, and case management, foster care, and treatment services, which were contracted out to regionally established Community Based Care lead agencies. Focus groups revealed a considerable amount of tension between case managers and child protective investigators. While these relationships varied by geographic location and even across individual caseworkers, a lack of cohesion between case management and child protective investigation agencies emerged as a widespread problem. In an earlier chapter, some of these tensions were described with regard to disagreements over safety assessments and case decision making. This did not comprise the entirety of the issues between the agencies, though. There was also conflict over the delegation of responsibilities, the quality of work, and the extent to which each entity was held accountable for their assigned tasks.

On the case management side, concerns included a perception that investigators did not always adhere to the practice model, that family assessments were often rushed and lacked sufficient detail, and that cases were frequently transferred with missing or incomplete information, thereby creating more work for the case manager. Conversely, investigators felt that collaboration was hindered by lead agencies and case management focusing exclusively on what was specifically required in their contracts and refusing to accept case transfers if every piece of

documentation was not in perfect order. Some strategies had been employed in various locations to improve collaboration, such as co-locating case management and investigations offices, increasing communications between agencies and caseworkers during the case transfer process, or having investigators and case managers conduct joint home visits to families to facilitate the transition. Overall, however, the general sentiment was that there was not a sense of working together as a team to help each other out and do what was in the best interests of children and families.

Substantial evidence points to privatization as the source of much of this tension. Given the high rates of turnover that characterize the child welfare field, most focus group participants did not have prior experience with Florida's child welfare system before privatization; however, a number of participants were seasoned caseworkers who had weathered the transition. In addition, there were some caseworkers who had come from other states, and brought those experiences to bear on their evaluations of Florida's system. Most participants who had previously worked in a fully publicly-run system conveyed perceptions that privatization was deeply problematic and created an unnecessary rift between child protective investigations and case management. Especially among case managers, privatization left workers feeling that they had limited authority to enforce case plans since they were not agents of the state, and often felt as though they could not count on the state to support or defend them if their actions on a particular case came under questioning. These concerns were not without merit; numerous case managers described being "thrown under the bus" by child protective investigators or DCF attorneys during court, including for decisions over which case managers had no control, such as a failure to remove an unsafe child.

There was also acknowledgement that the relationship had become increasingly strained over the years as greater responsibilities were shifted from investigators to case management. Again, this seems to reflect the overarching objective to shift accountability from the state and onto private entities, all while proclaiming that doing so would enable communities to be more responsive to the needs of the local population. This shifting of responsibilities, however, was not accompanied by a proportionate shifting of funds. Instead, the Community Based Care lead agencies contracted by the state were increasingly pressured to take on additional tasks and responsibilities for the same amount of funding. The disparity management became even more apparent under the implementation of the new Safety Methodology practice model, when DCF allocated additional funds to hire more investigators, but did not provide funding to hire additional case managers or recruit additional foster care beds, despite the rapid increase in removals that followed. Indeed, the response from the state has largely been to suggest that the challenges experienced within case management and foster care are the responsibility of the lead agencies to address.

Returning to the comments made by the DCF Secretary with regard to privatization, there is an obvious rift between his response and the philosophy that has guided the state's approach to child welfare for the last two decades. What is perhaps most interesting about Poppell's critique of the system is that it is a rather direct criticism of the state for which he worked. The Secretary of DCF is a position appointed by the Governor, and Florida's history largely indicates that these appointees are expendable and frequently replaced whenever the system comes under hot water. It is quite rare, therefore, to hear the Secretary criticize the state so directly for its policies, when doing so is likely to result in one's termination. Perhaps it is not surprising, then, that Poppell announced his resignation just weeks after the *USA Today* story, complete with his statement

criticizing privatization, came out (Wilson and O'Donnell 2021; Imprint Staff Reports 2021). It is further questionable to what extent this critique was made with sincerity, or whether it was simply an attempt by Poppell to deflect blame. In either case, the state has given no indication that it intends to change course or reverse privatization.

The experience of child welfare being a fractured and fragmented system is not at all unique to Florida or to privatization, although the process of privatization has undoubtedly exacerbated the problem. Service fragmentation among child welfare and intersecting systems (e.g., mental health) is a frequently cited challenge (Lohr et al 2019; Armstrong et al 2019a; Harper, Sargent, and Fernando 2014; Bringewatt and Gershoff 2010). Beyond the ruptures between investigators and case managers noted above, focus group participants also reported substantial challenges in coordinating services across various providers and working collaboratively with the myriad agencies that comprised the child welfare system. The complexity and magnitude of the system's structure often created complications for caseworkers, and families as they attempted to navigate it. On the one hand, a perceived strength was having multiple agencies with eyes on the children and families, bringing together diverse perspectives and skill sets to meet families' needs. This diversity of perspectives, however, often meant that not everyone was "on the same page," and disagreements frequently emerged over the appropriate course of action to take with a given case. The discussions that emerged regarding interagency relationships alluded to pervasive challenges with cross-system collaboration.

Interactions with the court system were perceived as especially tenuous. There was widespread recognition that the court played a significant role in case decisions, and therefore building rapport with those partners had great importance. Some caseworkers described strategies such as reaching out to stakeholders from the court system to discuss the case status in

advance of hearings so there would be “no surprises” in court. Relationships with Guardians ad Litem were described as some of the most contentious. “You know they’re going to stab you in the back,” one case manager articulated. Case managers described numerous experiences in which a Guardian ad Litem contradicted information reported by the case manager in court. These incidents produced feelings of betrayal, and could leave a bad impression on the judge. Judges, furthermore, could be highly variable in their beliefs and ideology, with some taking a very pro-family stance, while others were very critical of families. This could significantly impact a case, as a judge might challenge the case manager’s recommendations if they were not aligned with the judge’s personal position, regardless of the evidence that was presented in court. Negotiating these diverse perspectives to try to reach consensus on the direction of a case was an understandably daunting task, particularly when the other stakeholders did not show interest in working collaboratively toward a common goal.

Contributing to these perceptions of poor collaboration, caseworkers further described a lack of respect they received from various system stakeholders, particularly those within the court system. Caseworkers expressed that their input and expertise were not taken seriously. One frustration, for example, was that caseworker concerns about child safety were frequently disregarded, especially if they conflicted with the position of the DCF attorney or Guardian ad Litem assigned to the case, whose opinions seemed to be valued much more highly by judges. At times, judges even reprimanded caseworkers in court for things that were outside their control, which could damage the caseworker’s reputation and relationship with the family. A case manager explained, “That’s happening in front of our parents. And so all that rapport that we have built with our clients, it’s done. ‘Oh, well, [the judge] said – he said you’re incompetent’... and then your relationship is busted.” In this way, the lack of respect that caseworkers

experienced from other system partners could translate into a lack of respect from clients as well, making their job that much more difficult.

A related theme, which might contribute to poor collaboration, was the perception that various system partners did not receive sufficient training on child welfare. One concern along these lines was that some providers failed to treat clients within the context of the family, focusing instead on clients as individuals rather than parents who need to care for their children. This was perceived to be especially pronounced among substance abuse providers, many of whom approach substance abuse as a problem affecting individuals, rather than recognizing the impact on families. Since a substantial proportion (anywhere from one third to one half) of child welfare cases involve substance abuse allegations, the disconnect between how these providers and child welfare workers approach the rehabilitation of such parents is particularly relevant. Caseworkers were specifically concerned that substance abuse providers gave clients the message that “relapse is okay,” without regard for the danger posed to children when a parent relapsed. Although relapse is generally understood as a normal part of the recovery process within substance abuse treatment, from a child welfare perspective, the possibility that a parent might relapse meant that children were not safe in their care.

This concern that the safety of children was not prioritized extended to other providers as well, such as mental health and domestic violence services, but participants seemed most preoccupied with substance abuse services. In discussing the disjuncture with service providers, a child protective investigator explained, “The agencies [are] going to have to understand more of the child welfare, and where we’re coming from, and what our recommendations are. Because we work from a certain standard, Chapter 39. They’re going to need to know what we’re dealing with, and what our requirements are... there’s a major disconnect, because kids are still going to

be unsafe.” Lack of provider understanding of the child welfare system was a cause of ongoing frustration, since it resulted in families receiving contradicting messages from service providers that were not aligned with the goals of the child welfare system.

Similar concerns were expressed over the lack of experience or training in child welfare among court system stakeholders, especially Guardians ad Litem, which resulted in some having unrealistic ideas or expectations for families. Case managers felt that many Guardians ad Litem tended to be judgmental and “come in with their own standards” that they tried to apply to families, often failing to understand the constraints of poverty that impacted many system-involved families. Law enforcement was another group that reportedly did not understand child welfare, creating challenges when they were involved in cases, as officers were not always sensitive as to how to work with families. Furthermore, it was reported that various system partners, including Guardians ad Litem, judges, and in some cases even DCF’s own attorneys did not know or understand the child welfare practice model, creating additional tensions when requests were made in court that contradicted child welfare policy.

Furthermore, communication and coordination across numerous agencies was often difficult to manage, particularly when caseworkers were juggling high caseloads and not all organizations and providers were responsive or “fully cooperative” with these efforts. While caseworkers expressed that some providers were much better than others, communication loops in general were characterized as poor, with descriptions of cross-system coordination including “fragmented” and “unorganized.” Even youth noticed these issues, such as Natalia, who commented, “I would change the way that they communicate with, um, each other. They don’t have – there’s no communication. And, the communication that there is, is very, um, unstable.” Caseworkers frequently struggled to obtain reports from providers on how clients were

progressing with their services; in some cases, providers failed to inform them when a client had not engaged or had been discharged from services. Meanwhile, it was also reported that providers were often unaware of what was happening beyond their specific work with a family. According to one participant, “It seems like sometimes, though, the right hand doesn’t know what the left hand is doing.”

A significant concern among caseworkers was not only that this lack of collaboration and coordination made it difficult for them to perform their jobs effectively, but that it made the system more difficult for families to navigate. Caseworkers perceived that the system tended to be confusing and not “user-friendly” for families, largely as a result of the poor cohesion and conflicting perspectives across agencies and stakeholders. This made it more difficult for families to navigate their way through the system, increasing the probability that they will fail. One of the consequences was that “kids fall through the cracks.” By making the process more difficult for families, children linger in care longer than needed, and the chances for reunification decrease. In this way, collaboration was understood as critical to the overarching objective of ensuring child safety. Caseworkers expressed that when they were able to bring all parties together to work towards a common goal, the process ran much more smoothly. Unfortunately, these instances of effective cross-system collaboration appeared to be the exception, not the rule.

The end result was that caseworkers, being the face of child welfare within communities, gained a reputation as the ‘bad guys.’ As previously noted in chapter 6, caseworkers were keenly aware of the negative connotations and stereotypes associated with DCF and child welfare work. They were labeled as “baby snatchers” and plagued by a persistent perception that they were simply out to take children away from their families. The ways in which they were severely constrained by the structure of the system were often not visible to families and communities.

Caseworkers felt that this negative reputation further contributed to community silence. An investigator described, “Everyone goes inside, shuts the door as soon as you show up. Like, ‘I’m not talking to DCF. I’m not going to be a snitch.’ And it’s like, ‘Well, I need your help in order to protect these kids.’” Another investigator added, “I feel like the people who don’t help... the community who don’t help and they sit back and watch are just as guilty as the parents.” These narratives emphasized that communities needed to be partners in protecting children, a notion that seemed very much aligned with the ideology of Community Based Care. The negative reputation and stereotypes attached to the child welfare system, however, impeded more positive community engagement from occurring. This is indicative of the lack of a more comprehensive approach from the state to ensuring the safety and well-being of children, which results in the burden falling to child welfare agencies to try to bandage a gushing wound after the fact, rather than putting in the appropriate resources to prevent the circumstances that endanger children in the first place. The fragmented, poorly resourced, piecemeal system of care that exists is evidence of the state’s failure to protect children.

### **Failure to Fund**

Perhaps the most commonly reported challenge throughout the child welfare system was inadequate funding. It was widely expressed that child welfare services, at a statewide level, were under-funded, the repercussions of which were substantial and far-reaching. Lack of funding prevented agencies from hiring sufficient staff to handle the workload, resulting in agencies being understaffed. Understaffing meant that workers were overburdened, often carrying higher than recommended caseloads, which contributed to burnout. This was reported by caseworkers at nearly every agency that I visited. Interestingly, the *USA Today* report revealed that DCF had hired additional investigators to support the roll out of the new Safety

Methodology practice model, but did not provide funding to the Community Based Care agencies to hire more case managers, nor did they increase the number of foster care beds throughout the state (Beall, Chen, and Salman 2020). Consequently, as the number of children entering foster care steadily increased, challenges agencies faced with understaffing became progressively more exacerbated. While the state standards specify a maximum caseload of 14 children, the caseworkers participating in my focus groups frequently reported caseloads in excess of 25 children.

At the same time, the funding situation also severely limited the compensation that agencies could offer to staff, leading to difficulties in recruiting and retaining a qualified workforce, especially in areas where the cost of living far exceeded the salaries that child welfare work provided. At some offices, furthermore, caseworkers noted that there was more turnover than new hires. “It’s just, we just don’t have the manpower for the demand of the job and the demand of the cases, you know, that we’re getting,” a child protective investigator concluded. Even when employees who resigned were replaced, it took several months for new employees to learn the job well enough to take on a full caseload. Thus, turnover has a long-lasting impact on agencies that continues for some time even after vacant positions are filled.

These conditions plagued not only child welfare agencies, but affected many service providers as well, who were primarily compensated by Medicaid for their work with child welfare clients. Medicaid reimbursement rates, which were low to begin with, had remained unchanged for many years, despite inflation and increasing costs of living. Furthermore, working with the child welfare population was more challenging than other clients they served due to the high levels of trauma experienced by many system-involved families as well as the additional requirements of the child welfare system. Similar to caseworkers, then, providers found

themselves tasked with very challenging and burdensome work for marginal pay. The combined effects of a high demand job, poor compensation, and understaffing fueled staff burnout and high turnover throughout the system.

Funding issues also limited the availability of services to address the needs of system-involved families and created challenges for caseworkers trying to initiate services quickly in order to maintain children safely in the home. One of the more common barriers caseworkers encountered was when they requested funds to help a family pay for services or assist with short-term financial needs, such as paying an electric or utility bill. Although child welfare agencies had “flex funds” available for this purpose, the amount of available funding was limited. As a result, these requests were frequently met with resistance, and were often either denied or took an excessive amount of time to process. Caseworkers reported that it typically took upwards of 60 days to receive requested funds, if they were approved at all. This was particularly concerning for cases where children were remaining in the home. If a caseworker has to wait 60 days to initiate safety management services due to funding issues, this impacts their ability to ensure the safety of the children in the home during that time period.

The finding that the system has been underfunded is nothing new. In fact, funding had emerged as a significant challenge under Community Based Care well before my research began, with child welfare lead agencies reporting that they were unable to provide adequate funding to their subcontracted providers for basic cost-of-living wage increases (Vargo 2015). Following the full implementation of the newly privatized Community Based Care system, the state slashed funding for child welfare and related services, beginning in 2005 and continuing into the present (Knowles and Kornfield 2021; Beall, Chen, and Salman 2020; Miller and Burch 2014a, 2014b).

Even as agencies began to run into trouble, encountering significant funding shortfalls as child removals increased, they were largely left to fend for themselves.

A 2017 *Tampa Bay Times* article further revealed how the state's funding formula resulted in inequitable distribution of funds to lead agencies. A 'hold-harmless' rule introduced in 2015 specified that the state could not reduce a lead agency's funding below its 2015 level, even if the agency was currently serving fewer children (O'Donnell 2017). The state did not increase the availability of funding in the event that agencies began serving increased numbers of children. The result was that some agencies who saw an increase in the number of children they were serving became further underfunded due to this stipulation. Interestingly, amidst the ever-growing scandals engulfing the system, including overcrowded foster homes and overburdened caseworkers, Florida lawmakers have continued to further reduce the child welfare budget (Knowles and Kornfield 2021). The situation has perhaps been exacerbated by the COVID-19 pandemic, as the state finds itself facing a massive funding crisis that has impacted state agencies across the board, but it also fits within a broader, long-term pattern of underfunding services for vulnerable children and families.

### **A Disparate Array of Community Resources**

The effects of privatization and insufficient allocation of funding were borne out at the community level. The implications of Florida's 'community-based care' approach were that the financial burden and risks associated with providing child welfare services were increasingly placed on local communities rather than the state. As the state continued to cut back funding, Community Based Care agencies were expected to develop the resources and service array necessary to meet the needs of their community. The problem, of course, was that communities differed in their access to resources, resulting in disparate services and outcomes between

communities that were resource-rich and those that were resource-poor. This was largely predictable, as the initial privatization pilot study found that the only pilot site not to fail was one of the state's most affluent counties (Albowicz 2004), but the disconcerting findings did not stop the state from proceeding down this path.

The availability of local services and resources (or lack thereof) significantly impacted the ability of caseworkers to be effective in their job, as well as the ability of families to complete their case plans. Caseworkers emphasized the importance of having a robust array of services. "The availability of services is the key in our job. It has to be. You have to have something out there available, readily available," an investigator explained. This was particularly critical given the complexity of needs among many system-involved families. A case manager elaborated, "I think overall, it's our services that are our biggest support, um, 'cause we can't go in there... It's not just one thing with our families that's going on that we can go in there and address that and then move on from it. They have multiple things, things on top of things, um, that they have to work on." As this statement suggests, the multiplicity of family needs requires the availability of many different services and supports. Indeed, numerous caseworkers affirmed that there could not be a 'one-size-fits-all' approach to services. "Finding the right service that you really think is gonna benefit your parent in their particular situation," was crucial to effective intervention with families.

Unfortunately, not all communities had a robust array of services to meet the diverse needs of families. This limited the extent to which caseworkers could truly individualize case plans to each family's unique needs. Expanding on this challenge, a caseworker in one community explained,

We have a lot of, um, different kinds of cases, and if there was more variety of, like, you can't just send every parent to the same parenting class. They're going to

need new, different types of services depending on what brought them into the system. And when we have the attorneys telling us that, you know, the parent's attorneys, "Well, you should be sending them to the right services to help fix them." Well, what – you tell me where that is and I will send them there, because I can't find them. So, I think that it's just a lack of services that help meet these families' needs to help them even complete their case plan.

There was considerable variability reported across focus groups in the availability of community resources. Not surprisingly, caseworkers from urban communities generally indicated greater variety and availability of services, while caseworkers from smaller, rural communities reported fewer locally available services and greater challenges with families requiring transportation in order to access services.

Participants emphasized that the array of services varied greatly by county. "I think it depends on the community, because I came from [county], which is very rural, and there's nothing there. Um, I mean there's stuff, but there's not," an investigator explained. Another investigator similarly expressed, "There's just not enough services. You know, the new thing with the methodology is that we trying to keep the kids in the home, right?... but then we need the services. But, there's no money for services, so the services that we have are limited." In some communities, it was reported that service options were limited to only one mental health or substance abuse provider in the entire county. This could present challenges not only in terms of limited service capacity, but additionally, if a family received services from the provider in the past and had a negative experience, they might be resistant to further services from the same provider. Even in urban areas, where greater variety and availability of services was reported, there were still identified service gaps that made it difficult to meet families' individualized needs. As noted in Chapter 6, even when services were locally available, waitlists were common.

The inability to connect families to appropriate services to meet all their needs was a source of considerable frustration among caseworkers. "The crazy thing is, you think you know

what a family needs, and then when you go to actually set that in motion, it's not there, and it's not what you thought," a case manager relayed. In discussing gaps in critical services such as psychiatric care and homelessness assistance, an investigator further expressed, "These bigger services that we really need, that might be that lynchpin between safe and unsafe, is where we're getting tripped up, and it makes us look bad. It really does." When critical services and resources were not available within the community to meet the family's needs, it often resulted in caseworkers removing children from their parents because they could see no other option to keep the children safe. The following account from a child protective investigator provides an illustration:

The services, it kind of varies but they're limited based on the criteria for the parents, 'cause a lot of the services, now, are pretty much like they have to have a mental diagnosis to qualify for their service... And, um, because of that it pushes us to the point where our hands are tied, and at one point we were just sheltering, sheltering, sheltering. Because we had nothing to offer the parents to keep the kids [in the home].

A lack of critical services and supports at the local level can therefore have serious consequences for children and families coming into contact with the child welfare system, as this gap may be the determining factor in a removal or permanency decision. Particularly as caseworkers gather more detailed information about the family's needs through the more thorough assessments implemented under the new practice model, but lack the community resources to address those needs, removal may seem like the only viable option.

Overwhelmingly, the most critical gap recognized across communities was in services that address families' needs pertaining to poverty. Lack of affordable housing, in particular, was a huge barrier pretty much everywhere in the state. Many caseworkers reported that a majority of the families on their caseload required housing assistance, but existing programs had limited availability and waitlists as long as two to three years. In some communities, furthermore,

housing services were reported to be altogether non-existent. In addition to the overall lack of housing, respondents also noted that the ‘affordable housing’ options that existed were not always affordable to families, and the quality of such housing was often poor. “Like we have like this list of affordable housing, I’ve given it to families and they’re like, that’s not affordable,” a case manager stated. Lack of housing could impact families coming to the attention of the child welfare system in a variety of ways. One implication was that it may be a primary determining factor in removal decisions. This was expressed by one investigator, who lamented, “I think one of the worst things in the world for me that I have to do is when I have to take kids away for poverty. I think it’s insane, but the lack of housing is just, and there’s no homeless shelters. Like, you know, or the ones that they have are full.”

Lack of housing may also become a barrier to reunification for parents whose children have been removed. As one case manager explained, “We have a lot of parents, like they’ve done everything they need, and they would be perfectly appropriate to be reunified, but they don’t have housing.” Reiterating this point, another case manager asserted, “Like, they’re ready to go, like, everything else, I can check yes on all of it, but we don’t have a house. So I have to check no on a bunch of them, because obviously if you don’t have a house, we can’t have a calm and consistent house, like, but mom’s done everything, and mom’s ready to go and mom’s been doing great, but mom doesn’t have a house so we can’t reunify mom.” Similarly, a case manager in a different community stated, “We have nothing to give them for housing. We can Section 8 referral<sup>1</sup> if that’s the only thing standing between them and reunification. So, I have people homeless, working their case plan.” As this statement suggests, families were often trying to

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<sup>1</sup> A referral for Section 8 housing, a program through the U.S. Department of Housing and Urban Development (HUD) which provides rental assistance for low-income households.

locate and secure affordable housing while simultaneously trying to complete court-ordered child welfare services.

Other poverty-related needs included subsidized childcare and financial assistance to help pay for things like utility bills. Many of the services that child welfare agencies could offer to address economic needs, such as childcare assistance or help with bills, were time-limited. Caseworkers conveyed concern that offering this kind of short-term assistance to families struggling with economic insecurity and poverty did little to improve their circumstances and ability to ensure the long-term safety of their children. Given the great extent to which poverty was reported to be a problem for system-involved families, as described in Chapter 7, the insufficient availability of services to assist in meeting families' basic needs represented a significant challenge. It is hard to imagine a family successfully working a case plan while basic human needs such as shelter were left unmet.

Additionally, diversion and family preservation services were also perceived to be extremely underfunded. While caseworkers participating in the focus groups reported that diversion and in-home services existed across all communities to some extent, there was variability with regard to how such services were provided and the available resources. Many caseworkers expressed that there simply were not enough of these services, which resulted in removals that could potentially have been prevented. The lack of funding dedicated to diversion services, in particular, was discussed at length by case managers who specialized in these cases. In many counties, it was reported that the vast majority of child welfare resources were only available to families whose children were in out-of-home care.

The lack of dedicated resources made it extremely challenging for family preservation case managers to do what was required of them. As one case manager explained, "They want it

to look like that, to where we can keep those families out the system, but then they're giving the money all to the families that's in the system, but you try to create these prevention plans where you need to put the resources into it." Workers in communities where these services were underfunded described needing to "get creative" when it came to finding resources to support the families on their caseload. Case managers in certain communities, for example, reported having to rely on the charity of organizations that were willing to donate resources or provide sliding scale fees for families with economic barriers. "I hustle so many agencies that are not within our network, because I don't have any resources. So, we spend so much time finding, like, outside sources," a case manager described.

Lack of adequate funding sets family preservation services up for failure. Community Based Care agencies that have had greater success in implementing family preservation services have done so through leadership that has actively invested in developing these services. Of course, this also requires actually having access to funds to invest in services. Lack of policy and, most importantly, provision of resources explicitly for this purpose at the state level has meant that this is left up to local agencies to decide how to 'best' meet the needs of their respective communities. Combined with differential access to resources across communities, this has resulted in notable disparities throughout the state.

### **Lack of Transparency and Accountability**

Throughout all this, DCF has been shrouded by a lack of transparency and, at times, extensive efforts to cover up and bury potentially damning information about their operations. Investigative journalists laid out a number of these efforts in detail. In the years preceding the transition to the new practice model, DCF and its contracted agencies were underreporting child maltreatment deaths and instructing staff not to file new death reports amidst an investigation by

the Miami Herald (Miller and Burch 2014a, 2014b). Subsequently, DCF and the Community Based Care agencies repeatedly tried to prevent USA Today's journalists from obtaining information about foster parents and abuse allegations that had been made against them, demanded \$50,000 for search and copy fees to provide requested disciplinary records, refused to provide journalists with a list of licensed foster parents, and even attempted to get the state legislators to pass a law that would make the names of foster parents secret from the public (Beall, Chen, and Salman 2020). Fortunately, these efforts failed, and the journalists were ultimately able to obtain the information needed to produce their explosive report, but the lengths the state went to in its attempt to prevent this information from coming out are extremely telling.

These revelations aligned very much with my own experiences with DCF over the years. Having worked as a contracted evaluation provider for DCF from 2014 to 2019, I knew first-hand how averse they were to criticism of any kind, even constructive criticism intended to offer suggestions for how they might improve their approach to serving children and families. On numerous occasions, DCF requested that report findings with which they disagreed (not because the findings were incorrect, but because they reflected poorly on the agency) be either reworded or removed entirely. Some of the more critical findings from focus groups they dismissed as simply "the opinions of a few individuals." They were largely uninterested in identifying or addressing challenges. They did not even want recommendations included in our reports. The only reason they had contracted an evaluation at all, it seemed, was because it was required by the Children's Bureau and tied to a substantial amount of federal funding. What they wanted from the evaluation was not the truth, but rather, a glowing report that affirmed they were doing everything correctly. On one occasion, my colleagues and I had an actual meeting with DCF, at

their request, that centered on how we could “spin” the findings in a “positive light” for the final report to the Children’s Bureau.

As if these experiences had not been sufficient to confirm my perceptions that the state was not invested in transparency or research, the final affirmation came when I approached DCF for a letter of support to conduct additional data collection for my dissertation. After years of providing evaluation services for them, I had hoped I would be able to leverage my relationships with individuals in the administration to get approval for my proposed study. The timing of my request was somewhat unfortunate, however, coming in the aftermath of an election and subsequent change in the upper echelons of the administration. At the same time, the pattern of suppressing research endeavors that could be critical of the state was long established, and therefore the change in DCF’s administration may not have been a pivotal factor in the response I received. In either case, my request to conduct further research into the state’s child welfare practice was denied.

This dearth of transparency is furthermore tied closely to a lack of accountability. By obscuring data and limiting public access to information, the state seeks to avoid accountability for the system it has created. The state’s tactics did not escape the notice of caseworkers, who almost universally expressed that there was no shared accountability from the state. Some workers went so far as to describe the system as corrupt, as transpired in the following focus group conversation:

CM 1: No, as far from what I say about the accountability and, you know, having more involvement... it’s a broken system. And I don’t really foresee...

CM 2: It’s a corrupt system.

CM 1: Huh?

CM 2: It’s corrupt.

CM 1: Corrupt system, yeah.

CM 3: Yeah, very corrupt. That’s just my...

CM 1: But I don't really foresee a change. And a lot of times those higher up don't even come out and see what the frontline, see what we are experiencing and what are we recommending, and things like that. It's all black and white. It's not reality. And that's an issue too.

This allegation of corruption suggests that the problems with the system extend beyond it simply being a 'fractured system,' to use the words of the DCF Secretary. Rather, the above narrative implies there is an intentionality behind this fracturing. Caseworkers were not the only ones who shared such views towards the system; youth offered similar perceptions. "I do think some of their ways are very corrupt," Olivia stated while discussing her frustrations with DCF. As detailed in the previous chapter, numerous youth described the ways in which the system silenced or marginalized them, and characterized DCF as deceptive or dishonest.

At this point, I would like to revisit DCF Secretary Chad Poppel's statement tying the problems with the child welfare system explicitly to privatization one last time. In many ways, this statement seems less of an acknowledgement of wrongdoing by the state, and more of an attempt to continue to shift blame. Particularly noteworthy about Poppel's statement, he claimed that privatization had made DCF "too distant from the frontlines" and left decision making in the hands of non-profits rather than the state (Beall, Chen, and Salman 2020). This statement was extremely misleading, however, as it entirely ignored the fact that DCF remained in charge of child protection investigations and removal decisions, since cases only transfer to the Community Based Care agencies *after* the investigation has been completed and a decision about whether to pursue court-mandated services has been made. It is DCF's attorneys, furthermore, who file the petitions to remove children from their parents and argue the cases in court. To insist, therefore, that DCF had been removed from the frontlines and critical decision making was not only misleading, it was blatantly false and an obvious attempt to avoid accountability. This, in fact, seems to be the primary purpose behind privatization – it has essentially served as a

mechanism for the state to cut funding for services and then blame the private sector for failing to keep children safe. The repercussions are that accountability falls largely on the shoulders of caseworkers, who struggle to figure out how to keep children safe within this dysfunctional and under-resourced system.

### **Negotiating Risk, Uncertainty, and Liability**

As the previous sections have highlighted, front-line practice is shaped to a substantial degree by system structures and processes beyond caseworkers' control. Within this context of poor collaboration, limited funding and resources, understaffing, and heavy caseloads, supervisory and leadership support were considered critical by caseworkers. The importance of having a supervisor who was dependable, available, and willing to step up when needed was consistently reiterated across focus groups. "You have supervisors that will bust their ass to help you," one investigator affirmed. Another described how having that support made her feel like she could keep going. Without strong organizational support, caseworkers could become easily overwhelmed. An investigator surmised, "Your supervisor will make you or break you," indicating that the extent to which caseworkers feel supported by their supervisor could be the difference between those who stay and those who depart from this line of work. Indeed, across focus groups, caseworkers largely agreed that having a 'bad' supervisor could ultimately be the driving force that leads a caseworker to resign.

The qualities that caseworkers deemed most important in a supervisor were offering assistance when staff were overloaded, willingness to go out into the field with their staff, and providing guidance in decision-making. Caseworkers especially appreciated how important it was to have supervisors, as well as other agency administrators, support them when they were in the process of removing children and finding placements, which frequently occurred outside of

standard office hours and could be an extraordinarily lengthy process. A case manager elaborated,

And the upper management can especially, if you're stuck here at 11:00, 12:00 at night with a child that needs to be placed. They all make you feel like you're not alone. They're calling. They're speaking to you. They're offering to put shifts together to relieve you so that, you know, you can get relieved and somebody else can come do a four hour shift or something. Leave her the child. You know, that's very helpful in the middle of the night when you don't feel like... You know, you're just thrown out there by yourself.

While this narrative speaks to the way some caseworkers felt supported by their organizations, not all caseworkers experienced this level of support. Juxtaposing the support she currently felt with the lack of support she received in the past, for example, one case manager explained, "That's what I like about my job right now, is like, I know I've got support. Because I have not always felt that way in this job." Similarly, an investigator expressed, "I've been out at four o'clock in the morning running three kids at every different side of town and my supervisor is nowhere to be seen." Furthermore, while supervisory support was clearly vital to caseworkers, the data also suggest that creating a supportive work environment extends further up and must begin with the administration. Unfortunately, a number of caseworkers expressed feeling that they lacked the support they needed from the upper management and administration at their agencies, which contributed to a sense that they were held predominantly, if not solely, accountable for case outcomes.

Caseworkers also underscored the importance of teamwork and the support they received from their co-workers, particularly within this environment of being overburdened and overwhelmed. Caseworkers relayed that they supported each other in carrying out case tasks and making critical decisions. For example, investigators described coming together to help with interviewing large families or "tag-teaming" if a caseworker has a particularly difficult case.

Similarly, case managers described “picking up the slack” to help out when a co-worker was overloaded and falling behind. “If you don’t have someone to support you, you’re not going to stay in this field for long,” one case manager concluded. The support they received from co-workers in the form of advice and brainstorming when it came to case decisions was regarded as especially valuable. A conversation from a child protective investigator focus group illustrates this sentiment:

CPI 1: Just kind of... just feeding off one another. Discussing these cases, you know, with our supervisors or, you know the PIs and being able to come together collaboratively because we have to be able to depend on one another. Um, and in a supervisor role you have to depend on your PIs to come back to relay the information to you from what they’ve seen, what they’ve gathered... and you guys can collaboratively come together and to do what is in the best interest for that child... So just being able to have that support system where you’re not just making these tough decisions on your own.

CPI 2: Yeah, I definitely agree with that. You know, your unit and your co-workers definitely are like a second family to you. And you’re going through, you know, these really difficult, hard situations. And it can tend to be, you know, hard decisions, emotional decisions. And knowing that you have your co-workers and your supervisor, other staff members there that can, you know, support you, talk it through with you... that gives you confidence that you’re making the right decisions.

In another focus group, a case manager similarly described, “You have a family’s lives in your hand, several people of that family. And I think sometimes, thinking that you have to make a decision, it’s nice to bounce that decision off of someone.” In this way, caseworkers provided critical support to one another, relieving them from the pressure of making difficult decisions on their own. This may help to ease some fears regarding their personal liability, although in the absence of strong support from their supervisor and upper management, they may still worry that they will ultimately be held accountable if something happens.

Caseworkers further expressed that they relied on their co-workers a great deal for emotional support. This often took the form of venting and commiserating, but also included simple acts such as checking in on one another or just being physically present when someone was having a particularly difficult or long day. Many caseworkers described their relationships with their co-workers as being like a second family, emphasizing that this support system was what got them through the tough days. While they greatly appreciated the support they received from their co-workers, however, it was not enough to fully negate the burdens and barriers created by the overarching structure of the system, particularly the way in which accountability was dispersed, the brunt of which fell upon them.

By far the greatest obstacle for caseworkers, and the driving force behind much of their decision making, was the lack of shared accountability. As previously indicated in Chapter 6, caseworkers perceived that they had limited power in case decisions, such as whether or not to remove a child, and yet they were primarily held accountable for case outcomes, especially if something adverse occurred. This sentiment was particularly strong among case managers, who had no role in the removal process but were frequently reprimanded in court about decisions to remove or not remove children. Indeed, the shifting of accountability away from the state and onto private companies, communities, and individuals is one of the primary, and I would argue intentional, consequences of privatization. Through this process, the state has effectively shifted much of the focus, and blame, onto Community Based Care and case management agencies and has increasingly attempted to abdicate its responsibility for ensuring the safety of children.

This lack of shared accountability created considerable tension and anxiety among caseworkers, who continuously worried about making the wrong decision. Additionally, there was a strong sense of personal responsibility reflected in their narratives, indicating that to some

extent they have embodied these notions of accountability. During one focus group, for example, a caseworker expressed constantly feeling “just really worried about, you know, you don’t want to hear on the news that that child is dead.” Voicing her agreement with this sentiment, another caseworker added, “I always worry that I’ll miss something, you know, that I’ll miss some sign.” In a different focus group, a caseworker described feeling that, “I wouldn’t be able to live with myself if something happened, um, to a child, because I wasn’t doing enough for that family. I would feel too responsible.” These expressions of personal responsibility were widespread.

Focus group conversations further indicated that the pressures of responsibility and accountability placed on caseworkers manifested in practice being largely guided by liability. This emerged as prominent theme among both case managers and child protective investigators. “It’s terrifying to put your name on a recommendation that... when others are disagreeing with you, and you’re the one taking, like, the less safe argument. And by less safe, I mean, like, you know, like, cookie-cutter safe or unsafe. I’ve only done it once in two years. I’ve only put my name and my butt on the line once,” an investigator acknowledged. In another focus group, a case manager similarly reflected,

I can’t know what every single one of my kids is doing at every single time of the day, and I don’t know what the-the parents are doing. And when the kids are in home, it’s even more of a burden and responsibility, because, you know, if they’ve been removed, then the legal action has been taken, but if something happens to the kids in an in-home case, then you’re the one who is responsible for being in that home. You’re the one who’s responsible for monitoring child safety.

As these narratives suggest, perceptions of liability have the potential to significantly impact caseworker practice towards being more precautionous and less willing to incur the risks associated with in-home interventions. If they can establish the legal sufficiency to shelter children, they may be more inclined to take this ‘safer’ route and forego any attempt to implement in-home services first, as also indicated in some of the findings described in Chapter 6.

Caseworkers further suggested that this mentality became more prevalent when the state shifted policy under the Safety Methodology, emphasizing a ‘safety first’ approach that presumed removal was the safest option. As a case manager described, “And that’s kind of what happens statewide, you know, it – there’s a child death, an unfortunate one, and then there’s a reaction of – over reaction afterwards to tons of cases. So then we start seeing an influx of cases coming from DCF, because everyone’s afraid... um, that-that’s happened, I’ve seen the waves of that over the years.” The reinforcement through state policy of this idea that children are inherently unsafe if left in the home coupled with a lack of shared accountability for ensuring child safety directly contributes to the current context where caseworkers view removing children as the preferred and ‘safest’ option. Left to juggle the risk and uncertainty inherent to child maltreatment cases largely on their own, it is not surprising that many caseworkers become risk-averse and make decisions guided largely by concerns over personal liability and accountability.

### **Contradictory Practices and Competing Priorities**

Examination of the broader state entity, beyond the child welfare system, reveals additional disjunctures between the state’s articulated policy on child safety and the actual treatment of children by the state. The presence of contradictory policies across various agencies, including different state-run agencies, further hindered effective case coordination. This often had the effect of creating extra obstacles for parents trying to complete their case plans and regain custody of their children. One of the more prominent examples provided was housing. Many system-involved families were poor and struggled with homelessness or housing instability. In order to reunify, they needed to secure housing, but required housing assistance to be able to do so. To qualify for housing assistance, however, they needed to have custody of their

children. Thus, they were caught in a ‘catch-22’ situation. Similar contradictions existed with other assistance programs that many system-involved families were reliant upon, such as the Supplemental Nutrition Assistance Program (SNAP, commonly known as food stamps) and Temporary Assistance for Needy Families (TANF). When parents had their children removed from them, they lost many of the benefits that kept their family afloat, and subsequently were told they needed to demonstrate self-sufficiency and their ability to support their children in order to reunify. The end result is a system that tests marginalized parents to see how many hoops they will jump through to get their children back. This system does not actually prioritize child safety.

This is further demonstrated in how children are treated by the state in various contexts outside the child welfare system. Noteworthy contradictions can be observed in the way children are viewed across different state institutions; the extent to which the state actually considers child safety a priority and holds itself accountable to its own standards comes into question under such scrutiny. The previous chapter pointed out this hypocrisy within the child welfare system, where the state has for years ignored and attempted to cover up the abuse and neglect of children in foster care. Parallels can also be drawn to detention facilities for juvenile offenders and for unaccompanied migrant children, where evidence similarly suggests a lack of child safety standards and further traumatization of children by the actions of the state. Within these institutional settings, children often receive substandard care and are subjected to maltreatment, either by facility staff or by other children (Cassidy 2020; LaTona and Traxler 2020; Attanasio et al 2020; Equal Justice Initiative 2016; Terrio 2015). Whereas the child welfare system posits that children are innocent victims who need protection, these other state institutions uphold contrary conceptions of children as perpetrators of crime or foreign invaders who must be separated from

the rest of the population. It is not by accident that these particular constructions are applied predominantly to certain categories of children – namely, black and brown children.

One of the youth I interviewed, Javier, spent several months in one of these migrant detention centers, or *la hielera* (the freezer), as he said it was commonly referred, prior to being placed in foster care. Javier described his time at the facility as extremely unpleasant. “We were locked with other children, we even slept one on top of the other. And the bathroom was right in front of you. That was terrible,” he recalled. “And they wouldn’t give you food, it was just like a burrito, a small one, right? They would give you a small one and a small juice, too, and they would give you that for the entire day.” In addition, much of the food they served was unfamiliar to him and not what he was used to in his home country: “But the food was different, I didn’t eat much. Let me tell you, in Guatemala when I came, I didn’t eat much meat, I wouldn’t eat much. I ate like Latino food, we eat like herbs, other things, and here they give you eggs with another thing [LAUGH] that I didn’t like much.” He further explained that the rules were very strict, all their personal possessions were taken away from them, and there was a rigid schedule that was followed every day, with very limited recreational time when they were allowed outside for a short period in the afternoon. This depiction certainly did not seem aligned with the state’s ideology of how children should be cared for, particularly considering the shift away from residential care within the child welfare system during the 20<sup>th</sup> Century based on the belief that children need a family environment to thrive. What the widespread use of detention facilities for migrant children seems to imply is that the definitions and standards for ‘child safety’ vary depending on which children are in question.

Implementation of the “family separation” policy under the Trump administration further exposed the fallacy of the claim that removal of children from their parents was only undertaken

as a last resort to ensure the safety of children. Under this policy, more than 4,000 children were separated from their parents without any allegations of maltreatment simply for crossing the U.S. Border with Mexico and requesting asylum (Davis 2020). This policy fits within a historical pattern in which the removal of children has been used as a weapon of the state to coerce families into compliance with state expectations of proper citizenship, with clear parallels to the systematic break-up of Native American families under colonialism and of Black families under slavery (Lash 2017; Crofoot and Harris 2012; Danzer 2012; Strong 2005). Following shortly after its implementation, the family separation policy drew sharp criticism and media attention for the inhumane treatment and unnecessary trauma inflicted upon children, many of whom now suffer from post-traumatic stress disorder and other mental health conditions as a direct result (Chiedi 2019; Attanasio et al 2019; BBC News 2019). Subsequently, after the policy was ended, there was no plan for reunifying families (Kopan 2018). Three years later, it was reported that 445 children remained in U.S. custody separated from their parents, many of whom were deported and their whereabouts were now unknown (Kavi 2021). Contrary to the state's claims about prioritizing child safety, various policies and practices such as these underscore the ways in which state systems actively endanger and harm children.

## **Summary**

While previous chapters have focused primarily on the functions of child protective investigations and case management agencies, the child welfare system is in fact comprised of a multitude of intersecting organizations, inclusive of both state and non-state actors. The current chapter examined the structure and functioning of this broader system, and the implications for front-line practice and for families encountering the child welfare system. Findings presented in this chapter have highlighted the chaotic, poorly coordinated nature of this system and failure of

involved parties to collaborate effectively, resulting in conflicting objectives and fragmented services that often do not meet the needs of vulnerable children and families. Indeed, findings underscore how the state itself does not function as a singular, coherent entity, but instead as a series of distinct departments and agencies, each operating independently.

My analysis points to the numerous disjunctures that arise between various agencies within this system, which undermine the state's position on child safety and reveal the different set of standards the state holds for itself versus the standards it holds for parents. Moreover, the findings presented here illustrate the ways in which these disjunctures create added barriers for families trying to navigate their way through this system. The failure of the state to properly fund the system while simultaneously shifting accountability onto the private sector further demonstrates the insincerity of its claim to prioritize the safety of children. These systemic factors have significant implications for front-line practice, as caseworkers are left to work through the contradictions in policies and gaps in services in an effort to meet the needs of families, often finding their options limited by the lack of resources and collaboration. Within this environment of resource scarcity and lack of shared accountability, front-line practice is largely shaped by liability, rather than focusing on what is in the best interests of children.

## Chapter 10

### Child Safety During a Pandemic

In the final months of 2019, an outbreak of a novel coronavirus ravaged the city of Wuhan, China, then quickly spread throughout the country, and eventually, the world. COVID-19, as it was named, had emerged in the United States by the beginning of March 2020, rapidly changing every aspect of life. By the beginning of April, many places of business had shut down, with the exception of essential businesses such as grocery stores. For those that could, a transition was made to working from home. In other cases, businesses closed entirely, and workers were laid off, at least temporarily. With the number of cases and the death toll rising rapidly, the country went into lockdown, as did much of the world. It was not long, though, before some began questioning how long this would continue.

Disputes over when and how the country should ‘reopen’ began early in the pandemic. The process became highly politicized, as President Trump, more concerned about winning reelection than about saving lives, repeatedly tried to downplay the severity of the pandemic and pushed for an end to lockdowns, even as the numbers of cases and deaths swelled. A largely partisan response took shape, with states varying along political party lines in the extensiveness of measures that were taken to prevent the spread of the virus. Many states, including Florida, refused to instill mask mandates and began allowing businesses to reopen against the advice of public health officials. More than a year after the pandemic began, as I was concluding the writing of my dissertation, disagreements over reopening continued, even as large portions of the

country had already resumed business as usual. While the rollout of vaccines gave rise to hopes about ‘getting back to normal,’ the emergence of new, more dangerous variants of COVID-19 coupled with vaccine reluctance among a significant portion of the population cast doubt on whether the end of the pandemic was truly in sight.

Among the debates that have taken shape, there has been considerable public discourse on how the pandemic has impacted children, ranging from health to socialization to education. The impact of the pandemic on critical institutions that serve children and their families has received less public attention. There were some within the child welfare system, however, who sounded the alarm early in the pandemic. Concerns were raised that, with much of the country shut down and families quarantining at home, child abuse and neglect were likely to go unnoticed (LeBlanc 2020; Schmidt and Natanson 2020; Robinson 2020). At the same time, the pandemic presented a variety of new challenges to the child welfare system in its efforts to meet the needs of vulnerable children and families who did come to the attention of the system. In this chapter, I further explore the ways in which the pandemic has impacted the child welfare system and the children and families served by the system. Here, I weave together reporting and discourse at the national level with a more detailed exploration of how the child welfare system has been impacted in Florida, based on informal conversations with personnel at child welfare and provider agencies. Overall, I argue that the pandemic raises new questions about what ‘child safety’ means and the state’s role in ensuring the safety of children.

### **A Holistic Perspective on Children and the Pandemic**

Not long into the pandemic, children entered the cross-hairs of the political debates over the intensity of shutdowns and other public health measures to prevent the spread of COVID-19. Intense deliberations emerged over which was more detrimental to the well-being of children –

the health risks posed by the virus, or the measures that have been taken to slow the spread. In the face of limited concrete data, these conversations have been shaped more by political ideologies than evidence. Early on in the pandemic, epidemiological data indicated that children were at much lower risk of experiencing severe health effects from the virus (AAP 2020, CDC 2020). This quickly morphed into inaccurate claims that children were virtually unaffected by or practically immune to COVID-19. In reality, there have been over 4.59 million confirmed COVID-19 infections among children in the U.S., including 402 reported deaths as of this writing (AAP 2021; CDC 2021). Although this is a significantly lower mortality rate compared to that experienced by adults, the idea that children do not get sick from the virus is demonstrably false. With the emergence and rapid spread of the Delta variant in 2021, furthermore, infections and hospitalizations among children have risen rapidly.

Many argued based on the limited epidemiological data, however, that it was in the best interest of children to return to in-person school and extracurricular activities. This focus on ‘return to normal’ was particularly marked in Florida. Growing concerns pointed to the impact on children’s education and socialization, noting sharp declines in learning and academic performance that could continue to impact children long after the pandemic ended (Kuhfeld et al 2020, Wolf 2020). These concerns also included the mental health toll that isolation from peers was taking on children. Even so, advice from experts was largely based on inadequate and often times conflicting data. The American Academy of Pediatrics, for example, was a strong proponent of children going back to school, arguing that severe illness among children was rare, even as they acknowledged that there was a lack of data on the potential long-term health impacts for children (AAP 2020). Many seemed to feel that the importance of in-person learning and socialization outweighed the potential health risks posed to children. The burdens placed on

parents to facilitate virtual learning, particularly among those who found themselves in the dual role of home schooling and working full-time, added further pressure to the case for reopening schools. At the same time, there were many parents who opted to keep their children at home in the interest of safety.

Further claims began to emerge that children did not appear to be major spreaders of the virus, bolstering the call to reopen schools. Yet actual data on the extent to which the virus spreads among children and in school settings was limited by a lack of systematic testing (Wolf 2020). In states where a significant portion of schools did reopen to in-person classes in the fall of 2020, data showed that increases in COVID-19 cases were in fact associated with schools. Cases among children increased steeply during the fall and winter months, when many children were back in school (CDC 2021). Now that vaccines have rolled out to adult populations, moreover, children are making up a growing portion of new COVID-19 infections (Chappell 2021). The emergence of more transmissible variants has further contributed to the rising child infection rate. As of this writing, vaccines still were not approved for children under the age of 12, leaving them susceptible to infection amid the push to resume normal operations throughout the country.

Despite the growing evidence of health risks to children, however, political pressure has been mounting to continue loosening restrictions. Increasingly, conversations shifted to how the response to the pandemic will impact children over the long-run in terms of their social and emotional development. Much of this discourse resembled the discourse that has gained prominence in child welfare, emphasizing, for example, the impact on children's sense of normalcy. Oftentimes, these conversations amounted to the use of children for political purposes. In one of the more extreme examples, *Fox News* host Tucker Carlson, known for making

inflammatory comments, went so far as to argue that forcing children to wear masks constituted child abuse and was no different than a parent physically beating a child. He urged his viewers to call Child Protective Services if they observed a child wearing a mask. This segment aired in April 2021, at a time when most schools that had reopened mandated masks for all students and staff.

Proponents of a ‘return to normalcy’ who have emphasized the relatively low risk to children posed by the virus have largely failed to consider the impact to children within the context of families and communities. Children do not exist in isolation, and are significantly impacted by the risks posed to their family members and other important adults in their lives, such as teachers or childcare providers, who may become severely ill from the virus and potentially die. Indeed, stories soon emerged of children orphaned by the virus, as well as reports detailing the devastating impact on children’s well-being (Hillis et al 2021; Camero 2021). While children may be at much lower risk of suffering severe illness, they still carry a risk of becoming infected and bringing the virus home to their parents, grandparents, and other adults who reside with them. The trauma of losing a parent, sibling, or other close family member cannot be disregarded in evaluating the risks to children’s safety imposed by the pandemic. Additionally, the differential risks posed to children along lines of age, race, and class have been greatly overlooked by those advocating for children to return to ‘normal life.’ What data do exist illustrate that risk is not distributed equally across the population, with minority populations, including children of color, disproportionately represented among COVID-19 mortalities (Rossen et al 2021). The claims that children are pretty much unaffected by the virus fail to take into account these disparities and severely underestimate the impact that adverse effects on family members have on children. By treating children as a homogenous group and focusing on

them as individuals, rather than members of families, debates over what is in the best interests of children fail to understand the full context of children's lives and needs.

### **Trouble in Paradise**

The impact of the pandemic on Florida was substantial, as was to be expected. As the third most populous state in the country with several large population centers, including Miami, Jacksonville, and the Tampa Bay area, it was only a matter of time before cases took off. Multiple population dense areas combined with being a popular travel destination intensified the risks to the state. In addition, the political climate of the state, with a Republican governor bent on modeling himself after President Trump as well as a Republican-controlled legislature, was strongly characterized by resistance to state-mandated actions to protect the population, such as lockdowns and mask mandates. Thus, a combination of factors increased the vulnerability of the state. Many speculated that, after California and New York, Florida was destined to become the next epicenter of the pandemic. Certainly, it was the next place where large numbers of infections began to emerge, although consensus on the state's overall record has yet to be reached.

While the state incurred a considerable number of cases, it initially did not fare as poorly as many had anticipated. Approximately one year into the pandemic, when adjusted for population, Florida ranked roughly in the middle of all states in terms of the number of infections and deaths (USAFacts n.d.). Still, the numbers were not inconsequential; nor had the pandemic finished playing out. The impact beyond infections was also quite devastating: 3.5 million Floridians filed for unemployment between March and August of 2020, and many more were unable to file their claims when the poorly-designed online application system crashed. It was eventually revealed that the system, set up under former Governor Rick Scott's administration,

had been designed to fail as a deterrent to discourage people from filing claims (King 2020), a reflection of the administration's logic that providing unemployment insurance discourages people from getting back to work. As a result, many out-of-work Floridians were left without a safety net as the pandemic ravaged the state.

With an economy based largely on tourism, furthermore, the state was far more vulnerable to the economic impacts of the pandemic compared to many other states. State revenue, derived largely from the tourism industry, took a huge hit over the course of 2020 as a result (King 2020). Budget cuts were soon to follow. Just months into the pandemic, the state had already handed down substantial budget cuts pretty much across the board, including to programs that provide a critical safety net to the state's most vulnerable children and families. Child welfare, public health, mental health and substance abuse services were all on the chopping block. Various child welfare and mental health providers with whom I spoke confirmed that their organizations had been asked to make considerable cuts to their budgets at a time when their services were needed the most. A child welfare administrator, for example, expressed that pending funding cuts would be "devastating and will have a huge impact on services." An already underfunded system therefore was forced to incur even greater funding cuts, creating uncertainty over how agencies would continue to provide the services that vulnerable families need in the future.

Amidst all this, the response of Florida's current Governor, Ron DeSantis, has been far more focused on scoring political points than on keeping people safe. In line with many other Republican-led states, DeSantis pushed to re-open Florida as quickly as possible. To quote one newspaper article, "DeSantis has followed the disastrous lead of the former Trump administration in ignoring public healthcare recommendations to benefit his political prospects.

‘No lockdowns. No fines. No school closures... That is totally off the table,’ he said in December shortly before COVID-19 deaths in Florida spiked at 187 in one day” (Reedberry 2021). Refusing to backtrack, DeSantis announced at the beginning of March 2021 that Florida was open for Spring Break, despite the fact that most young people still were not able to get vaccinated at the time. “There are no lockdowns in Florida,” he declared (Sarkissian 2021; Santich 2021). Adults under the age of 40 were not eligible to receive the vaccine in Florida until April 5, 2021. Not surprisingly, cases surged among young people in the aftermath, particularly cases of new variants (Persaud 2021). Throughout this time, the administration has been plagued by scrutiny and scandals, including claims that the state tried to cover up or limit public access to COVID-19 data (Miami Herald Editorial Board 2021). The public eye has been very much on Florida.

Despite the obvious reasons for concern, DeSantis has fought hard to shape the narrative surrounding Florida’s response as one of success, and has been surprisingly effective in this effort. Many mainstream media outlets, such as Politico and CNN, parroted DeSantis’ claims that Florida had fared no worse than other states in terms of cases and deaths, and was in better shape economically due to its quicker re-opening (Shephard 2021; Hiltzik 2021). As some journalists noted, however, the rush to claim victory for Florida’s response was premature, given the pandemic was far from over, and not actually supported by the data (Hiltzik 2021; Reedberry 2021). Florida in fact fared worse with infection and death rates compared to states with more rigorous shutdowns, such as California. As time wore on and restrictions became increasingly relaxed, furthermore, cases once again began to surge, with Florida falling among the top five states for new infections by the beginning of July 2021 (Stucka 2021). With the Delta variant taking hold, the situation continued to change rapidly. By mid-August, Florida had become a

hotspot, quickly taking the lead as the state with the most new infections (USAFacts n.d.). As of this writing, the cumulative numbers for Florida are 3.2 million cases and 43,979 deaths (Florida Department of Health 2021), though these figures will arguably be out-dated by the time anyone reads this. Meanwhile, with regard to claims of its economic success, most commonly used measurements of the economy, such as unemployment rates, indicate that Florida has done no better than the average state (Hiltzik 2021).

As the state heads into a new school year with the pandemic still raging out of control, there is considerable cause for concern. With many children still ineligible for the vaccine, this demographic became one of the most vulnerable; children under the age of twelve experienced a 52 percent increase in new cases by early July (Goodman 2021). To make matters worse, Governor DeSantis has doubled down on his anti-lockdown, anti-mask policies, demanding not only that public schools fully re-open, but further issuing an Executive Order (21-175) at the end of July prohibiting school mask mandates. The order was ultimately thrown out by a Judge, who ruled that the administration had overstepped its authority and violated the law through the mask ban (Allen and Lewis 2021). The situation remains precarious, however; as the Governor remains focused on his political agenda, his actions are likely to continue to place children and families at unnecessary risk.

On the other hand, it is worth noting that the response has varied greatly at the county level. Democrat-led counties tended to take the pandemic more seriously, implementing and enforcing stricter measures, such as mask mandates, compared to Republican-led counties. Many individuals and businesses also implemented their own safety measures to reduce risk, including switching to remote work from home when possible, social distancing, and choosing to isolate at home. Although public schools re-opened in the fall of 2020 at the Governor's insistence, many

parents kept their children home and enrolled in remote learning. Furthermore, several school districts repudiated the Governor's mask ban and proceeded to implement mask mandates for all students and personnel, even before the Court decision came down in their favor and despite the threat of financial consequences (Strauss 2021; Durkee 2021). Local level and individualized responses such as these undoubtedly mitigated some of the disastrous decisions that occurred at the state level, although there were limits to how much they could override.

### **A Changing Child Welfare Landscape**

The impact on the daily operations of the child welfare system has also been significant, requiring agencies to quickly adapt to changing circumstances and find creative solutions for continuing to serve families amid the new public health challenges. One of the positive outcomes that emerged, as some child welfare administrators and service providers explained, was that agencies were able to realize greater efficiencies through expanded use of technology, which allowed staff to cut back on travel and provide more virtual services. Throughout the state, as with many other industries, child welfare agencies shifted their staff to working remotely from home. Web-conferencing platforms made it possible to conduct case staffings and court hearings virtually, and many mental health providers have expanded the use of telemedicine to offer virtual therapy services. As agencies continue to recognize increased efficiency as a result of these changes, it is highly possible that the pandemic will permanently alter the way many services are provided.

While the pandemic has sparked innovation in some areas, it has nonetheless presented considerable challenges to child welfare. While agencies have capitalized as much as possible on a shift to virtual services, this approach has its limits. Child protective investigations provide a primary example; there is no way to conduct a virtual investigation into allegations of

maltreatment. Although caseworkers may be able to conduct some components of the investigation virtually, such as collateral interviews, observation of the home and family are critical pieces of the safety assessment that must be completed in person. Similarly, required child visits by caseworkers for those families that have open cases against them also proved challenging. Guidance from the federal government lifted requirements that monthly contacts be made in person, allowing for the use of virtual contact, however, the appropriateness of virtual child visits was dictated by the level of risk. For children deemed high risk, especially those remaining in the home, in-person visits continued, whereas virtual visits were implemented for those at lower risk.

The fact that not all services can be provided virtually meant that agencies had to dedicate substantial resources to ensuring staff had access to personal protective equipment (PPE) and information on how to properly protect themselves, and the families they encounter, when making face-to-face visits. Provision of PPE and guidelines for staff were strong priorities in the initial months of the pandemic. Much to the dismay of child welfare agencies throughout the state, however, they found support from DCF lacking. As one administrator put it, “DCF guidance has been a lot of lip service.” At the time we spoke, approximately five months into the pandemic, she voiced frustration that DCF had promised early on that guidance would be forthcoming, but then never released anything substantial. Indeed, when I scoured the Department’s website searching for resources pertaining to the pandemic, I found little beyond a three-page practice guideline for frontline staff that outlined basic hygiene and social distancing measures. The lack of response from DCF was disappointing to child welfare agencies, who were in great need of guidance and resources. Instead, there was much more discussion and brainstorming that took place among the Community Based Care agencies about best practices

and solutions. As has been the case with child welfare services in general, the challenges brought about by the pandemic were largely left to the private sector to develop their own solutions.

The transition to remote work, furthermore, has not been completely seamless. It has been a considerable adjustment for caseworkers, and agencies reported that responses from staff have varied. While some caseworkers seemed to enjoy working from home, others missed the engagement of being in the office, especially the support from their co-workers. As noted in the previous chapter, the support that caseworkers receive from their colleagues was considered one of the most important resources they have. The shift to working remotely has significantly impacted this support network and left workers feeling more isolated. In addition, administrators have noticed that some workers have struggled more with disengaging from work. One individual with whom I spoke, for example, expressed concern that she was receiving emails from staff “at all hours of the night.” While this has always been somewhat of an issue, as previous chapters have noted the ways in which caseworkers struggled with pervasive worrying over child safety, the pandemic seems to have heightened this challenge now that the boundaries between ‘work’ and ‘home’ life have become blurred. Administrators worried about the increased risk of caseworker burnout under these conditions.

Caseworkers were not the only staff about whom child welfare agencies had to worry. Perhaps the most impacted group within the child welfare system (other than families who were subjected to investigation) was foster parents. Not surprisingly, the pandemic raised concerns among foster parents about the risk of exposure – to them, to the other members of their household, and, of course, to the children in their care. Interestingly, I happened to be present at

a staffing of therapeutic foster parents<sup>2</sup> in the early weeks of the pandemic, where such concerns were beginning to emerge. There, I observed as agency staff reassured the foster parents that there was absolutely nothing to worry about, downplaying the severity of the disease in ways reminiscent of what the Trump administration was telling the public at that time and over the months to follow. One week later, the entire state went into lockdown.

As with caseworkers, much of the support provided to foster parents quickly shifted to virtual platforms: weekly calls and Zoom meetings and trainings. Again, one of the positive outcomes was that some efficiencies were realized. One administrator told me that they had actually been able to train more foster parents in a shorter timeframe, and had increased their outreach, all through the increased utilization of technology that resulted from the pandemic. Another interesting outcome, at least in the initial months, some areas saw an increase in foster parent recruitment, as many individuals observing the crisis around them wanted to do something to help. It is also possible that, as more people shifted to working from home, the idea of fostering may have become more feasible for those who were considering it.

At the same time, there were considerable challenges posed by the pandemic with regard to foster parents, particularly concerning how agencies would address children who tested positive. The agencies I spoke with had not yet encountered this scenario at the time, being fairly early in the pandemic still and given the fact that children throughout the state had finished out the school year virtually. As one individual expressed to me, however, it was only a matter of time, especially with the expectation that children would be returning to in-person school in the fall. Without any guidance from the state, agencies were wrestling with where and how they

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<sup>2</sup> Therapeutic foster care is a higher level out-of-home placement option for children with more severe mental health needs. Therapeutic foster parents receive additional training on managing children's mental and behavioral health issues, and receive extra compensation above the normal foster care rate.

would quarantine children in the foster care system who tested positive, and how they would keep foster parents protected. Many foster parents are older and likely to have chronic health conditions that place them at increased risk of complications from COVID-19. An administrator told me that some foster parents had already expressed that they would not be able to keep children in their home who tested positive due to the foster parents' personal health risks. Thus, child welfare agencies face a very real possibility of losing foster parents, who are already in short supply throughout the state, if they are unable to ensure the safety of everyone in the home.

### **Even More Hoops**

As if the child welfare system was not already difficult enough for families to navigate, the pandemic introduced more obstacles to accessing services and completing case plans. As noted above, a great number of providers shifted to virtual service provision and telemedicine. Many courts also switched to holding virtual hearings. This transition did have some benefits for system-involved families. In particular, virtual service provision reduced the need to travel and find transportation to and from appointments and court hearings, and also provided families with greater convenience to fit services into their schedule. In this regard, the pandemic has helped to address some of the more significant challenges that system-involved families experience in trying to complete their case plans. Yet the shift to virtual services also introduced new needs and requirements, as families must have access to the technologies that make virtual services possible. Challenges with internet connectivity and access to technology have posed a problem, especially in rural areas where infrastructure is lacking or limited. A child welfare administrator who oversaw several predominantly rural counties reported that they had encountered some difficulties in this regard, but had been able to generate solutions, such as providing 'hot-spot' devices to families with poor internet connectivity. Most families had smart phones or tablets,

but agencies could also provide such devices if necessary to support families in completing their services. While agencies found ways to accommodate emerging needs, at the same time, the need to facilitate access to these technologies was an additional burden on agency resources that were already stretched thin prior to the pandemic.

Moreover, while the pandemic increased access to some services and system processes, this was not universally true for all services. With some services, the pandemic created even greater delays and wait times, particularly for services that could not be completed virtually. If parents required inpatient substance abuse treatment, for example, they might encounter extended waitlists, as facilities had to implement new safety measures that often included reduced capacity. A variety of other services, such as parenting classes and batterers' interventions, which are usually provided in a group setting, often had to be reimaged in order to make the shift to virtual provision. Furthermore, there were certain limitations to providing some services virtually if the service was intended to have a more hands-on, skill building approach, as is often the case with parenting programs. One of the more pertinent questions arising out of the shift to virtual services, therefore, is whether virtual service provision proves to be equally effective. At this stage of the pandemic, the evidence is largely still emerging, and it is too early to assess many of the most commonly used child welfare indicators, such as re-abuse and re-entry into out-of-home care.

Diversion and safety management services, in particular, emerged as one of the greatest challenges for child welfare agencies. As detailed in prior chapters, there were already pre-existing issues with child protective investigators' lack of confidence in these services, leading to a preference for removals among many investigators in the name of child safety. The pandemic certainly did not improve this situation, and posed considerable obstacles to in-home service

models, since the intention was for services to be provided inside the home. Providers had been forced to shift the format and way services were provided, continuing to hold some face-to-face sessions, but doing so outside on the front porch, for example, rather than engaging the family in activities inside the home. While agencies demonstrated dedication and creativity in finding solutions to continue providing these services under changing conditions, there were some concerns about not being able to observe the dynamic inside the house. As an administrator noted, it is easier for families to hide what is going on or people who are staying at the house if the service provider does not physically enter the home. This individual further expressed that there was a strong possibility the pandemic was making investigators more wary of in-home services due to these concerns that there would be less face-to-face contact and monitoring of families.

Another challenge under the pandemic, which has a significant impact on the likelihood of reunification for families whose children have been placed in out-of-home care, has been with regard to visitations. Research has shown that a parent having regular visitation with children in out-of-home care is one of the strongest predictors of reunification (Carnochan, Lee, and Austin 2013; Davis, Landsverk, Newton, and Ganger 1996). The importance of continuing visitations, however, was confronted by public health guidance emphasizing social distancing. On this front, child welfare agencies had to balance concerns about safety and reducing children's potential exposure to COVID-19 with parents' needs and rights to have visits with their children. Initially, there was a proclivity to err on the side of caution, with Florida's Chief Justice issuing a temporary order that suspended all family visitation for dependency cases on March 27, 2020 ([floridasupremecourt.org](http://floridasupremecourt.org)). After the order lapsed, local agencies and courts were largely left to make decisions about visitation on a case-by-case basis, often prioritizing the preference of foster

parents. Virtual visitations were set up as one alternative and were widely used in the immediate aftermath, but were generally not viewed as a permanent solution. As the end of summer approached and agencies were preparing for children to return to school, many were in the process of developing new visitation guidelines. As one administrator explained, they “really can’t justify not allowing parents visitation with their children if the kids are going back to in-person school.” The anticipation, therefore, was that in-person visitations would resume in the fall for those children who were back in school.

Disruptions and delays to services, restrictions on visitation, and adaptations that may limit the effectiveness of interventions have had various impacts on system-involved families during the pandemic, including the types of services they receive and their likelihood of success. This has not gone unnoticed by policymakers, and concessions have been made to try to accommodate families that have been adversely impacted. Guidance from the federal government has been somewhat helpful, for example, in suspending the timeframe requirements for pursuing terminations of parental rights (TPR) and encouraging states to delay the initiation of these proceedings in light of the barriers that families may be facing. In Florida, at the time when I spoke to several agencies about the impact of the pandemic, TPR proceedings had been suspended for at least three months, and it was yet to be determined when they would resume. While administrators understood the reasons for suspending proceedings and largely agreed with the need to ensure families had a fair opportunity to regain custody of their children, this was tempered with concerns about what it would ultimately mean for children’s permanency, particularly if the end result was for children to languish longer than necessary in foster care. In this way, the pandemic served to strengthen the pre-existing tensions between child safety and family preservation, as agencies found themselves further entrenched in these competing

priorities and surrounded by uncertainty about what would be best for children and their families in the long-term.

### **Increasing Vulnerability, Decreasing Surveillance**

Beyond the families who were already formally involved with the child welfare system, there were also significant impacts on ‘at-risk’ families, which were not initially readily visible. Families who were most vulnerable to state intervention due to their socioeconomic status generally experienced the worst of the economic impacts from the pandemic. Working class jobs were far less likely to provide opportunities to work remotely, leaving these parents largely unemployed when businesses shut down. Additionally, children who typically received free school lunches were no longer going to school. Thus, economic vulnerabilities became heightened. Particularly in a state such as Florida, where the unemployment system collapsed almost immediately under the increased demand, there was cause for concern.

At both local and national levels, child welfare professionals began speculating that the increased familial stress, economic instability, and isolation created by the pandemic was likely to increase the risk of child maltreatment (LeBlanc 2020; Schmidt and Natanson 2020; Robinson 2020). Simultaneously, quarantine meant that children were, for the most part, out of the public eye. With children out of school and day care, and families largely staying isolated at home, outside observers such as teachers, who were most likely to notice and report signs of maltreatment, no longer had access to children. Therefore, concerns were not only that the current conditions were increasing the risk of maltreatment, but that the pandemic had also decreased the visibility of at-risk children, thereby decreasing opportunities for detecting maltreatment, as well as opportunities for identifying those at high risk and providing early intervention and prevention services.

Child welfare administrators in Florida with whom I spoke shared this perspective, expressing that families were likely experiencing increased need due to the pandemic, but were not coming to the attention of providers because of how isolated they had become. “We know that times of high stress can increase substance abuse, mental health issues, etcetera,” an administrator explained. “I imagine that their vulnerability is heightened, especially right now, because they are not even on our radar.” Although prevention services for at-risk families were still available and being offered by child welfare agencies, albeit with the same kinds of adaptations described for regular services, these families were less likely to be identified by the system unless the family reached out for help directly. The perception, in the early months of the pandemic at least, was that reports of child maltreatment were down, but these were expected to increase when children returned to school in the fall.

Florida child welfare data supports many of these speculations, and reveals additional insights into how the pandemic has impacted child welfare practice and vulnerable families. A comparison of abuse report intakes, investigations, and removals during the initial months of the pandemic with the numbers from the same period a year prior shows a significant decline in reporting and investigations, especially early on in the pandemic, when Florida’s ‘Safer-at-Home’ Order went into effect in April 2020 (see Table 4). The difference becomes less pronounced by September, by which point many children had returned to school. An interesting caveat to the data, however, is that while the number of removals was also down during this initial time period, the rate of removals (e.g. the percentage of investigations that resulted in a removal) actually increased during the early months of the pandemic. This could indicate that a greater portion of the cases that did come to the attention of the system during the pandemic met the safety threshold criteria requiring removal, the implication being that fewer ‘frivolous’ cases

were reported as a result of the decreased surveillance of children. Another possible explanation is that, of those cases that came to the attention of the system, investigators felt more inclined to remove children due to their concerns over the decreased visibility of children. Most likely, a variety of factors are involved.

*Table 4. Florida Child Maltreatment Intakes, Investigations, and Removals Before and During the Pandemic*

<b>Month</b>	<b>Intakes</b>	<b>Investigations</b>	<b>Removals</b>	<b>Removal Rate</b>
February 2019	29,067	20,591	1,142	5.5%
March 2019	27,744	19,664	1,257	6.4%
April 2019	31,953	22,608	1,265	5.6%
May 2019	31,147	21,890	1,358	6.2%
June 2019	22,437	15,942	1,162	7.3%
July 2019	22,710	15,898	1,143	7.2%
August 2019	26,068	18,404	1,352	7.3%
September 2019	28,068	19,123	1,232	6.4%
October 2019	31,014	21,017	1,313	6.2%
<b>Month</b>	<b>Intakes</b>	<b>Investigations</b>	<b>Removals</b>	<b>Removal Rate</b>
February 2020	28,697	18,699	1,154	6.2%
March 2020	24,927	16,623	1,128	6.8%
April 2020	18,909	12,663	972	7.7%
May 2020	21,002	14,412	1,098	7.6%
June 2020	21,939	14,898	1,108	7.4%
July 2020	22,474	15,309	1,135	7.4%
August 2020	23,818	15,943	1,039	6.5%
September 2020	27,041	18,106	1,017	5.6%
October 2020	29,595	19,644	1,125	5.7%

Data retrieved from the Florida Department of Children and Families' Child Welfare Dashboard (<https://www.myflfamilies.com/programs/childwelfare/dashboard/index.shtml>)

As the data presented above demonstrate, the pandemic has undoubtedly had an impact on child maltreatment reporting and responses. The broader implications of this impact are not entirely straightforward. For many working within the child welfare system, the concern was that child maltreatment was going unnoticed and unreported, resulting in a greater risk of harm. Not long into the pandemic, there were data emerging that lent credence to some of these worries. An *Orlando Sentinel* article in May 2020, for example, reported on a rise in severe child abuse cases – resulting in life threatening injuries – documented in Central Florida (Santich and Miller, 2020). Professionals expressed that what they were seeing was only the tip of the iceberg, that the increase in severe cases was the result of child abuse going unnoticed until it became so severe that families had to seek medical attention for the child. The limited availability of data makes it difficult to support or disprove such arguments, since data on unreported cases does not exist. While the pandemic has undoubtedly increased stress for many families, and it seems probable that cases of abuse may take longer before they are reported due to the decreased visibility of children, this does not necessarily mean there are huge spikes in child abuse going unnoticed, as has been speculated in the media.

Taking up this argument, family advocates have expressed concern that widespread speculation in the media that the pandemic was contributing to underreporting could have negative repercussions and lead to increased policing of already marginalized families, particularly families of color (Hager 2020). The reality is that the vast majority of child maltreatment reports are not substantiated by child protective investigators. An alternative interpretation of the pandemic's impact, therefore, is that it has decreased the extent to which marginalized families are subjected to an overabundance of surveillance. In support of this argument, a recent study examining changes in substantiated child maltreatment and foster care

placements using Florida child welfare data found that while there was a significant reduction in foster care placements during the pandemic, the percentage of foster care placements due to substantiated maltreatment actually increased (Musser, Riopelle, and Latham 2021). It is possible, then, that an unexpected benefit coming out of the pandemic has been a decrease in unnecessary foster care placements. Of course, this does not necessarily counter the many disadvantages that vulnerable families have experienced during the pandemic; the decreased access to services and resources brought about by the pandemic are likely to have long lasting effects, and may ultimately increase the long-term vulnerability to child welfare intervention of marginalized families.

## **Summary**

The COVID-19 pandemic impacted nearly every aspect of life, including fundamental institutions critical to the basic functioning of society. The child welfare system was no exception; agencies charged with ensuring the safety of children were forced to rapidly adjust their operations in response to this new set of conditions. On this front, the pandemic provided a unique opportunity to explore the continuing evolution of ‘child safety’ as a concept, and the limitations to how it has been approached by the state. Particularly striking is how the pandemic required the state to negotiate between competing concerns for child safety – balancing concerns about the health risks of COVID-19 with those about children’s educational, social, and emotional well-being during lockdown, as well as concerns about increased vulnerability to maltreatment. The findings presented in this chapter illustrate the ways in which the pandemic exposed the limitations and contradictions inherent in how the child welfare system addresses safety. In this regard, the pandemic raises new questions for the state. What does it mean to keep children safe in these circumstances? What risks are considered acceptable? The pandemic

brought to light the ways in which absolute safety can never be ensured. Furthermore, it also revealed the limits to holding parents solely accountable for child safety, when there was only so much they could do to protect their children from illness, trauma, and economic insecurities wrought by the pandemic. Overall, findings point to the need to rethink how child safety is conceptualized and the role of the state in ensuring the safety of children.

## Conclusion

On a quiet Saturday morning, having recently finished analyzing my data, I found myself sipping coffee and thinking about Norina. It has been nearly four years since our interview at her foster home. She must be 21 years old now, I realized, and wondered where she is and what she is doing. When we spoke all those years ago, she was very much upset by her experience with the child welfare system, but she was not defeated by it. After everything she had been through, she still had dreams and ambition. She wanted to be a doctor, to have a house, to find love with her soulmate, and to be a mother. I hoped she was on her way to achieving the future she envisioned for herself.

When I started this project, I did not realize the depths to which I would come to feel haunted by the unknown. The thing about conducting research with children in the foster care system is that you rarely get resolution. Over the course of my research, I met and interviewed dozens of youth at a time when their lives were still filled with uncertainty. Would they reunify with their parents or another family member, be adopted, or remain in foster care until they aged out? If they did return to their family, would they finally have stability, or would their lives still be characterized by the struggles of poverty and ongoing state surveillance? If they aged out of care, what would happen to them then? Would they have the resources they needed to succeed on their own? In very few cases did I ever learn the answers to those questions. Given that these were minors in state custody, the access I was given to them was extremely limited and carefully controlled. Appointments were arranged for me by the agency with which I was working, and I

showed up at the time and location I was told. I was not provided with contact information that would enable me to follow up with youth later on.

As a result, I am left with many questions about what would become of these youth, the answers to which I likely will never know. The only follow up information I ever received was in subsequent, casual conversations with staff from the agency, who would on occasion give me an update on some of the youth I had met previously. In this way, I did learn that a few youth I had interviewed had been accepted to college and would be receiving full tuition waivers. Keisha, who had described herself at the time of her interview as trying to serve as a role model to other youth in the system, had been hired as a life coach and was now mentoring high-risk youth in foster care. Perhaps the most exciting news, however, I learned that Javier's visa was pending, which meant his status would soon be legalized, and he would finally be able to visit his family in Guatemala. He also had been accepted into college, and appeared to be on his way towards the American dream he had come searching for.

These bits of news give me hope. For many of the youth I met over the course of this study, however, I have nothing but an empty void of information; unless the youth stayed in touch with staff, the agency often did not know anything about a youth's whereabouts after services ended. Thus, from time to time, I catch myself thinking about these youth, such as Norina, who touched me so deeply with their stories, and wonder where it is that their stories ultimately led or will lead. Sometimes it gnaws at my insides, and I find myself lying awake at night, wondering whatever happened to a particular youth, and whether he or she is okay. In these moments, I understand the sentiments caseworkers expressed when they spoke of the constant worry they feel over the children in their care. I know they worry not only because it is their job and they could be held liable, but also because they genuinely care about these children.

And like me, they have a limited set of tools at their disposal to try to help. I recognize that this research is unlikely to have a direct impact on those who participated in it, but I hope at the very least that in retelling their stories, I have done justice to their accounts and experiences, and that perhaps some good may come of it if there is even a chance that this work results in some degree of self-reflection and impetus for change within the system.

### **Anthropology as a Mode of Critique**

The goal of this project was to critically examine ‘child safety’ as a central concept of the contemporary U.S. child welfare system. Applying an anthropological lens, I understood ‘child safety’ to be a culturally-constructed concept, whereby understandings of its meaning and defining features might vary across different populations, communities, and stakeholders. Moreover, in considering the child welfare system’s construction of ‘child safety’ as a function of the state, I wanted to explore in greater depth the specific purpose this serves, the particular ways it is operationalized into concrete practices, and how it contributes to the overarching objectives of the state. In weaving together multiple sources of data, including state policies and procedures, the perspectives and experiences of both caseworkers and system-involved youth, observations of system processes, and state administrative data, I have provided a comprehensive examination of how ‘child safety’ is conceptualized and operationalized by the child welfare system.

This study contributes to a newly emerging anthropology of child welfare that seeks to investigate the child welfare system in the same way anthropologists have studied parallel institutions such as health care, immigration, and the justice system. In this regard, I build upon a limited body of anthropological literature that has expressly examined the child welfare system (Navia, Henderson, and Charger 2018; Ramsay 2017, 2016; Lee 2016; Briggs 2012; Scherz

2011; Reich 2005). This growing body of scholarship illustrates the value that an anthropological approach brings to child welfare research, most notably by interrogating the taken-for-granted assumptions embedded within the system to expose the underlying cultural values and ideologies that shape policy and practice and dismantle the notion that the ideas promoted about children, families, and parenting are objective, neutral, and universal. Casting the anthropological gaze onto these institutions can help to demystify their hegemonic power by revealing the cultural processes at play. The analysis I have presented sheds light on these processes by tracing a single concept, that of ‘child safety,’ throughout its many manifestations as it is first articulated in policy, then interpreted by caseworkers and other professionals who intersect with the child welfare system, and subsequently implemented through a variety of practices, which impact children and families in myriad ways. In doing so, I have illustrated numerous inconsistencies, disjunctures, and contradictions that arise throughout these processes, fueled by the ambiguity of state policies and lack of coherence across various arms of the state. This analysis undermines the state’s claims to prioritize child safety by revealing the problematic ways in which the concept of ‘child safety’ is inconsistently employed and often violated by the state itself. By exposing these processes through anthropological analysis and critique, opportunities are created to dismantle the current logic of the system and envision new ways of conceptualizing and ensuring the safety and welfare of children.

The findings described throughout this manuscript demonstrate how the construction of child safety is intricately connected to particular ideologies of the family and parenting, namely, the standard of the ‘traditional’ white, middle-class, nuclear family (Ramsay 2017, 2016; Reich 2005). These constructions further reflect and reinforce neoliberal capitalist values, particularly ideas about self-sufficiency and personal responsibility. This ideology forms the foundation upon

which the child welfare system was built and informs the subsequent development of policies and practices. In fact, even as caseworkers in the study sought to employ holistic definitions of child safety (e.g., definitions that incorporated ideas about physical, mental, and emotional safety and recognized the importance of family and community connections), the operationalization of child safety was focused exclusively on the actions and responsibilities of parents. In this way, the state constructs and enacts the concept of ‘child safety’ specifically in terms of regulating parents and families, seeking to place the onus on the family to keep children safe, even in the face of structural factors that limit their ability to do so. This construction of child safety serves to pathologize and further marginalize poor, non-white, and female-headed families by promoting individualized understandings of blame that render the racial, class, and gender inequalities impacting these families invisible. This was further demonstrated in the ways caseworkers often invoked cultural and class-based values and ideologies of children and families that were seldom questioned or critiqued.

While it might be easy to view caseworkers as callous and prejudiced against marginal parents based on these data, it bears keeping in mind that these workers have been exposed to some of the worst scenarios in terms of family violence, abuse, and neglect. Although these do not represent the majority of child welfare cases, such cases do exist, and caseworkers have seen the very real harm to children that can and does occur. Many suffer from vicarious trauma as a result of this exposure. The cumulative effects of their experiences impact the way they view and respond to families over time, reducing their ability to empathize and reinforcing biases towards certain categories of families who occupy a marginal status. These experiences are infused by state ideology that further promotes particular ideas about what constitutes ‘good’ parenting and proper family arrangements. Understanding this interaction of ideology and experience as

producing caseworker practices is critical. To view caseworkers simply as agents of the state who seek to enforce neoliberal ideology, furthermore, is to fail to understand the motivations behind why caseworkers enter this line of work, namely out of a desire to help vulnerable individuals. Their ability to achieve this goal, however, is limited by the tools provided to them by the state. Additionally, it is necessary to recognize the ways in which some caseworkers do resist, or at the very least question, the state's ideology, most commonly in the form of advocating for families. These different layers of analysis provide a more nuanced understanding of how caseworkers go about their work and the complexities of their relationships to the state and to system-involved families.

Moreover, findings from this study also illustrate how the policies and practices enacted by the state fail to ensure the safety of children or even consider children's own perceptions and sense of safety. Findings illustrate the distinct ways that children experience safety, which do not always align with state constructions, and the ways in which placement in foster care often violates children's sense of safety. For many children, system involvement creates or exacerbates instability and uncertainty, disrupts familial and community relationships, and contributes to feelings of alienation and a lack of normalcy. Furthermore, the analysis highlights the failure of the state to hold itself accountable to the same standards it sets for parents. This double standard becomes even more apparent when the analysis is expanded beyond the foster care system to examine children under the care of various state institutions, such as those in juvenile detention or facilities for unaccompanied migrant children. Meanwhile, privatization has further enabled the state to avoid accountability by diffusing responsibility onto the private sector.

Through this analysis, I am particularly interested in critiquing the ways in which child safety has been constructed around the idea of parental responsibility while ignoring the

increasingly evident dangers to children that exist outside the home and beyond the control of parents. The rise in school shootings and gun violence; the persistence of community crime and poverty; the escalation of bullying and its extension into new facets of children's lives through social media; the continued perpetuation of racism, sexism, xenophobia, and anti-LGBTQ ideologies; and most recently, the emergence of a pandemic that is raging out of control and increasingly infecting children – these phenomena lay bare the reality that there are countless threats to children's safety, and little parents can do to protect them against these dangers. Meanwhile, the state proclaims to prioritize child safety while largely refusing to take action on these issues. A case in point, in the aftermath of the Parkland school shooting, which occurred in Broward County, Florida while I was carrying out data collection for this study, students and parents went to the state legislature demanding action in the form of stricter gun control measures, including a ban on assault rifles. The Republican-controlled government has taken only minimal action, passing legislation that bans those under age 21 from purchasing firearms and providing additional funds for school-based mental health programming, but doing little to restrict overall access to guns in the state.

The state's response to the growing COVID-19 crisis is perhaps even more telling. Not only did Florida's governor push for schools to fully re-open as quickly as possible, but he also further prohibited school districts from implementing mask mandates or requiring vaccination among eligible students or staff as children headed back to school in August of 2021 amid rapidly increasing infection rates. There are interesting contradictions between the state's response to the pandemic, which has largely been to throw caution to the wind and minimize the risk to children, and the response to child maltreatment, which has been framed as erring on the side of caution by taking greater numbers of children into custody. Precautions to protect

children from COVID-19 have been framed by the state as an issue of parental choice, despite the serious danger posed to children. This lies in sharp contrast to other aspects of parenting and family life that are subjected to regulation by the state based on the potential harm to children. Whereas parents can be charged with ‘failure to protect’ their children in a variety of scenarios that result in harm from a lack of action by the parent, and they can be charged with ‘medical neglect’ for failing to seek appropriate and necessary medical care for their child, it seems that an exception has been carved out when it comes to the COVID-19 pandemic. In this regard, the pandemic has raised new questions about what child safety means, what risks are considered acceptable, and to what extent parents can be held solely accountable for the safety of their children, particularly when the state is actively producing barriers to ensuring safety. Data on the effects of the pandemic, including the long-term impacts on vulnerable children and families, are still emerging and require further investigation as this situation continues to play out.

What this analysis reveals, overall, is the way in which state conceptions and assessments of child safety, and which risks are acceptable or unacceptable, are ultimately all about what most benefits the state. It is not by coincidence that the state’s response (or lack thereof) to both gun violence and the pandemic reflects not what is in the best interest of children but rather the desires of the Republican electorate, who currently holds power in the state. Moreover, these examples illustrate how the state upholds the concept of individual responsibility over that of government responsibility. In this regard, I contend that the child welfare system functions largely as a smokescreen; it is designed to give the *appearance* that the state prioritizes child safety while narrowly constructing its own responsibility and instead placing the burden predominantly on parents. Claims by the state to care about child safety are undermined by various state actions that either fail to protect children or directly inflict harm upon them. By

constructing child safety as primarily the responsibility of parents, the state seeks to limit its own accountability and distract from what Nancy Scheper-Hughes (1992) refers to as the *everyday violence* the state inflicts upon children.

### **A Window into the State**

This study advances theorizing on the anthropology of the state in a number of ways. First, it responds to calls for further anthropological research that explicitly examines state practices, and particularly for research bridging the gap between analyses that examine cultural images of the state and those that examine practices of the state (Thelen, Vettters, and von Benda-Beckmann 2018; Marcus 2008; Sharma and Gupta 2006). Through this study, I specifically sought to develop a deeper understanding of the child welfare system as an instrument of state governance, focusing my analysis on uncovering the underlying ideology of the system and demonstrating how this ideology shapes the particular policies and practices of the state. As a state institution deeply concerned with the regulation of family life, the child welfare system presents an insightful avenue for the study of the state and its expanding reach, through modern technologies of power, into the private lives of families. In particular, this work provides insight into state ‘technologies of normalization,’ through which individuals who do not act in ways that align with the interests of the state can be categorized as ‘abnormal’ or ‘pathological’ and thus subjected to additional forms of control (Foucault 1979). My analysis illustrates how the child welfare system functions to enforce neoliberal values by constructing parents who deviate from this ideology as ‘unsafe’ and enacting interventions to correct their ‘pathological’ behavior.

Applying the relational approach proposed by Thelen, Vettters, and von Benda-Beckmann (2018), this study was particularly concerned with exploring the relationships and interactions between frontline workers as they attempt to implement state policy into practice and families

subjected to intervention. Through the child welfare system, the relationship of the state to families is constructed in distinct ways, namely as the protector of children and regulator of parents, which informs the specific strategies that are defined by the state for ensuring the safety of children. On the ground, this is framed as both a rehabilitative and disciplinary mission, casting caseworkers in the simultaneous role of ‘helpers’ and ‘punishers,’ who are tasked with transforming parents who maltreat their children into ‘good’ parents (Ramsay 2017; Reich 2005; Handelman 1987). Findings from this study illustrate how caseworker views of their role as well as the dynamic of the relationships they establish with parents shape the way they approach their cases and which practices they seek to implement. This was exemplified by child protective investigators who explicitly stated that their approach was informed by any prior history that they had with a particular parent, but was also evident in the way caseworkers described processes such as assessment and safety planning, and the prominence they placed on scrutinizing and interpreting parents’ responses and behaviors when conducting these tasks. Additionally, other sets of actors enter the picture as the case goes to court and the family is referred to various services, forging a complicated set of relationships among actors with differing degrees of power and differing ideas about how to ensure child safety. These findings illustrate the importance of the relational setting in determining what services and interventions are imposed upon families, and ultimately how the state is experienced by families.

This study also reveals the myriad disjunctures that arise both within and among various entities that comprise the child welfare system, thereby exposing the nature of the state as a largely disconnected and incoherent array of agencies that act largely independently and often contradict one another (Yelvington, Simms, and Murray 2012:60; Gupta 2012; Sharma and Gupta 2006). Findings from this study underscore how the state does not function as a singular,

cohesive entity, but instead as a series of distinct departments, agencies, and organizations, each operating independently of one another. As demonstrated by my analysis, these processes are poignantly illustrated through examination of the child welfare system. Study findings suggest that the numerous agencies that intersect with the child welfare system often are not aligned in their mission or policies, which leaves caseworkers and families to try to negotiate the resulting fragmentation and disjuncture. Contrary to the state's claims about prioritizing child safety, this analysis reveals how these processes actually undermine efforts to ensure the safety of children.

Furthermore, these findings demonstrate the expanding role of privatization, a key component of neoliberal ideology (Harvey 2005), whereby the child welfare system increasingly is comprised not only of state institutions, but also involves numerous private entities who act on behalf of the state. These "complex webs of state and state-like agencies" facilitate a blurring of the boundaries of the state, creating ambiguity about who constitutes an agent of the state (Thelen, Vettters, and von Benda-Beckmann 2018:13). This was especially evident in the focus group data, whereby case managers emphasized that they did not work for the state, even as they were charged with carrying out the state's role of protecting children and regulating parents. The findings further illustrated how workers manipulate these blurred boundaries in various ways to enhance their effectiveness, for example, by distancing themselves from the state and portraying their position as being there to help the family get their children back from the state. While this sometimes worked to the benefit of case managers in establishing rapport with families, it could also have a delegitimizing effect, giving the impression that families did not actually have to listen to case managers since they were not employees of the state. Additionally, the findings demonstrate how privatization ultimately serves the purpose of shifting accountability away from the state and onto the private sector. Thus, this blurring of the boundaries allows the state to

decrease public scrutiny of its institutions as it shifts the focus onto private agencies, adding to the opacity of a system that already lacks transparency.

Finally, there are important contributions to theorizing on bureaucratic knowledge production, policy, and the role of street-level bureaucrats. Anthropological theorizing along these lines has emphasized how the ambiguity of policy often leaves room for interpretation by frontline workers as they implement policy into practice (Bridges 2017; Hoag 2011; Anders and Nuijten 2009), and how these interpretations are shaped both by state ideology and personal beliefs, values, and experiences (Ramsay 2016; Dubois 2014; Scherz 2011). This study extends such theorizing in examining how policies are reinterpreted and transformed as they are implemented into everyday practices, giving prominence to the perspectives and practices of frontline workers (Shore and Wright 2011; Hoag 2011, 2010; Wedel et al 2005). In line with previous research, the findings from this study illustrate how caseworker attempts to interpret and implement ambiguous child welfare policies result in heterogeneous practices, in contrast to state efforts to create greater standardization.

As Hoag (2010) argues, frontline practices are often informed by perceptions of an unpredictable populace and management hierarchy, leading street-level bureaucrats to act in ways that may counter official discourse, based on their own experiences and interpretations of particular situations, even as they uphold the legitimacy of the official discourse. This was evident in the current study, in which caseworkers repeatedly expressed their concerns about the unpredictability of human nature as well as the uncertainty of support from upper management, insinuating the strong role these factors played in their decision-making. In addition, findings from this study further illuminate how frontline interpretations of policy and practice are also strongly influenced by notions of liability, particularly within the current context of efforts to

redistribute accountability away from the state and its policymakers. This preoccupation with liability further facilitates the privileging of intuition and personal experience over evidence and strict adherence to what is stated in policy. Thus, it is the interaction of ideology, personal beliefs and experiences, and perceptions of unpredictability and liability that inform how caseworkers interpret and operationalize child welfare policy. This points to a new area of inquiry for the anthropology of the state in exploring conceptions of liability and how these shape the formation and enactment of policies and practices.

### **Reimagining ‘Child Safety’**

Throughout this analysis, I have raised a number of critiques with regard to how the state constructs ‘child safety’ and the way this is implemented in policy and practice. The intent of my argument is not to suggest that children are not vulnerable or do not require protection by the state. Rather, what I have sought to do here is question the way the state approaches child protection and frames its role in ensuring children’s safety and welfare. The abuse of children is a reality with which child welfare systems must grapple, and many children do require state intervention to protect them from harm. By constructing the state’s role primarily as the policing of families, however, there are many harms from which the system fails to protect children, and other harms that the state itself inflicts, either directly or indirectly. What I am calling for, then, is a reimagining of ‘child safety’ and the role of the state as protector of children. While some degree of policing may be inevitable, under this new vision of child safety, the state would take a more active role in preventing the circumstances that place children at risk of being harmed.

First and foremost, I argue for a reconceptualization of ‘child safety’ that recognizes safety as entailing more than the mere absence of maltreatment. A system that is truly concerned with the welfare of children requires a holistic understanding of safety that accounts for not just

the physical integrity and well-being of children, but also their mental, emotional, social, cultural, and spiritual well-being. Many caseworkers in this study understood and articulated safety in this way, however, they found themselves constricted by policy and thereby lacked the means to operationalize this conception of safety. Moreover, the conceptualization of safety I propose must understand children within the context of families and communities. Treating children as though they can be isolated from their familial and social contexts and addressing their individual needs to the exclusion of the needs of the broader family unit fails to increase their safety in meaningful ways.

This vision further conceptualizes child safety not as an individual responsibility of parents, but as a societal responsibility. This includes an understanding of how systemic and structural inequalities endanger child safety, and a societal commitment to addressing these inequalities and ensuring greater equity. Along these lines, I contend that if the state did more to provide resources to families to ensure children's needs are met, there would be less need to police families. In particular, a government that truly cares about child safety should, at a bare minimum, (1) ensure all children and families have comprehensive access to quality healthcare; (2) ensure children have safe homes free from hazards such as unsafe drinking water or environmental toxins; (3) seek to eliminate poverty through expanded safety-net programs and ensuring a livable income for all families; (4) provide parents with childcare assistance; and (5) increase affordable housing options. There is some action occurring at the federal level that is a step in the right direction, such as the newly implemented child tax credits. Recent data also points to the positive impact from assistance provided to families during the pandemic, which included a series of stimulus payments, expanded unemployment benefits, and a moratorium on evictions. Analyses show that the provision of pandemic relief dropped the U.S. poverty rate to

7.7% by July 2021, a 45 percent decrease since 2018 and the largest drop in poverty the country has experienced in decades (Wheaton, Giannarelli, and Dehry 2021). With most of these programs ending or set to expire soon, however, the country is likely to see a sharp rise in poverty without further policy action.

There are many examples of countries with far more robust social service systems that the United States can turn to for guidance, if the desire to ensure child safety is genuine. Policy proposals currently exist in the U.S. to move in this direction as well, such as Medicare-for-All and a \$15 minimum wage, though these efforts lack widespread political support. An even bigger challenge is the need to reverse the harmful reforms that have been passed over the last few decades that have greatly diminished safety-net programs and imposed detrimental restrictions and requirements on families in need. Increasing the resources that are provided to families to ensure the safety and welfare of their children would greatly reduce the risk of maltreatment, given what is known about the relationship between maltreatment and poverty, and thereby decrease the need for more intrusive intervention. Reorienting the system in this way, such that resources are poured into families of at-risk children, as opposed to removing children from struggling families, further serves to reduce structural inequalities that produce risk in the first place. To some extent, this is the new ideology behind the Family First Prevention Services Act (FFPSA), which is just beginning to rollout across the country; yet the impact of this legislation is still limited to those families who come under the scrutiny of the child welfare system for alleged child maltreatment. Providing critical resources to vulnerable families before they come to the attention of the system, through a robust social services safety-net, could prevent many cases of child maltreatment from occurring in the first place.

These are lofty goals that require a complete dismantling and restructuring of the current system. I recognize that such a vision is perhaps a lot for policymakers to swallow. There are, however, some concrete steps that can be taken to move in this direction and begin to address the barriers that have been identified. To begin with, policymakers and administrators would benefit from listening to and learning from the experiences of frontline workers and system-involved families, particularly with regard to the challenges they encounter in the field and the resources that are needed to more effectively help families. Most upper-level bureaucrats are far removed from practice and lack a strong understanding of operations on the ground; they could greatly benefit from getting out into the field, or at the very least hearing from those on the frontlines. In this regard, concerted efforts to routinely gather input, feedback, and suggestions from both frontline workers and families about what they are experiencing are needed. Although efforts to gather frontline feedback have been undertaken at times, particularly when implementing new procedures or initiatives, these should ideally be integrated into ongoing, systematic quality assurance and improvement processes.

Probably the most consistent feedback received from caseworkers in this study, with clear and pragmatic recommendations that could be implemented by the state, was the need for more comprehensive training and preparation for new caseworkers. In particular, new employees would benefit from greater hands-on and field-based training experiences that expose trainees to the realities of the work, including different types of cases with varying levels of complexity, and enable skill building by providing opportunities to practice new skills and receive constructive feedback. Establishing mentorship programs that pair new staff with more experienced workers would also be beneficial. Another option could entail establishing a probationary period during which the new caseworker does not receive a caseload, but instead shadows and assists another

caseworker in the office to gain greater experience and familiarity with the policies and procedures. Taking steps to ensure a better prepared workforce will produce better results both in terms of practice implementation and staff retention.

Furthermore, there is a clear need to create greater cohesion throughout the system and bring policies into alignment across state agencies. Policymakers and administrators should work to establish mechanisms for cross-system agencies to better collaborate around a common set of goals, so that caseworkers and families are not left with unnecessary obstacles that are created when different agencies have contradicting policies. An example that seems pertinent based on feedback from study participants would be to create a process for requesting a temporary waiver of some of the requirements for obtaining housing assistance, such that parents can secure housing prior to reunifying with their children. Addressing service eligibility requirements that prevent some families from accessing certain services was another critical need identified by participants. It is crucial for the state to actively engage with key cross-system agencies to ensure interagency agreements are established that prioritize meeting the needs of families to ensure the safety of children.

Additionally, child welfare administrators and policymakers can take several actions to begin to more directly address racial, gender, and class inequalities embedded within the system. This begins with acknowledging and critically reflecting on the systemic nature of inequalities and identifying how these are reinforced through policy. Providing mandatory, comprehensive training at all levels of the system, from the administration down through the frontlines, is a good place to start. There are existing trainings, such as Undoing Racism ([pisab.org](http://pisab.org)), which engages participants in analyzing structures of power and privilege and developing anti-racist practices and strategies. Poverty sensitivity trainings and poverty simulation workshops are also available.

Following this initial step, there need to be ongoing spaces for reflection and conversation on these issues. This could include creating dedicated, recurring staff meetings within local child welfare offices to engage in reflective conversations and even incorporate skill building activities such as role playing or walking through fictive case studies. Additionally, ongoing conversations and reflection on systemic inequalities and the ways in which these impact individual cases should be incorporated into casework supervision practices. It is critical for supervisors to provide ongoing mentoring to frontline staff and encourage staff to engage in practices of self-reflection. Additional training should be provided to supervisors accordingly to further develop their mentoring skills.

Policymakers and administrators should also actively engage system-involved children and families, and the communities from which they come, in identifying what constitutes safety, the barriers to ensuring safety, and what resources could increase safety. In particular, there should be a strong focus on engaging communities of color and low-income communities. Finally, there is a dire need to allocate more funding to critical services and resources, including mental health, substance abuse, domestic violence, financial and housing assistance, and childcare, with a focus on ensuring equitable access to these resources throughout the state. Leaving this up to local communities, as has been the approach in Florida under privatization, only reinforces and reproduces existing disparities. The state should especially target communities with greater levels of need and fewer resources.

### **Future Directions**

An anthropology of the child welfare system is a relatively recent endeavor that has really only begun to emerge in the last two decades and still remains largely undeveloped. Through the current study, I have sought to advance this undertaking in an area that is ripe for anthropological

inquiry. While I have provided a rather in-depth examination of a central concept in child welfare, that of ‘child safety,’ there are a number of limitations to this study, and great potential for further research. Most notably, this study examines the construction and operationalization of child safety in one particular U.S. context, and although I have connected this to national policy, the decentralized nature of the U.S. child welfare system allows for considerable variation in how child welfare policy is enacted at state and local levels. The benefit of an anthropological approach is precisely this ability to explore in-depth how policies play out in specific contexts, however, this indicates the need for further research that examines these processes in diverse contexts to expand understanding of the various ways in which the state operates. In this regard, there is a need for further exploration of how child safety is operationalized within different contexts and across various child welfare systems, both within the U.S. and globally. Future research should ideally also include greater utilization of participant observation, which I had hoped to do in the current study but faced unforeseen challenges created by the COVID-19 pandemic. Moreover, examining conceptions of safety among other stakeholders and agencies that intersect with the child welfare system, such as judges, attorneys, guardians ad litem, child and parent advocacy groups, and various service providers, would further contribute to an understanding of the conflicts and disjunctures that arise and ultimately shape how safety is operationalized.

Additionally, there is ample space and need for further examination of how child safety is conceptualized, understood, and experienced by system-involved families. Such research should include the perspectives of parents, children, and relatives, who often become engaged as supports and out-of-home caregivers. Once again, the current study was limited, due to the pandemic, in the extent to which I was able to engage such individuals as participants.

Expanding the scope further, future research might also consider exploring conceptions of safety and perceptions of the child welfare system among families that have no history of system involvement to understand how their perspectives compare to those of families subjected to intervention. Engaging families from a variety of racial and socio-economic backgrounds would be particularly important for examining how race and class inform ideas about child safety. A more explicit examination of race, class, and gender, both in terms of how biases are embedded within the child welfare system and how these shape experiences of child welfare intervention is highly pertinent, particularly in the wake of social justice movements such as Black Lives Matter that have brought increased awareness and scrutiny to existing inequalities, as well as backlash and opposition from those who feel they have something to lose under a redistribution of power. There are great opportunities here for exploring the impact of the changing socio-political climate on the child welfare system.

Furthermore, as noted previously, the long-term impacts of the pandemic on the child welfare system and on those most susceptible to child welfare intervention remain unknown and require further investigation. With the pandemic still raging throughout the U.S. and the rest of the world, what research and findings have emerged are largely speculative at this point. Thus, there is considerable opportunity for future research in this area. In addition, the impact of the FFPSA is yet to be seen as well, since implementation is still in its early stages or just beginning in many states. Therefore, future research should examine how child welfare systems throughout the U.S. respond to the FFPSA, the resulting changes in how services are provided, and the impact on children and families who experience child welfare intervention following FFPSA implementation. The system changes that are currently underway offer an especially lucrative opportunity for an anthropology of policy that seeks to study the policy process as it filters down

from the federal level to the states and subsequently is implemented in various local contexts. The directions for future research laid out here will not only contribute to understanding of the child welfare system from an anthropological perspective, but can also offer further insights into anthropological theorizing on the state. As Norina articulated so well, many of the actions taken by agents of the state to ‘protect’ children were experienced as being primarily in the interest of the state itself, and not “because they care out of their own heart.” This study demonstrates the potential that research into the child welfare system offers for studying how the state operates, and how it is experienced and understood by those for whom the state claims to be acting to protect.

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**Appendix A:**  
**Institutional Review Board Approval**

Copies of approval and/or exemption letters from the University of South Florida's Institutional Review Board are provided in the following pages for all studies that provided data used for this dissertation. In the case of multi-year studies, copies of the continuing review letters are also included. The author was Principal Investigator (PI), Co-PI, or Key Personnel on all included studies, was the primary collector of the data used for this dissertation, and received permission to use study data from the PI as applicable.



RESEARCH INTEGRITY AND COMPLIANCE  
Institutional Review Boards, FWA No. 00001669  
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June 10, 2019

Melissa Johnson  
Anthropology  
Tampa, FL 33612

RE: **Not Human Subjects Research Determination**

IRB#: Pro00040791

Title: [REDACTED] Behavioral Health Services Capacity and Gap Analysis Project

Dear Ms. Johnson:

The Institutional Review Board (IRB) has reviewed your application. The activities described in the application involve methods of program evaluation, quality improvement, and/or needs analysis. While potentially informative to others outside of the university community, study results would not appear to contribute to generalizable knowledge. As such, the activities do not meet the definition of research under USF IRB policy, and USF IRB approval and oversight are therefore not required..

While not requiring USF IRB approval and oversight, your study activities should be conducted in a manner that is consistent with the ethical principles of your profession. If the scope of your project changes in the future, please contact the IRB for further guidance.

If you will be obtaining consent to conduct a program evaluation, quality improvement project, or needs assessment, please remove any references to "research" and do not include the assigned Protocol Number or USF IRB contact information.

If your study activities involve collection or use of health information, please note that there may be requirements under the HIPAA Privacy Rule that apply. For further information, please contact a HIPAA Program administrator at (813) 974-5638.

Sincerely,

A handwritten signature in blue ink that reads "Melissa Sloan". The signature is fluid and cursive, with a large loop at the end.

Melissa Sloan, PhD, Vice Chairperson  
USF Institutional Review Board



RESEARCH INTEGRITY AND COMPLIANCE  
Institutional Review Boards, FWA No. 00001669  
12901 Bruce B. Downs Blvd., MDC035 • Tampa, FL 33612-4795  
(813) 974-5638 • FAX (813) 974-7091

July 13, 2015

Mary Armstrong, Ph.D.  
Division of State and Local Support  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612

RE: **Exempt Certification**  
IRB#: Pro00022120  
Title: Florida's Title IV-E Waiver Demonstration Project Extension

Dear Dr. Armstrong:

On 7/12/2015, the Institutional Review Board (IRB) determined that your research meets criteria for exemption from the federal regulations as outlined by 45CFR46.101(b):

(5) Research and demonstration projects which are conducted by or subject to the approval of department or agency heads, and which are designed to study, evaluate, or otherwise examine: (i) Public benefit or service programs; (ii) procedures for obtaining benefits or services under those programs; (iii) possible changes in or alternatives to those programs or procedures; or (iv) possible changes in methods or levels of payment for benefits or services under those programs.

**Approved Items:**

[Title IV-E Evaluation Plan- Process Component](#)

[Title IV-E Informed Consent Document](#)

As the principal investigator for this study, it is your responsibility to ensure that this research is conducted as outlined in your application and consistent with the ethical principles outlined in the Belmont Report and with USF HRPP policies and procedures.

Please note, as per USF HRPP Policy, once the Exempt determination is made, the application is closed in ARC. Any proposed or anticipated changes to the study design that was previously declared exempt from IRB review must be submitted to the IRB as a new study prior to initiation of the change. However, administrative changes, including changes in research personnel, do not warrant an amendment or new application.

Given the determination of exemption, this application is being closed in ARC. This does not limit your ability to conduct your research project.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kristen Salomon', followed by a horizontal line.

Kristen Salomon, Ph.D., Vice Chairperson  
USF Institutional Review Board



RESEARCH INTEGRITY AND COMPLIANCE  
Institutional Review Boards, FWA No. 00001669  
12901 Bruce B. Downs Blvd., MDC035 • Tampa, FL 33612-4799  
(813) 974-5638 • FAX (813) 974-7091

11/26/2013

Mary Armstrong, Ph.D.  
Division of State and Local Support  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612

RE: **Full Board Approval for Initial Review**

IRB#: Pro00014506

Title: [REDACTED]

**Study Approval Period: 10/18/2013 to 4/18/2014**

Dear Dr. Armstrong:

On 10/18/2013, the Institutional Review Board (IRB) reviewed and **APPROVED** the above application and all documents outlined below.

**Approved Item(s):**

**Protocol Document(s):**

[REDACTED] [Program Evaluation Plan v. 1 9/8/2013](#)

**Assent Form:**

[Youth assent form v. 2 clean](#)

**Consent Document(s)\*:**

[Adult informed consent r. 11/18/2013 v. 2 clean.pdf](#)

[Parent permission form v.22 11182013 clean.pdf](#)

\*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab. Please note, these consent/assent document(s) are only valid during the approval period indicated at the top of the form(s).

This study involving children falls under 45 CFR 46.404: research involving children not involving greater than minimal risk.

This study involving prisoners falls under 45 CFR 46.306(a) (2) (iv): research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subject.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval by an amendment.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in cursive script that reads "John A. Schinka, Ph.D.".

John Schinka, Ph.D., Chairperson  
USF Institutional Review Board



3/21/2014

Mary Armstrong, Ph.D.  
Division of State and Local Support  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612

RE: **Full Board Approval for Continuing Review**

IRB#: CR1\_Pro00014506

Title:

[REDACTED]

**Study Approval Period: 4/18/2014 to 10/18/2014**

Dear Dr. Armstrong:

On 3/21/2014, the Institutional Review Board (IRB) reviewed and **APPROVED** the above application and documents outlined below.

**Approved Item(s):**

**Protocol Document(s):**

[REDACTED] [Program Evaluation Plan v. 1 9/8/2013](#)

**Consent/Assent Document(s)\*:**

[Adult informed consent r. 11/18/2013 v. 2 clean.pdf](#)

[Parent permission form v.22 11182013 clean.pdf](#)

[Youth Assent Form \[REDACTED\]\\_v2 clean.docx.pdf](#)

\*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab on the main study's workspace. Please note, these consent/assent document(s) are only valid during the approval period indicated at the top of the form(s).

This research involving prisoners as participants was approved under 45 CFR 46.306(a)(2)(iv): Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subject. In cases in which those studies require the assignment of prisoners in a manner consistent with protocols approved by the IRB to control groups which may not benefit from the research, the study may proceed only after the

Secretary has consulted with appropriate experts, including experts in penology, medicine, and ethics, and published notice, in the FEDERAL REGISTER, of the intent to approve such research.

Per CFR 45 Part 46, Subpart D, this research involving children was approved under the minimal risk category 45 CFR 46.404: Research not involving greater than minimal risk.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval by an amendment.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in black ink that reads "John A. Schinka, Ph.D." The signature is written in a cursive style with a large initial 'J'.

John Schinka, Ph.D., Chairperson  
USF Institutional Review Board



10/17/2014

Mary Armstrong, Ph.D.  
Division of State and Local Support  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612

RE: **Full Board Approval for Continuing Review**

IRB#: CR2\_Pro00014506

Title:

[REDACTED]

**Study Approval Period: 10/18/2014 to 10/18/2015**

Dear Dr. Armstrong:

On 10/17/2014, the Institutional Review Board (IRB) reviewed and **APPROVED** the above application and documents outlined below.

**Approved Item(s):**

**Protocol Document(s):**

[REDACTED] [Program Evaluation Plan v. 1 9/8/2013](#)  
[Photovoice Proposal v1 412014](#)

**Consent/Assent Document(s)\*:**

[Adult informed consent r. 11/18/2013 v. 2 clean.pdf](#)  
[Parent permission form v.22 11182013 clean.pdf](#)  
[Parent Permission Photovoice v1 412014.pdf](#)  
[Youth assent photovoice v1 412014.pdf](#)  
[Youth Assent Form \[REDACTED\] v2 clean.docx.pdf](#)

\*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab on the main study's workspace. Please note, these consent/assent document(s) are only valid during the approval period indicated at the top of the form(s).

The waiver of informed consent process has been renewed.

This research involving children continues to be approved under 45 CFR 46.404: Research not involving greater than minimal risk.

This research involving prisoners as participants continues to be approved under 45 CFR 46.306(a)(2)(iv): Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subject. In cases in which those studies require the assignment of prisoners in a manner consistent with protocols approved by the IRB to control groups which may not benefit from the research, the study may proceed only after the Secretary has consulted with appropriate experts, including experts in penology, medicine, and ethics, and published notice, in the FEDERAL REGISTER, of the intent to approve such research.

During this continuing review it was discovered that the approval period for the Youth 1 Parental Permission Consent was expired. This Noncompliance was determined to be Not Serious Not Continuing Noncompliance. No further action is needed.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with IRB policies and procedures and as approved by the IRB. Any changes to the approved research must be submitted to the IRB for review and approval by an amendment.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in cursive script that reads "John A. Schinka, Ph.D.".

John Schinka, Ph.D., Chairperson  
USF Institutional Review Board



9/21/2015

Mary Armstrong, Ph.D.  
Division of State and Local Support  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612

RE: **Full Board Approval for Continuing Review**

IRB#: CR3\_Pro00014506

Title: [REDACTED]

**Study Approval Period: 10/18/2015 to 10/18/2016**

Dear Dr. Armstrong:

On 9/18/2015, the Institutional Review Board (IRB) reviewed and **APPROVED** the above application and all documents contained within, including those outlined below.

**Approved Item(s):**

**Protocol Document(s):**

[REDACTED] [Program Evaluation Plan v. 1 9/8/2013](#)  
[Photovoice Proposal v1 412014](#)

**Consent/Assent Document(s)\*:**

[Adult informed consent r. 11/18/2013 v. 2 clean.pdf](#)  
[Parent permission form v.22 11182013 clean.pdf](#)  
[Parent Permission Photovoice v1 412014.pdf](#)  
[Youth assent photovoice v1 412014.pdf](#)  
[Youth Assent Form \[REDACTED\] v2 clean.docx.pdf](#)

\*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab on the main study's workspace. Please note, the consent/assent document(s) are only valid during the approval period indicated at the top of the form(s).

**The Board has requested that an amendment be submitted to the IRB within 30 days to remove**

**Christine Meister from study staff and to revise the exclusion criteria. Specifically, the Board has requested that “being past the baseline period” be added to the exclusion criteria.**

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with USF HRPP policies and procedures and as approved by the USF IRB. Any changes to the approved research must be submitted to the IRB for review and approval via an amendment. Additionally, all unanticipated problems must be reported to the USF IRB within five (5) calendar days.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in cursive script that reads "John A. Schinka, Ph.D.".

John Schinka, Ph.D., Chairperson  
USF Institutional Review Board



9/16/2016

Mary Armstrong, Ph.D.  
CFBH-Child and Family Behavioral Health  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612

RE: **Full Board Approval for Continuing Review**

IRB#: CR4\_Pro00014506

Title:

[REDACTED]

**Study Approval Period: 10/18/2016 to 10/18/2017**

Dear Dr. Armstrong:

On 9/16/2016, the Institutional Review Board (IRB) reviewed and **APPROVED** the above application and all documents contained within, including those outlined below.

**Approved Item(s):**

**Protocol Document(s):**

[REDACTED] [Program Evaluation Plan v. 1 9/8/2013](#)  
[Photovoice Proposal v1 412014](#)

**Consent/Assent Document(s)\*:**

[Adult informed consent r. 11/18/2013 v. 2 clean.pdf](#)  
[Parent permission form v.22 11182013 clean.pdf](#)  
[Parent Permission Photovoice v1 412014.pdf](#)  
[Youth assent photovoice v1 412014.pdf](#)  
[Youth Assent Form \[REDACTED\] v2 clean.docx.pdf](#)

\*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab on the main study's workspace. Please note, the consent/assent document(s) are only valid during the approval period indicated at the top of the form(s).

The waiver of informed consent process has been renewed.

This research involving prisoners as participants continues to be approved under 45 CFR 46.305(a) and 46.306(a)(2): (iv) Research on practices, both innovative and accepted, which have the intent and reasonable probability of improving the health or well-being of the subject. In cases in which those studies require the assignment of prisoners in a manner consistent with protocols approved by the IRB to control groups which may not benefit from the research.

This research involving children as participants continues to be approved under 45 CFR 46.404: Research not involving greater than minimal risk to children is presented.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with USF HRPP policies and procedures and as approved by the USF IRB. Any changes to the approved research must be submitted to the IRB for review and approval via an amendment. Additionally, all unanticipated problems must be reported to the USF IRB within five (5) calendar days.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in black ink that reads "John A. Schinka, Ph.D." The signature is written in a cursive style with a large initial 'J'.

John Schinka, Ph.D., Chairperson  
USF Institutional Review Board



9/15/2017

Mary Armstrong, Ph.D.  
CFBH-Child and Family Behavioral Health  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612

RE: **Full Board Approval for Continuing Review**

IRB#: CR5\_Pro00014506

Title: [REDACTED]

**Study Approval Period: 10/18/2017 to 10/18/2018**

Dear Dr. Armstrong:

On 9/15/2017, the Institutional Review Board (IRB) reviewed and **APPROVED** the above application and all documents contained within, including those outlined below.

**Approved Item(s):**

**Protocol Document(s):**

[REDACTED] [Program Evaluation Plan v.3 08-02-2017 clean Photovoice Proposal v1 412014](#)

**Consent/Assent Document(s)\*:**

[Adult informed consent r. 08-21-2017 v. 3 clean.pdf](#)  
[Parent permission form v.3 07-28-2017 clean.pdf](#)  
[Parent Permission Photovoice v1 412014.pdf](#)  
[Youth Assent Form v3 07-28-2017 clean.docx.pdf](#)  
[Youth assent photovoice v1 412014.pdf](#)  
[Youth VerbalAssent Form CSEC v3 07-28-2017 clean.docx\\*\\*](#)

\*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab on the main study's workspace. Please note, these consent/assent document(s) are valid until they are amended and approved. **\*\*verbal assent forms are unstamped**

**Research Involving Children as Subjects: 45 CFR §46.404**

This research involving children as participants continues to be approved under 45 CFR 46.404: Research not involving greater than minimal risk to children is presented.

**Research involving prisoners as participants (45 CFR 46, Subpart C)**

This research involving prisoners as participants continues to be approved under 45 CFR 46.305(a) and 46.306(a)(2): (iv) Research on practices, both innovative and accepted, which have the intent and reasonable

probability of improving the health or well-being of the subject. In cases in which those studies require the assignment of prisoners in a manner consistent with protocols approved by the IRB to control groups which may not benefit from the research.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with USF HRPP policies and procedures and as approved by the USF IRB. Any changes to the approved research must be submitted to the IRB for review and approval via an amendment. Additionally, all unanticipated problems must be reported to the USF IRB within five (5) calendar days.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in cursive script that reads "John A. Schinka, Ph.D.".

John Schinka, Ph.D., Chairperson  
USF Institutional Review Board



9/25/2018

Mary Armstrong, Ph.D.  
CFBH-Child and Family Behavioral Health  
13301 Bruce B. Downs Blvd.  
Tampa, FL 33612

RE: **Full Board Approval for Continuing Review**

IRB#: CR6\_Pro00014506

Title: [REDACTED]

**Study Approval Period: 10/18/2018 to 10/18/2019**

Dear Dr. Armstrong:

On 9/21/2018, the Institutional Review Board (IRB) reviewed and **APPROVED** the above application and all documents contained within, including those outlined below.

**Approved Item(s):**

**Protocol Document(s):**

[REDACTED] [Program Evaluation Plan v.3 08-02-2017 clean Photovoice Proposal v1 412014](#)

**Consent/Assent Document(s)\*:**

[Adult informed consent r. 08-21-2017 v. 3 clean.pdf](#)  
[Parent permission form v.3 07-28-2017 clean.pdf](#)  
[Parent Permission Photovoice v1 412014.pdf](#)  
[Youth Assent Form v3 07-28-2017 clean.docx.pdf](#)  
[Youth assent photovoice v1 412014.pdf](#)  
[Youth VerbalAssent Form CSEC v3 07-28-2017 clean.docx\\*\\*](#)

\*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab on the main study's workspace. Please note, these consent/assent document(s) are valid until they are amended and approved. \*\*verbal assent forms are unstamped

**The IRB determined that your study qualified for future expedited review based on federal expedited category number(s): (9) Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.**

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with USF HRPP policies and procedures and as approved by the USF IRB. Any changes to the approved research must be submitted to the IRB for review and approval via an amendment. Additionally, all unanticipated problems must be reported to the USF IRB within five (5) business days.

We appreciate your dedication to the ethical conduct of human subject research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kristen Salomon', followed by a horizontal line.

Kristen Salomon, Ph.D., Chairperson  
USF Institutional Review Board

9/24/2019

Melissa Johnson  
Anthropology  
8535 Gablebend Way  
Tampa, FL 33647

RE: **Expedited Approval for Continuing Review**

IRB#: CR7\_Pro00014506

Title: [REDACTED]

**Study Approval Period: 10/18/2019 to 10/18/2020**

Dear Ms. Johnson:

On 9/20/2019 7:01 PM, the Institutional Review Board (IRB) reviewed and **APPROVED** the above application and all documents contained within including those outlined below.

**Approved Item(s):**

**Protocol Document(s):**

[REDACTED] [Program Evaluation Plan v.3 08-02-2017 clean](#)  
[REDACTED] [Program Evaluation Plan v.3 08-02-2017 tracked](#)  
[Photovoice Proposal v1 412014](#)

**Consent/Assent Document(s)\*:**

[Adult informed consent 05-20-2019 v.4 clean.pdf](#)  
[Parent permission form v.4 05-20-2019 clean.pdf](#)  
[Parent Permission Photovoice v1 412014.pdf](#)  
[Youth Assent Form v.4 05-20-2019 clean.docx.pdf](#)  
[Youth assent photovoice v1 412014.pdf](#)

\*Please use only the official IRB stamped informed consent/assent document(s) found under the "Attachments" tab on the main study's workspace. Please note, these consent/assent document(s) are valid until they are amended and approved.

The IRB determined that your study qualified for expedited review based on federal expedited category number(s):

(9) Continuing review of research, not conducted under an investigational new drug application or investigational device exemption where categories two (2) through eight (8) do not apply but the IRB has determined and documented at a convened meeting that the research involves no greater than minimal risk and no additional risks have been identified.

As the principal investigator of this study, it is your responsibility to conduct this study in accordance with USF HRPP policies and procedures and as approved by the USF IRB. Any changes to the approved research must be submitted to the IRB via an Amendment for review and approval. Additionally, all unanticipated problems must be reported to the USF IRB within five (5) business days.

We appreciate your dedication to the ethical conduct of human subjects research at the University of South Florida and your continued commitment to human research protections. If you have any questions regarding this matter, please call 813-974-5638.

Sincerely,

A handwritten signature in blue ink that reads "Melissa Sloan". The signature is written in a cursive style with a large loop at the top.

Melissa Sloan, PhD, Vice Chairperson  
USF Institutional Review Board



RESEARCH INTEGRITY AND COMPLIANCE  
Institutional Review Boards, FWA No. 00001669  
12901 Bruce B. Downs Blvd., MDC035 • Tampa, FL 33612-4799  
(813) 974-5638 • FAX (813) 974-7091

8/1/2017

Leokadia "Lodi" Rohrer  
CFBH-Child and Family Behavioral Health  
13301 Bruce B. Downs Blvd.  
MHC 2402  
Tampa, FL 33612

RE: **Not Human Subjects Research Determination**  
IRB#: Pro00031737  
Title: Evaluation of Community-Based Family Support Services

Dear Ms. Rohrer:

The Institutional Review Board (IRB) has reviewed your application. The activities presented in the application involve methods of program evaluation, quality improvement, and/or needs analysis. While potentially informative to others outside of the university community, study results would not appear to contribute to generalizable knowledge. As such, the activities do not meet the definition of human subject research under USF IRB policy, and USF IRB approval and oversight are therefore not required.

While not requiring USF IRB approval and oversight, your study activities should be conducted in a manner that is consistent with the ethical principles of your profession. If the scope of your project changes in the future, please contact the IRB for further guidance.

If you will be obtaining consent to conduct your study activities, please remove any references to "research" and do not include the assigned Protocol Number or USF IRB contact information.

If your study activities involve collection or use of health information, please note that there may be requirements under the HIPAA Privacy Rule that apply. For further information, please contact a HIPAA Program administrator at (813) 974-5638.

Sincerely,

*John A. Schinka, Ph.D.*

John Schinka, Ph.D., Chairperson  
USF Institutional Review Board