Grounding Family and Child Well-Being Policies and Systems in Anti-Racist Principles and Strategies

Center *for the* Study *of* Social Policy
Ideas into Action

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Early connections last a lifetime

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The National Resource Center for the Infant-Toddler Court Program at ZERO TO THREE provides support to local communities and states seeking to implement infant-toddler court teams, based on the evidence-based Safe Babies Court Team™ approach. SBCTs offer a structure for interdisciplinary, collaborative, and proactive teamwork that applies the science of early childhood development in meeting the urgent needs of infants and toddlers and works intensively to build parent protective factors to strengthen their families. The target population of SBCTs is children birth-to-three years of age in foster care, or at risk of removal, and their families.

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INTRODUCTION

Early childhood is an important period of development for children and a time of both opportunity and challenge for parents because of the emotional, physical, and financial stressors unique to raising a young child. For families of color, these stressors are compounded by daily experiences of interpersonal, institutional, and systemic racism.[1] State public systems and community-based organizations play a crucial role in supporting young children and their families and ensuring that they have the resources they need to thrive. Further, robust policies, programs, and services can support families' physical, mental, and behavioral health, meet their childcare and basic needs, and reach them where they are at home and in their communities. These upstream systems (i.e., those meant to promote well-being and strong families from the start) can create a strong foundation for infant, toddler, and child development and set the stage for their and their families' future. To truly support all children and families, policy must be grounded in anti-racist principles[2] and these systems and community-based organizations must integrate an anti-racist approach that undoes existing systemic and institutional racism. This brief highlights key policies that, if implemented with an intentional focus on advancing equity and responding to communities, can support infant and toddler well-being and strengthen families with young children, consequently, preventing involvement in child welfare and other deep-end systems.

To truly support all children and families, policy must be grounded in anti-racist principles and these systems and community-based organizations must integrate an anti-racist approach that undoes existing systemic and institutional racism.

Anti-Racist Principles of Policy

1. **Redress past injustices.** Anti-racist policymaking examines the drivers of present-day inequities, and seeks to undo and redress the harm caused by racist policies that have systematically disadvantaged children and families of color throughout our nation's history.
2. **Meet the needs of children and families of color.** Antiracist policy centers children and families of color, to ensure that they benefit directly from the policy. Antiracist policymaking must be race-conscious explicitly considering how policies impact Black, Native, and other children, families, and communities of color, to ensure that the policies do not harm some racial and ethnic groups while benefiting others. And families must be included in the policymaking process so that they can help shape solutions that meet their expressed needs.
3. **Support the whole family.** Anti-racist early childhood policy is also family policy, recognizing that children grow up as part of families, and therefore policy initiatives must support the whole family. Supporting the whole family is especially critical for young children, as they are at a developmental stage when their everyday lives center on the foundational relationships they are forming with their family—and not, as will be true later in their lives, their school, neighborhood, or peer group. Anti-racist policy must be designed to support and strengthen the whole family and ensure family economic security, so that families can thrive together.
4. **Serve all children and families in need.** Anti-racist early childhood policy supports all children and families in need. In the past, policies that have artificially divided families between those who are "deserving" and those who are "undeserving"—providing services only to those considered deserving—have consistently buttressed White supremacy by leaving children and families of color without access to services and supports—or with access to services and supports that do not work for them, and sometimes actively do them harm. Universal or near-universal programs are often necessary to ensure that children of color and their families are not excluded from programs.

This call out box is an excerpt from What We Owe Young Children: An Anti-Racist Policy Platform for Early Childhood, by Elisa Minoff. Available: https://cssp.org/resource/what-we-owe-young-children/

CHILD WELFARE PREVENTION MUST BE ANTI-RACIST

Early childhood systems and community-based organizations must work together to build a comprehensive, robust array of supports that meet children and families where they are, promote well-being, and prevent involvement in child welfare. The research is clear that to promote the health and well-being of all children and families, especially of color, states must provide meaningful supports to families before child welfare involvement. While the majority of low-income families never come to the attention of the child welfare system, poverty is still the best predictor of a case being classified by Child Protective Services (CPS) as "neglect."[3] Cases recorded as "neglect" often reflect living conditions driven by economic stressors such as poverty wages, exploitative work schedules, lack of access to quality health care, inadequate or inaccessible childcare, and unstable housing, all of which disproportionately affect families of color[4,5,6] as a result of a legacy of racism in government policies that have favored White communities over communities of color.[7] What we see as a result of these conditions and the policies that helped to create them is that Black and Native children are over-surveilled in their communities, and are overrepresented in child welfare systems by 1.5 and 2 times their respective rates in the general population, with Native children being represented at 10 times their rate in the population in some communities.[8] States have a responsibility to actively work to undo systemic racism and by advancing anti-racist policies to ensure that young children and families of color are equitably supported in their homes and communities.

Ensuring families can meet their basic needs reduces the number of families entering the child welfare system and even more significantly reduces over-representation of families of color in child welfare. Addressing poverty and its root causes is crucial to ensuring these reductions. In some situations, poverty is equated with neglect when families living in poverty are unable to meet their basic needs – nearly half of families (47 percent) who have their children removed from their homes have trouble paying for basic necessities. In other situations, poverty can be a compounding factor and contribute to circumstances that lead to neglect as families living in poverty have a significantly higher likelihood of experiencing crises.[9] Research has also shown that stress from factors associated with poverty, and the stress of not being able to provide day-to-day necessities, can increase the risk of parenting difficulties and can lead to parents feeling anxious, depressed, fearful, and overwhelmed,[10] which is especially true for the parents of young children, who have to manage increased and new expenses like diapers, formula, and childcare. While not all neglect is a direct result of poverty, by the time families encounter child welfare, they have often faced significant barriers to accessing supports and services that could have supported their needs early on and kept them from coming to the attention of child welfare in the first place.

Working to address the root causes and inequities that lead families to the attention of child welfare requires thoughtful and coordinated investments so that all families have access to culturally-responsive supports they need to thrive in their communities.[11,12] When families are able to meet their needs, it also creates conditions for thriving in work and school. To effectively do this, policy and program solutions must be explicitly anti-racist, meaning, they must acknowledge root causes and inequities, be designed to eliminate disparities and achieve equity, and, provide services and supports to achieve health and well-being for all children and families, especially children and families of color. Such approaches must holistically support families,[13] and their implementation must meet families where they are, engaging families as experts in their experience and expressed needs.

PREVENTION OCCURS THROUGH IMPLEMENTING UPSTREAM ANTI-RACIST POLICIES

The data are clear: keeping families together requires investing in upstream, universal and targeted social and economic supports that help families in meeting their needs in their communities.[14] Given that younger children of color most often come to the attention of child welfare as a result of the gaps in upstream systems of support, research has shown that anti-racist policy in five key areas can have a substantial impact on strengthening families and reducing child welfare involvement [15]:

1. Health care
2. Parental substance use treatment
3. Childcare
4. Basic and concrete needs
5. Home visiting

The recommendations below are anti-racist policies and programs that state policymakers, administrators, and community organizations serving families at risk of child welfare involvement can leverage to support families.[16]

Promote Parent and Child Health

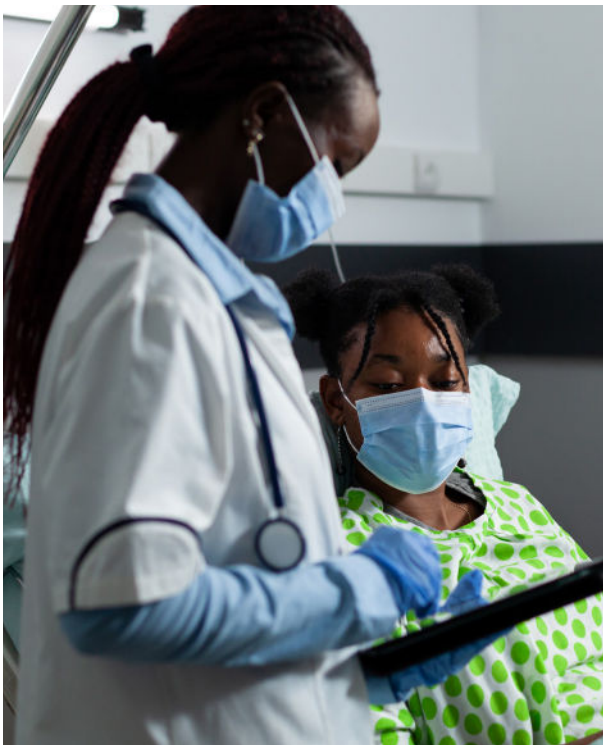
All children and families need access to quality health care to grow and thrive. Parents and family members with quality health care are more able to maintain their health, receive the care they need, and have the energy and resources to raise the children they love, making health care a critical child welfare prevention strategy.[17] When parents have health coverage, their children are more likely to have coverage and access needed care.[18] Yet deep inequities in wealth and education, continued segregation, and generations of discrimination and racism continue to lead to limited access to health coverage and care and differences in treatment and quality of care for people of color.[19]

Research also shows that physical and mental health are heavily influenced by the conditions in the environments where people are born, live, learn, work, play, worship, and grow – also known as the social determinants of health. Ultimately, anti-racist health policy requires that all aspects of health – immediate health-related social needs as well as the environmental conditions that impact population health – are addressed for an entire family, including parents and caregivers connected to children. An anti-racist approach must also engage those with lived experiences in responding to these needs. By focusing on social determinants of health in the context of health care and developing upstream supports for young children and parents aimed at reducing stressors, screening for health-related social needs, and connecting them to services and supports, states can prevent unnecessary contact with child welfare and entry into care.[20]

- **Fully expand Medicaid.** Expanding Medicaid in the 12 states that have not yet done so would provide nearly 4 million more Americans with coverage.[21] Health disparities among communities of color are even greater in non-expansion states, where the uninsured rate is nearly double that of expansion states, and nonelderly American Indians and Alaska Natives (AI/AN), Native Hawaiians and Other Pacific Islanders (NHOPI), and Black people are more likely to lack health coverage than their White counterparts.[22] States that have expanded Medicaid are seeing a decrease in racial health disparities, including in infant mortality.[23] A recent study of Medicaid expansion found that in states that expanded Medicaid, there was a decrease in overall cases of neglect for young children (422 fewer per 100,000 children). This study

also found that between 2013 and 2016, rates of neglect decreased in the 31 states that expanded Medicaid on or after January 1, 2014 and in the remaining 19 states that did not expand Medicaid, child neglect rates increased.[24] Research suggests this decrease was associated with better financial stability for families and parents' ability to access mental health care, both risk factors for child maltreatment.

- **Take up the option to expand postpartum coverage now available through Medicaid.**[25,26,27] The American Rescue Plan Act of 2021 (ARPA) gives states the option to extend Medicaid postpartum coverage to 12 months through a state plan amendment (SPA).[28] Mothers of young children are at an increased risk for postpartum depression and anxiety, which is undertreated in women of color.[29,30,31] Meeting the pre- and post-natal health needs of parents can help improve infant health and long-term well-being and help mothers meet their mental health needs, better enabling them to parent their young children. Additionally, state Medicaid agencies should allow maternal depression screenings to be claimed as a service for a child as part of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits, which is currently used to cover maternal depression screening and substance use disorder treatment for pregnant women under the age of 21.[32]



- **Develop a robust community partnerships in order to screen for health-related social needs,[33] connect families to concrete supports, and provide access to justice within health care settings.**[34] There are various models that emphasize concrete supports, screen for social determinants of health, and connect families with services in the health setting, including Help Me Grow,[35] Child First,[36] HealthySteps,[37] Reach Out and Read,[38] Centering Parenting,[39] and Developmental Understanding and Legal Collaboration for Everyone (DULCE).[40] For example, DULCE is a universal, evidence-based pediatric care approach with a foundational goal of reducing the risk of maltreatment and contact with child welfare.[41] It does so by screening for health-related social needs for individual families, addressing social determinants of health gleaned through patterns across families,[42] supporting early relational health, and providing a legal partner for families with infants in communities that are under-resourced and often marginalized by racist systems. By utilizing community health workers with lived experience, accelerating access to justice, and connecting families with concrete supports and resources, DULCE aims to address inequitable systems that preclude families from living healthy lives.

Increase Access to Substance Use Treatment

Efforts to advance equity must include sufficient funding and timely access to substance use treatment to support and keep families together during treatment. Parents of color, especially parents of young children, face disparities in accessing treatment services to address behavioral health challenges, including substance use disorders (SUDs). This is particularly important for families with young children as 1.5 million children under the age of three have a parent with a SUD.[43] Importantly, many of the referrals of newborn children into the child welfare system are due to bias in how health systems respond to substance use, especially prenatal exposure.[44] Early engagement for parents in treatment can prevent unnecessary involvement in the child welfare system.

Research has shown that parents who are knowledgeable of and have support from individuals they trust within various systems—such as community health workers or peer mentors – are able to access supports as they are better advocates for themselves and their needs before, during, and after pregnancy.[45] These services must be available to those who are expectant as well as to those who are parenting and should be adapted to be culturally-responsive for children and families, in order to prevent child welfare involvement in the future. States should implement strategies to advance efforts that will keep families together including:

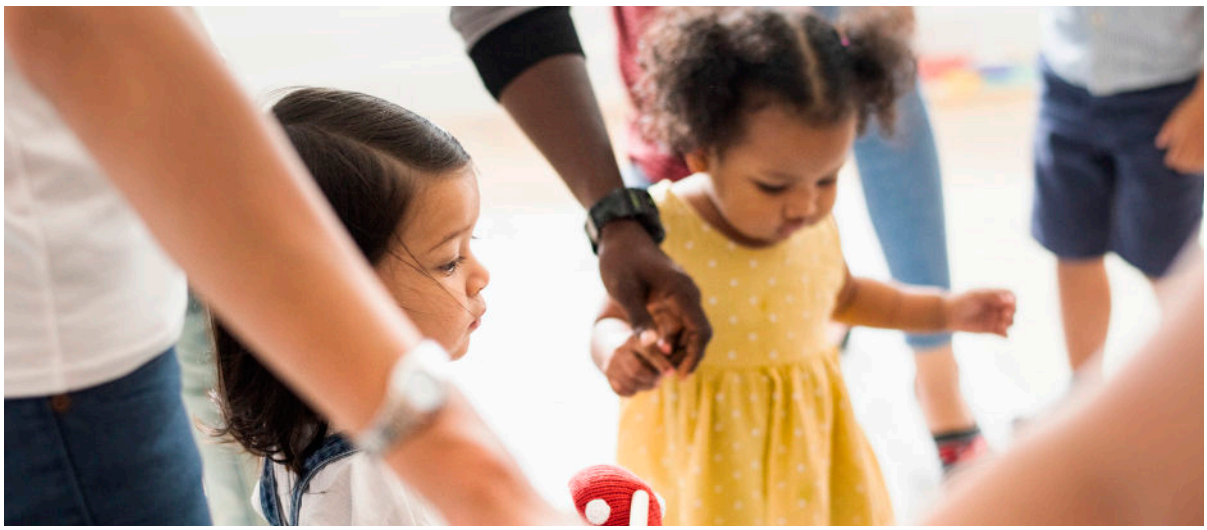
- **Expand Medicaid coverage to include substance use disorder treatment as a required benefit for Medicaid-eligible adults.** Pregnant women with Medicaid are more likely to report substance use disorder and to receive treatment than women with other forms of coverage,[46] and substance use is one of the more common needs that when unaddressed or addressed in ways that reinforce disparities results in the separation of parents from their children.
- **Invest in family-based substance use and treatment models.** These ensure that families can stay together during treatment and are inclusive of all family members (especially fathers, and those co-parenting), not just the mother of the child(ren). Such a family-centered model can help prevent entry into foster care and ensures that parent and child relationships are nurtured during the treatment process. To support family-centered medication assisted treatment for pregnant and parenting women with opioid use disorder, some states have used State Opioid Response Grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), as well as flexibilities through Medicaid demonstration waivers or state plan amendments (SPAs).[47]
- **Support and expand the presence of community health workers (CHWs).** CHWs are trusted members of the community who assist children and families with health decisions and act as partners and advocates for them within various health systems. CHWs play a crucial role in connecting families with resources that can help meet their immediate needs. States can add CHWs as a covered Medicaid benefit through an SPA, use preventive services SPAs to fund specific CHW services, include CHW reimbursement in Section 1115 Medicaid waivers, and leverage managed care contracts to require CHW services.[48] States can also use Health Resources Administration (HRSA) grants to advance health equity by mobilizing community outreach workers and ARPA funds to provide training, peer support and networking, mentoring and supervision, and professional advancement for CHWs so these become sustainable occupations and careers as part of the public health workforce.
- **Invest in peer mentor support models.** Peer support models leverage the expertise of parents with lived experience navigating the

treatment program and child welfare system by pairing them with parents who are currently navigating these programs and systems. These models have been shown to be effective in reducing child welfare involvement and increasing reunification if already involved.[49] States can apply for grants to implement evidence-based models from the Substance Abuse and Mental Health Services Administration (SAMHSA).[50] Two effective programs are OhioSTART,[51] a family-based treatment model in which a family peer mentor works closely to connect families with wrap around services and community partners,[52] and the Iowa Parent Partner Approach, a peer-based support system in which a parent who has been involved with child welfare is compensated as a mentor for a parent currently involved with the system.[53] Families in this program have higher rates of family reunification and lower rates of subsequent child removals than a comparison group not in the program – demonstrating the effectiveness of peer-based supports in improving outcomes for children and families.[54] By connecting parents with community resources and supports, the Iowa Parent Partner and similar programs aim to address disparities in the environmental and social factors that often result in child welfare involvement.

Support Investments in High-Quality Childcare and Childcare Providers

The category of "neglect" includes allegations of "inadequate supervision," which can mean that a parent does not have adequate childcare for when they need to work, go to school, attend a medical appointment, or fulfill other responsibilities. Additionally, high-quality, affordable, and culturally responsive childcare has number of benefits for children including promoting their physical, social, emotional, and cognitive development. The United States, however, has a childcare system in which care is often inaccessible for families because of the lack of providers and high costs.[55] Childcare settings that are responsive to family needs – from home-based care provided by a family, friend, or neighbor, to center- and community-based care, to pre-school in the public school system – are effective upstream interventions that help children develop important social skills, provide an important resource for parents, and help address social isolation and parenting stress that can contribute to factors that lead to child welfare involvement.[56]

As states promote policies to increase access to high-quality childcare, equal attention must be paid to childcare employees who are predominately women of color. The current childcare system is predicated on undervaluing the labor of women, especially women of color and immi-



grant women.[57] Nationally, the average hourly wage of childcare workers is $10.72, and on average Black and Latinx women make even less, both because they are relegated to the lowest paying jobs and experience pay discrimination even within those jobs. These low wages are a product of historical patterns of undervaluing care work and public underinvestment in childcare and early education. To advance anti-racist childcare policy, states should work toward both universal access for families and invest in childcare providers to ensure that children and families do not become involved with child welfare simply due to their inability to find safe and reliable care.

- **Raise the eligibility threshold for families for full publicly funded childcare.** Eligibility for childcare subsidies under the Child Care Development Fund (CCDF) should be increased to at least 200 percent of the federal poverty level, eliminate any work conditions for access, and allow for presumptive eligibility so that a child can enter care immediately while eligibility-determination takes place. States should work towards a vision to guarantee that early care and education is free for families with low incomes and affordable for families with higher incomes, specifically, costs should be capped at a reasonable percentage of a parent's income. For example, New Mexico has made substantial changes to their publicly-funded childcare program including doubling eligibility from 200 percent of the federal poverty level to as much as 400 percent. Making childcare free for low-income families allows parents the time and flexibility needed to meet their family's needs and reduce the instability often resulting in child welfare referrals.

- **Invest in home-based care provided by a family, friend, or neighbor.** These childcare settings are the most culturally responsive and accessible for shift workers and parents with non-traditional work hours.[58] These investments support a vision in which states ensure that access to early care and education is available to all who want it, in the setting families most prefer, during the hours that they need care.

- **Pay childcare providers – many of whom also have caregiving responsibilities for their own children – a living wage.** In addition to paying a living wage, childcare providers should receive paid benefits, so they can provide for their own families, and have access to professional development opportunities to develop programming and curricula so that they can address the needs of children from diverse cultural and linguistic backgrounds, support young children in developing positive racial and gender identities, and implement positive, developmentally appropriate discipline practices. The American Rescue Plan Act of 2021 (ARPA) stabilization grants can be used by providers to increase compensation and provide benefits, similar to previous rounds of federal relief which were used by New Mexico, North Carolina, and Washington to supplement the base pay of providers.[59] States should use ARPA funds to stabilize providers and use state funds to sustain the increases.

Ensure Families' Basic Needs Are Met

Economic security reduces the stress related to finances, gives families the ability to cover unexpected expenses, and affords caregivers time and space to relax and play with their children.[60] While the majority of poor families never come to the attention of the child welfare system, poverty is still the greatest threat to child well-being and a predictor of involvement with child welfare.[61] For these families, who are disproportionately families of color,[62] key to strengthening family well-being and preventing involvement in child welfare is ensuring their basic needs are met by increasing access. Research has shown the importance of such programs for child welfare prevention. Specifically, a 2017 study found that Temporary Aid to Needy Families (TANF) restrictions implemented by states increased victims of child maltreatment and foster care placements thereby driving children of color disproportionately into child welfare.[63]

Families attempting to access benefits often face overlapping, duplicative, or contradicting eligibility requirements, making it difficult to access the services and supports they need.[64] Specifically, for families of color who are disproportionately represented in both public welfare and child welfare systems, misalignment and sometimes contradictory case plans can prevent them from successfully meeting the requirements of either program. For parents of young children, inflexible work schedules and sick leave policies are additional barriers, forcing many to choose between meeting requirements outlined in their child welfare case plan and caring for their child. Many program requirements, especially work requirements in TANF, are rooted in racist efforts to deny supports to families of color.[65] A parent's inability to meet their concrete needs directly impacts the likelihood of child welfare involvement due to poverty. Anti-racist efforts must ensure that state benefit systems work closely together so that families receive the concrete supports they need to stay together and thrive.[66]

- **Provide families with access to income streams without restrictions.** Increasing families' ability to choose how to use resources in ways that make the most sense for them is anti-racist. Food, rental, and utility assistance are earmarked to allowed expenses, but cash assistance – through TANF, the Earned Income Tax Credit (EITC), and the Child Tax Credit (CTC) – provides families with the resources necessary to meet their needs, including food, utility bills, clothing, and paying down debt. To increase families' access to income supports, states should create state EITCs, support access to the CTC, and elect to spend a higher percentage of TANF on direct case assistance.

Tax Credits are Child Welfare Prevention

The EITC and CTC support millions of low- and moderate-incomes working families each year and have been found to have one of the most significant impacts on reducing child poverty - lifting the child poverty rate by almost 6 percent. However, because these credits phase in as incomes increase, those with the lowest incomes, living in the deepest poverty – do not receive the same benefit. Importantly, the EITC is one of the most effective antipoverty programs and has been particularly effective at supporting eligible families of color. The federal EITC benefits 9 million women who are Black, Indigenous, and/or people of color. Recent research examined the effect of EITC on foster care entries by comparing states with and without a state-level EITC. After controlling for poverty rates, unemployment, education, and race/ethnicity, researchers found that state-level EITC is associated with an 11 percent decrease in foster care entry rates .

Expanding the CTC is an important strategy for advancing equity as it will have a significant impact on lifting children and families of color out of poverty. Specifically, the Center on Poverty and Social Policy estimates that the CTC expansion will cut Black child poverty by 52 percent, Hispanic child poverty by 45 percent, Native American child poverty by 62 percent, Asian American and Pacific Islander child poverty by 37 percent. For the CTC to have the intended effect for children and families of color now and in the future, it is critical that steps are taken to ensure the benefit reaches those who are often excluded through making claiming of the benefit straightforward and easily accessible – serving as a guaranteed child allowance that supports children in their families and communities, and prevents them from coming to the attention of child welfare for issues related to poverty.

- **Eliminate eligibility restrictions for immigrant families.** Today, one in four children are growing up in immigrant families.[67] For immigrant children and families, the restrictions built into the 1996 welfare reforms prevent many families from accessing supports including food, health care, income supports, and housing and thereby increase the risk of child welfare involvement. Further, for those children and families who may be eligible, the complex and difficult-to-navigate rules regarding immigrant eligibility in practice leads to exclusion of many more children and families.[68] In a review of potential policy options to reduce child poverty, a nonpartisan report from the National Academies of Sciences, Engineering, and Medicine (2019) found that eliminating eligibility restrictions for nonqualified parents and children and for all noncitizen parents and children in the Supplemental Nutrition Assistance Program (SNAP), TANF, Medicaid, Supplemental Security Income, and other means-tested federal programs would lead to an important reduction in poverty for children in immigrant families.

- **Align eligibility requirements, eliminate work requirements, and facilitate presumptive eligibility for public programs.** To support families in accessing supports for which they are eligible, agencies should align eligibility requirements and facilitate presumptive eligibility. This will make it simple and straightforward for families to receive the support they need and eliminate burdens and barriers to access. States can take advantage of flexibilities granted during the pandemic to expand SNAP eligibility, waive work requirements for SNAP, expand eligibility for Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and promote food and nutrition assistance in schools. For example, Ohio utilized all available flexibilities to provide children with nutritious meals, providing benefits for households with children missing school meals in the 2019-2020 and 2020-2021 school years (P-EBT) and providing P-EBT to children under 6 during the 2020-2021 school year. Ohio also sought SNAP operation waivers to extend certification periods and adjust periodic reports, waive initial and recertification interviews, and use periodic report procedures to recertify households.[69]

Increase Access to Culturally-Responsive Home Visiting

Home visiting, where services and supports are provided in the home where families are comfortable and its convenient, are critical to ensuring parents and children receive the essential services they need and children thrive at home with their families. Home visiting is a critical support for mothers, fathers (and other caregivers), and young children at a time when families need it most and has been shown to have a positive impact on reducing child abuse and neglect. These programs can provide for seamless, uninterrupted, and equitable access to supports and high-quality early childhood services from prenatal through early childhood and can be especially effective in reaching isolated, marginalized, or hard to reach families. There are a spectrum of home visiting programs, varying in intensity (how frequent a family is visited), when they begin (prenatally or once a child is born), and who serves as the home visitor (a nurse, social worker, or community member).

Evidence shows that providing the right supports in the home is an effective, long-term, multi-generation approach to supporting families and young children.[70] Home visiting models have shown effectiveness at providing support for pregnant mothers,[71] connecting Black mothers with support services and reducing stress,[72] partnering new refugee mothers with allies and advocates in the community,[73] and increasing school readiness and educational outcomes for predominantly low income families and families of color.[74] There are also models that focus on providing economic and social supports necessary for families to meet basic needs and be safe, combining visitation with cash assistance and other concrete supports. Home visiting services can also include screening for domestic violence and maternal depression, leading to timely and appropriate services and supports for both needs.

- **Expand and scale home visitation programs.** Very few eligible families have access to home visiting services, many programs that receive the most funding are not culturally responsive, and there are complex funding streams which make it difficult for programs to scale. Evidence-based models of home visiting only reach a tiny fraction - about 3% - of the 18.3 million families who are expectant or with a child under the age of six. Over half of these families are considered high priority and could benefit greatly from home visiting. States can do this through multiple avenues and sustainable funding models: supplement use of the Maternal, Infant and Early Childhood Home Visiting (MIECHV) program, Title V Maternal and Child Health Services Block Grant, Child Abuse Prevention Funds, and Medicaid, with state dollars; and use Medicaid to finance home visiting through an SPA, targeted case management benefit, home visiting demonstrations or pilot projects in Medicaid Section 1115 or 1915 (b) waivers, or through current Medicaid authority and existing benefits.[75] Medicaid reimburses states for some services that are part of a home visit (e.g., screenings, case management).[76]

- **Invest in culturally-responsive home visiting programs.** Home visiting programs grounded in cultural values have been shown to address inequities that can compound trauma for women of color, removing barriers to services, providing culturally responsive supports, promoting health and well-being – and specifically – improving Black maternal and infant health.[77] The Chicago Parenting Program is a culturally responsive program designed with input from Black and Latinx parents raising young children in low-income neighborhoods. Family Spirit home visiting program for families and children prenatal to three is the only evidence-based home-visiting program ever designed for, by, and with American Indian families.

The program leverages cultural assets and an indigenous understanding of health and has been found to address behavioral health disparities, increase parenting knowledge and involvement, decrease maternal depression, increase home safety.[78] Historically, however, for many well-documented reasons, many in Black and American Indian communities mistrust child and family serving systems and the government, making it even more important that states invest in programs developed by these respective communities. Also, while young children of immigrants could benefit greatly from home visiting services, research indicates that immigrant families participate in home visiting services at lower rates than other families,[79] because of language barriers and fears of immigration enforcement.[80]

- **Support home visitors in developing culturally responsive services and establishing connections to and building trust with communities of color.** Programs can do this by employing community members with lived experience (e.g., doulas, community healthcare workers, home visit nurses or health ministers) – who can often more readily build trust with young mothers – as part of the team. It is critical to build a home visiting workforce that reflects the diversity of families and communities served – one that is trained on implicit bias, cultural responsiveness, and trauma-informed care, and equitably compensated. For example, Family Spirit[81] is a home visiting program specifically designed for pregnant women and families in American Indian communities with children younger than age 3. The model incorporates traditional tribal teachings throughout its curriculum, and promotes parenting, coping, and problem-solving skills. Paraprofessional health educators who are from the participating community and are familiar with the tribal culture, traditions, and language conduct visits. The program has been associated with significant improvements in children's development and school readiness, maternal health, and positive parenting practices.

MOVING FORWARD

States have a significant opportunity and responsibility to young children and their families to implement strategies that dismantle racist policies and practices. Policymakers and systems must align their efforts to implement these family-centered policies to better meet the needs of young children and families of color, and change how upstream systems work with families to meet their needs and prevent child welfare involvement. Only when we have a comprehensive upstream policy and system reform will we truly be able to support children and families in their communities and remove the need for and prevent unnecessary family separation.

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