



PREGNANCY, PARENTING, & SUBSTANCE USE: NAVIGATING SYSTEMS

Module 2.3: Child Welfare

Acknowledging an Imperfect System and Viewpoints Calling for Change in the Child Welfare System

Staff Resource Limitations in Child Welfare

The ability of the child welfare system to fully meet its goals on behalf of children and families can be undermined by structural challenges, including high rates of turnover among child welfare staff and unrealistic caseloads. These conditions can place an unsustainable burden on frontline child welfare workers and can result in inconsistent or delayed services for families, such as:

- Families being met with punitive responses or decisions (rather than more resource-intensive services) that reflect system strain rather than actual risk.
- Parents facing difficulties in scheduling visits with their children when child welfare staff are required to supervise or attend those visits. This can challenge efforts to maintain consistent relationships and facilitate reunification. {U.S. Department of Health and Human Services (HHS), 2020 #536}

What Peers Can Do: Peers can play an important role in helping families navigate these challenges. This includes assisting with scheduling, advocating for creative solutions such as virtual visits when appropriate, helping parents document their engagement efforts, and assisting participants with identifying relevant resources and services. By understanding systemic barriers and working collaboratively with all parties, peers can look for ways to lessen the impacts of child welfare staff limitations on participants' cases.



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Substance Use and Mental Health Training Limitations in Child Welfare

It's also important to remember that many child welfare staff do not have specialized training in substance use or mental health. Without that background, certain behaviors or symptoms related to these conditions can be misunderstood. For example, signs of withdrawal, depression, or anxiety might be mistaken for willfully neglectful or unsafe parenting instead of being recognized as treatable health issues. These misunderstandings can affect how safety assessments are made and, in some cases, can lead to decisions that separate families when additional supports could potentially have kept them together. Policies and resources promoting cross-sector, evidence-based training is essential to ensuring that the child welfare system is well-equipped for its mission of protecting children and preserving families.

What Peers Can Do: Peers can help bridge this gap by offering insights into substance use and mental health and helping child welfare workers see a more complete picture of a family's situation.

Racial Disparities in the Child Welfare System

“Families of color are disproportionately represented in the child welfare system and are more likely to experience negative outcomes compared to white families. For instance, children of color are more likely to experience multiple placements, less likely to be reunited with their birth families, more likely to experience group care, less likely to establish a permanent placement and more likely to experience poor social, behavioral and educational outcomes”¹⁰

When we look at the data by racial and ethnic groups, we can see that Black and American Indian/Alaskan Native (AI/AN) children are “overrepresented” in the child welfare system, while white, Hispanic or Latino, and Asian children are “underrepresented” in the system.



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This means that Black and AI/AN children are much more likely to enter the child welfare system than children from other racial groups.

A 2021 government report identified six main reasons for racial disproportionality and disparities in the child welfare system:¹¹

- Disproportionate and disparate needs of children of diverse racial and ethnic backgrounds, particularly due to higher rates of poverty
- Racial bias and discrimination exhibited by individuals (e.g., child welfare workers, mandated reporters)
- Child welfare system factors (e.g., lack of resources for families of diverse racial and ethnic backgrounds, child welfare worker characteristics)
- Geographic context, such as the region, state, or neighborhood
- Policy and legislation (e.g., lack of measures targeting the needs of children of diverse racial and ethnic backgrounds)
- Structural racism (e.g., historical policies and cultural dynamics)

What Peers Can Do:

- The principles of harm reduction emphasize respecting autonomy, reducing stigma, and meeting people where they are. Peers trained in harm reduction approaches are uniquely positioned to challenge discriminatory practices by fostering culturally humble, trauma-informed, and equitable care environments. Recognizing systemic racism's ongoing impact is essential to supporting families with dignity and improving outcomes in both recovery and child welfare systems.
- The 2021 [Child Welfare Practice to Address Racial Disproportionality and Disparity](#) government report (mentioned earlier) provides helpful recommendations and resources that communities, and child welfare workers specifically, can use to address these disparities. Peers can share this report with child welfare agencies in their community.
- [Doing Right at Birth](#) is a free training for healthcare providers to “ensure that the child welfare reporting of birthing people is evidence-informed, ethical, anti-racist, and meeting (but not exceeding) state legal requirements.” It has been shown to be



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effective.¹² Peers can share this training resource with healthcare providers in their community.

Calls for Change

We know there are a variety of viewpoints on the child welfare system and many calls for change (both from within the system and externally) that range from moderate changes to the existing system, significant reforms to the system, and even complete abolition of the system. Diving into what types of changes may be needed and advocating for those changes are outside the scope of this course, but we want to acknowledge the importance of this discussion and the diversity of viewpoints that exist.

We have provided a sample of editorial, opinion, and research articles that promote calls for change and improvements within our nation's child welfare system. This is by no means a comprehensive reading list, rather excerpts from a national conversation for those who may want to engage in it.

If you want to read more viewpoints on the child welfare system, the following articles and advocacy statements are available, along with many more you can find online:

- National Public Radio (NPR): “[‘Deluged’ child welfare systems struggle to protect kids amid calls for reform](#)”
- Child Welfare Monitor: “[Reform, not abolish, child welfare: A science-informed path](#)”
- International Journal of Environmental Research and Public Health: “[Child Welfare Reform: A Scoping Review](#)”
- Movement for Family Power: “[Whatever they do, I’m her comfort, I’m her protector](#)”

The following sources discuss implicit bias, structural racism, and inequities as they relate to the child welfare system.

- The 2021 [Child Welfare Practice to Address Racial Disproportionality and Disparity](#) government report.



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- Academy of Perinatal Harm Reduction. (2022). Advancing Equity and Justice in Perinatal Harm Reduction. <https://perinatalharmreduction.org>
- National Harm Reduction Coalition. (2023). Racial Equity and Harm Reduction: Strategies for Addressing Systemic Disparities. <https://harmreduction.org/issues/racism/>
- Roberts, S. C. M., Taylor, K. J., Alexander, K., Goodman, D., Martinez, N., & Terplan, M. (2024). Training health professionals to reduce overreporting of birthing people who use drugs to child welfare. *Addiction Science & Clinical Practice*, 19(1), 32. <https://doi.org/10.1186/s13722-024-00466-6>



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