



# Introduction to Special Section on Child Welfare: Current Realities and Future Possibilities in Clinical Social Work Practice

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This special section of the *Clinical Social Work Journal* features a broad continuum of original manuscripts dedicated to advancing knowledge and clinical social work practice on the topic of Child Welfare: Current Realities and Future Possibilities in Clinical Social Work Practice. Legislatively and discursively, there is much debate about whether the child welfare system in its current state is truly protecting children and acting in their best interest or simply continuing to utilize its policies and practices to ‘save,’ monitor and control children and families, especially Black, Indigenous, and other children and families of color. The seven articles in this special issue document some of the challenges as well as some promising way to promote positive child, youth and parent/caregiver outcomes. Articles were selected to illustrate a range of issues and practice models for children, youth and families involved in the child welfare system.

Mental health challenges are often experienced by the disproportionate number of African American and Native American children and families in the child welfare system. Social workers utilize a variety of clinical treatment modalities for assessment and treatment of these children and families including Evidence-Based Programs. The U.S. Administration of Children and Families, Title IV-E Clearinghouse reviews and rates programs and services, including mental health programs, that are designed to prevent foster care placements. Cultural relevance is highly significant in any mental health program and/or service for the large number of children and families in the child welfare system. Phillips and Sinha (2023) explored the philosophical, administrative, cultural, and logistical barriers for culturally

relevant programs to be accepted into the Clearinghouse and made specific recommendations on how the Clearinghouse and researchers can build EBPs that are cognizant of the intersectionality of mental health, social location, and varied cultural identities of children and families receiving services from clinical social workers.

Despite the numerous efforts to preserve families and reduce the need for removal of children from their parents and placement in out-of-home care, children continue to enter foster care. According to the Adoption and Foster Care Analysis and Reporting System, there were 391,098 children in care at the end of FY 2021 (U.S. Department of Health and Human Services, 2022). Children enter the child welfare system for a variety of reasons including child abuse, neglect, death of a parent, abandonment, parental drug use and addiction, and parental incarceration, all of which are now classified as adverse childhood events (ACEs). Parental substance misuse continues to be a major issue for parents/caregivers in the child welfare system. Family Intensive Treatment (FIT) is a family-focused, team model of comprehensive services provided to families in the child welfare system with parental substance misuse issues. The Yampolskaya et al. (2024) study examined the impact of FIT on child safety, permanency, and parental wellbeing. Findings revealed that parents/caregivers who received FIT demonstrated significant improvements in wellbeing in many areas including daily living activities, mental health and addiction, and adult and adolescent parenting.

When children are separated from their parents and placed in the child welfare system the parent-child relationship is disrupted, often resulting in a range of adverse emotional, social, and behavioral outcomes for children and parents. Supporting families is the most significant way to help children when placement in out-of-home care is in their best interest. According to Laird (1985),

Ecologically oriented child welfare practice attends to, nurtures, and supports the biological family. Further,

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when it is necessary to substitute for the biological family, such practice dictates that every effort be made to preserve and protect important kinship ties. Intervention in families must be done with great care to avoid actions which could weaken the natural family, sap its vitality and strength, or force it to make difficult or costly adjustments (p. 177).

Placement with as well as the involvement of relatives and kin including fictive kin is preferred under the law. And a child's sense of identity is formed and maintained via the parent-child attachment relationship as well as via relationships with other kin. Approximately 2.6 million children in this country live with grandparents or in some other type of kinship family (Grandparents & Kinship Support Network, 2024). Many kinship families are involved in the child welfare system; however, other kinship families are not involved with the child welfare system. Kinship navigator programs were established in states, Tribal organizations and large metropolitan areas to help kinship families navigate existing programs and services and to help them learn about and obtain assistance to meet the needs of the children they are raising as well as their own needs. The Day et al. (2024) paper in this special issue assessed Washington State's Kinship Navigator Program. Findings revealed that kinship caregivers who received strong case management services experienced higher rates of well-being, service utilization, and receipt of key benefits when compared to a group of kinship caregivers who received services as usual.

It is incumbent upon the child welfare system to preserve families, protect children and respond in a timely, appropriate and culturally sensitive manner to the broad spectrum of identified needs of children and their families in the child welfare system including the need for safety and permanency. The child welfare system is regulated by federal and state laws. These laws require child welfare agencies to make reasonable efforts to prevent placement and to make reasonable efforts to expedite family reunification when a child is placed in out-of-home care. Parent-child visits are an integral factor in the family reunification process. The purpose of visits is to work towards reunification and to maintain the parent-child attachment relationship. In some child welfare cases supervised parent-child visits are ordered by the court. The parent-child attachment relationship is disrupted when a child is removed from the care of a parent and placed in foster care. This experience is traumatic for children as well as their parents. A study reported in this special issue (Hoffnung-Assouline and Knei-Paz, 2023) utilized case vignettes to illustrate the principles of Child-Parent Psychotherapy, a trauma-informed practice model; recommendations are discussed for clinical social workers who supervise parent-child visits to increase child-parent

interaction, address children's trauma histories, and respond appropriately to children's attachment needs after experiencing trauma. Another study (King et al., 2023) focused on the challenges and needs of adolescent and young mothers involved in the Ontario child welfare system; findings demonstrated the need for meaningful engagement with young mothers without coercion and surveillance as well as increased resources and support when they are at risk of becoming involved with the child welfare system.

Evidence has demonstrated a correlation between active family engagement and improved child outcomes. However, a dearth of evidence exists regarding the effectiveness of interventions developed to increase family engagement. A pilot study of the Texas Permanency Outcomes Project Practice Model is the focus of another study in this issue (LaBrenz et al., 2023). Findings highlighted four emerging themes: Empowering families, sharing power, providing explanations for children, and building a trusting relationship.

A unique set of relational and other challenges exist for preadolescent youth when they enter the child welfare system after removal from their family. It is not uncommon for preadolescent youth to have a history of inconsistent, neglectful, or abusive relationships. Consequently, stable and close relationships with foster parents, caring and supportive adults and child welfare social workers are significant in the lives of preadolescent youth in the child welfare system. When youth can interact with caring adults, empowering relationships can be created resulting in positive outcomes, including a youth's sense of belonging. The King (2023) paper in this special issue synthesizes theoretical and empirical scholarship in the interest of identifying strategies for improving social work practice with preadolescent children in foster care. The author makes the case for a practice focus on relational density and permanence, rather than focusing on the presence of one empowering relationship in a youth's life. The author calls for clinical social workers working with preadolescent youth to develop, implement and coordinate a strong relational adult network for preadolescents in care. Members of this network would meet on a regular basis to discuss and support their respective interactions with preadolescent youth. The author discusses coordination of local and state policies and practices essential to facilitating relational density for preadolescent youth in foster care.

The future blueprint for child welfare is a work in progress. There are those who advocate abolition of the child welfare system because it is deemed as 'family policing.' Others recommend a community and family response that will dramatically reduce the use of foster care. In this discourse, some policymakers, researchers, and other professionals confuse and/or equate poverty with neglect. Poverty

is often linked to risk factors for child maltreatment, for example, eviction, housing insecurity and/or food insecurity, but it is time to stop equating poverty with neglect. One thing is painfully clear when we assess the future of child welfare: There will always be children and families who need some type of support to maximize their potential and achieve positive outcomes. Many poor, marginalized, and oppressed children and families are dependent on support and services from the child welfare system. The best child welfare practice is trauma-informed and family-focused with the goal of preserving families and reunifying families in an expedient manner when children and youth are placed in out-of-home care.

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