

# The Emergence of Lived Experience as an Occupational Field and Its Possible Future in Infant-Toddler Court Teams

Voices From the Evaluation Expert Advisory Group

Infant-Toddler Court Program Evaluation

## Two Family Stories

These composite vignettes<sup>1</sup> describe two families. One of the families went through the child welfare system alone, and the other worked with a peer advocate. While many factors influenced each family's outcomes, we share the stories to consider the role a peer advocate could play in positive outcomes.

**Kristen and Tom Martin were a family raising his daughter, Lisa (4), from a previous relationship; her son, Jack (5), from a previous relationship; and their son, Justin (2).** Lisa struggled with big unpredictable emotions, aggressive behaviors, and trust due to experiences she had with her biological mother. The couple were desperate to find services to support her. Despite having adequate

### About This Brief

The Evaluation Expert Advisory Group (EEAG) includes paid evaluators with lived experience in child welfare working on the James Bell Associates national Infant-Toddler Court Program Evaluation. EEAG members design protocol, collect and analyze data, and present at national Infant-Toddler Court Program meetings. This brief was based on a series of compensated interviews in which EEAG members described their experience of “becoming an advocate.” Each section illustrates how the narratives crafted from these interviews contribute to developing the infrastructure for an occupational field emerging within infant-toddler court teams (ITCTs). The brief, whose primary author is a compensated EEAG member, ends with recommendations for supporting the occupational field as the infant-toddler court implementation expands. While the brief reflects the voices of the EEAG, the insights are relevant to and intended for a broad child welfare audience.

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<sup>1</sup> The stories are taken from the experiences of Evaluation Expert Advisory Group members. The family names and other contextual information have been changed to maintain confidentiality.

means and a strong support system, their options for accessing care were meager requiring research and outreach. Finally, Kristen reached out to their local child welfare service agency hoping it would connect her with services for Lisa. Sadly, Kristen's help-seeking action led to an investigation ending in abuse allegations and criminal charges against both parents. Rather than interpret Lisa's behavior and the family response through an understanding of trauma history and maternal abandonment, child welfare removed all of the children from the home out of an abundance of caution.

Kristen and Tom were terrified, confused, and struggled to respond effectively. The child welfare department viewed the couple's efforts to explain themselves as guilt. Their overarching aim was to shield their children, especially their toddler Justin, from the harm of separation. Yet, they lacked both knowledge of the child welfare system and an understanding of their parental rights. Even worse, in response to the child welfare case, their previously strong support system became skeptical of their parenting and began to distance themselves from the Martins.

The children were taken into emergency nonfamilial foster care. They were not given age-appropriate explanations for what was happening and began experiencing anxiety and night terrors. The boys were together, but in unfamiliar surroundings with strangers. Lisa was placed in a separate foster home. Their care and daily routines were disrupted as the certainty of the trusted relationship on which they relied with their parents was shattered. Lisa, less visibly frightened, relied upon her established, aggressive survival instincts, as disrupted relationships were historically familiar to her. Because her behavior was not viewed through a developmental trauma lens, her actions reinforced child welfare's narrative of neglect, abuse, and mistreatment. And so, a lengthy, combative agency and court process began.

### About the Infant-Toddler Court Program

The Infant-Toddler Court Program National Resource Center, funded by the Health Resources and Services Administration's Maternal and Child Health Bureau, supports the national expansion of ITCTs based on the Safe Babies approach developed by ZERO TO THREE. These teams work to improve outcomes for infants and toddlers in or at risk of entering foster care by strengthening early relationships; connecting families to timely services; and promoting healing, prevention, and long-term well-being. The Infant-Toddler Court Program works across child welfare, courts, and early childhood systems to align support around the urgent needs of very young children and their families.

**In a similar story, Lauren and Jose` Perez, a couple raising their two biological children, Alissa (4) and Jose` Jr. (3), and Lauren's niece, Jasmine (2), were reported to child protective services.** Lauren received a courtesy call from the girls' preschool notifying her of a hotline call. She was unclear as to the circumstances but later learned a school administrator had concerns that Jasmine was being abused in the home. Both Lauren and Jose` were working with therapists and a mentor but were challenged to fully support Jasmine as she struggled with behavioral problems. On the heels of the child protection call, something different happened with this family.

In the initial hours of the case, a lived experience advocate walked alongside the family in a pivotal preplanning conversation. This conversation engages families and their supports in safety planning and placement-related decisions, develops child safety strategies, and identifies family and kin potential placement resources should removal be necessary. The presence of the independent trained peer advocate brought Lauren and Jose` comfort, and their parental statements were viewed as sincere resulting in Jasmine's placement in a supportive nonfamilial foster care home where she could receive the specialized care she needed. Alissa and Jose` Jr. avoided nonfamilial foster care, and the children had a familial kin placement with their maternal grandmother in a safe, nearby, and familiar home. Alissa remained in her school and maintained critical friendships without enduring foster care stigma. Within a short period of time, Alissa and Jose` Jr. enjoyed virtual, followed by unlimited in-person, supervised access to their parents in grandma's home. The parents, grandma, and children attended school functions and community activities together, and Jasmine's care and clinical team included the parents in clinical sessions and decision-making. This approach reduced stress, minimized attachment disruption, and maintained the strength of the biological family system. It led to modified yet present parenting; bolstered an extended family support system; and expedited reunification. Today, the children are happy, whole, and thriving. Jasmine is back home with adequate support; and to this day, Jose` Jr. doesn't know he was "removed."

"There was things I didn't have in my child welfare case that I needed. And ... I did have one person that really cheerlead me on through this, and she had some lived experience in a certain area ... and I saw the work she was doing and how she was my literal advocate. And I was like people need that in child welfare ... her lived experience was with addiction. We need child welfare specific lived experts. I didn't do anything with that for a while. But then that same person actually, when the parent-led movement started here, she seen me out in the community, and she said, 'Hey. I've heard of this thing, and I want to choose you to go to it.'"

—Ambrosia

**These stories highlight the profound impact of lived experience advocacy in child welfare.** They illustrate how trust, hope, and connection serve as foundational elements in mitigating the trauma of family separation and ensuring better outcomes for children. Kristen and Tom's experience reflects the consequences of a system failing to recognize trauma and misinterpreting help-seeking behavior as evidence of neglect. Their story underscores how child welfare interventions, when not guided by an understanding of lived experience, can inadvertently harm children by severing essential family bonds. Without adequate support or knowledge of their rights, Kristen and Tom faced isolation, stigma, and a prolonged struggle to reunite with their children. Their children, particularly their youngest, endured unnecessary emotional distress, interrupting healthy bonding and a sense of safety and stability. This family story exemplifies why lived experience advocacy must be integrated into ITCT programs to ensure families are met with support rather than suspicion.

### About Lived Experience Advocacy

Though there is no formal definition of lived experience advocates in child welfare, it differs from political advocacy in that lived experience advocates generally use their personal experience to empower others engaging in infant toddler courts. Similar to lived experience advocates in other fields, their primary role includes serving as a friend, an expert, and a professional worker (Wainwright et al., 2025). The national Infant-Toddler Court Program Evaluation extends this role to advocating for evaluation practices that center family experiences.

In contrast Lauren and Jose's story demonstrates how lived experience advocacy can transform a family's child welfare experience, safeguarding children while preserving family connection. By engaging a lived experience advocate during a critical Considered Removal Meeting, this family avoided the unnecessary trauma of nonfamilial foster care. The advocate's ability to facilitate a collaborative, family-centered discussion enabled the children to remain with a trusted caregiver, maintain their daily routines, attend school, and receive appropriate responsive care. The parents, rather than being isolated, remained actively involved in their children's lives, ensuring continuity of relationships and reducing the impact of long-term attachment disruption. This case exemplifies how lived experience advocacy is not just about providing emotional support; it is about creating practical, structural interventions to prioritize the well-being of children and families. It reinforces the principle of meeting parents where they are and leads to outcomes rooted in infant and toddler mental health. These narratives collectively underscore the urgent need for lived experience professionals to play a central role in shaping ITCTs.

# A Growing and Promising Occupational Field

**Engaging people with lived experience (PWLE) is a growing and promising practice in child welfare delivery, research, and evaluation.** A 2024 U.S. Department of Health and Human Services (HHS), Office of the Secretary for Planning and Evaluation report suggests transforming the field of child welfare into a 21<sup>st</sup> century child and family well-being system requires incorporating the insights of PWLE to help develop a deeper understanding of the conditions affecting certain populations (Coccia et al., 2024). Addressing these conditions is particularly important in ITCTs given the staggering number of infants and toddlers entering the child welfare system each year. According to exhibit 1 data, infants and toddlers represented 39 percent of children entering foster care in Fiscal Year (FY) 2023.

**Exhibit 1. Number of Children Aged 0–3 Entering Foster Care Nationally FY 2023**

Age at entry	Rate (per 1000 children)	Total children
< 1 Year	21	77,570
1 year	9.5	34,350
2 years	8.8	33,095
3 years	8.5	35,505

**Source:** National Child Abuse and Neglect Data System (NCANDS) FY 2023 data

Emerging resources identify a range of best practices supportive of authentic and ethical engagement of PWLE in research. For example, a 2021 HHS report [\*Methods and Emerging Strategies to Engage People With Lived Experience: Improving Federal Research, Policy, and Practice\*](#) identifies a range of lessons learned from engaging PWLE in federal research, policy, and practice. The report, developed through an environmental scan, key informant interviews, and consultation with lived experience experts, provides key considerations for engaging PWLE. Notably, federal staff reported gaining perspective about the families they served by engaging lived experience experts in research roles. They noted additional benefits at the initiative and agency levels. For example, by helping agencies “conduct, contextualize, translate, disseminate, and foster the adoption of research and program evaluation findings” (p. 9), lived experience experts help to inform policy-and-practice directed funding and other resources toward the priorities and needs of target communities.

An American Public Health Services Association and Chapin Hall policy brief entitled [Collaborating to Advance a Cross-Sector Approach for Child Welfare](#) (2025) acknowledges that “Families who have been impacted by the child welfare system know what is needed to prevent system involvement” (p. 1). Further, the passage of “Supporting America’s Children and Family Act” (2025) authorized increased funding to support peer mentorship programs and requires states “to consult people with lived experience as they create the plans that govern how the child welfare system works” (p. 1).

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*The journey of living in the despair of improbability to possibility anchors a point of view for transformation with families and infant-toddler care systems.*

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This brief adds to existing resources to consider how PWLE contribute to the design of possible futures in ITCTs. Specifically, it illustrates how moving from the experience of living in the despair of having one’s child removed from one’s home to the possibility of reunification provides a point of view consistent with the transformative goals of ITCTs. It is designed to provide states implementing ITCTs both with a deep perspective on PWLE advocacy as an occupational field and ideas on how implementing states can engage PWLE.

## What a PWLE Advocate Does

**EEAG members are increasingly formalizing their roles as advocates, shaping policies and practices to better support families.** Many entered advocacy after personally navigating the injustices of the child welfare system, realizing their experiences are not unique but part of a broader pattern of systemic failures.

For example, one EEAG member recounted being chosen to participate in a parent convening, bringing together parents and child welfare professionals to discuss policy and system improvements. Others described how their journeys into advocacy evolved from initial personal struggles—such as

"We were doing a relapse protocol. We are writing it out as a committee, and they said the person who relapses needs to be away for 3 years ... and take all these steps to even be considered to come back into the work ... I was able to say, 'You know what guys? I haven't told you this yet, but I have 90 days clean. I'm coming back from the relapse, and I never left [the committee] and you would lose my input if you shut the door for 3 years with all those steps in place.' I changed the relapse protocol with just my lived experience right there in the moment. The protocol is now 30 to 90 days and reassessed, rather than shutting people out for 3 years."

overcoming addiction or facing wrongful child removal—into more structured roles, such as training court-appointed special advocate and social workers. As advocates, they provide visual contrasts of their past and present selves to challenge assumptions about parents involved in child welfare cases and to demonstrate the possibilities of recovery and reunification.

One EEAG member, who initially served as a foster parent, shifted to a focus on family reunification after realizing the system often worked against parents rather than supporting them. Their advocacy efforts now contribute to initiatives such as the [Family Forward Project](#), which pushes for federally recognized peer family advocates who are chosen by families rather than by courts or agencies.

Across the narratives, EEAG members described actively professionalizing the field of parent advocacy. They outlined a process in which they are not just seeking acknowledgment but are developing an infrastructure that recognizes lived experience as expertise. They emphasized the importance of families not only being paid a livable wage for their work but also being positioned as key decision-makers in ITCTs. Their narratives demonstrate lived experience as essential in realizing the ITCT goal of being family centered.

**EEAG members are committed to mutuality and accountability within ITCTs.** Evaluation expert advisory group members were unanimous in stating the importance of accountability as a shared responsibility between families and ITCT professionals. Accountability, they stated, should not be a one-way expectation placed solely on parents but should extend to child welfare professionals, court officials, independent evaluators, and policymakers.

One EEAG member described accountability as ensuring parents have access to the right supports rather than being prematurely judged or seen as “lost causes.” EEAG members highlighted examples where parents, once deemed unfit due to systemic failures in foster placements and in response to dissolved adoptions, later became viable options for their children. These stories, they suggested, underscore the need for professionals to maintain an open mindset and to continuously assess progress rather than writing parents off permanently.

One EEAG member discussed the difficult decisions they had to make to maintain their own sobriety, even when it meant prioritizing recovery over their relationship with their teenage son. This highlights the complexity of accountability—not just within the system but also in personal lives, where advocates must balance self-preservation with familial responsibilities.

Another EEAG member warned against “fake advocates” who engage in performative activism without genuine commitment to family outcomes or systemic change. They stressed the importance of integrity, proper documentation, and adherence to legal processes to ensure advocacy efforts lead to tangible results rather than empty gestures.



Mutual accountability also extended to how advocates engage with legal professionals. One advocate described working closely with a case worker who demonstrated respect and reliability, reinforcing mutual trust and accountability. They argued child welfare professionals should be held to the same standards as the families they serve, as caseworker mistakes can have life-altering consequences for children and parents alike.

Training new social workers and engaging with professionals in a constructive manner is another way EEAG members foster accountability. Some described encouraging future social workers to see parents as individuals with complex histories, rather than as mere case files. Others emphasized the importance of presenting lived experience with clarity and composure to ensure policymakers take their advocacy seriously.

“The system puts us in a box, and we feel ashamed. We're so ashamed of you know what's going on, and my specific community that I work with ... my nonprofit raising awareness for postpartum depression. That's real and it wasn't until these last couple of years that I learned what I was going through was okay. And I'm hoping the advocacy and the work I'm doing opens the door and sheds light and mitigates what the department is able to do. And if I can help these women identify what they're doing and take control of who they are and remind them of the labels they've placed on themselves in a positive way, [it] drastically changes the ability for the department to impact us. We talk about teaching parents and women to find their voice.”

—Shapon

Ultimately, EEAG members advocated accountability in which families have transparent access to their rights. ITCT professionals must also uphold their responsibilities with the same level of scrutiny applied to parents, including accountability within the courts.

**EEAG members promote ongoing trust-building within ITCTs.** Trust is a crucial yet fragile component of ITCTs. EEAG members viewed systemic reforms and interpersonal commitment as necessary to rebuilding trust.

For example, one key element of trust-building is shifting the language used by ITCT professionals. EEAG members emphasized the power of language, noting how small changes—such as saying “when your kids come home” instead of “if your kids come home”—can provide parents with the hope and motivation necessary to accept help and persevere.

EEAG members named parent advocates as a crucial component of trust-building. Specifically, these advocates often serve as resource navigators, helping families access basic necessities such as food, clothing, and housing. By providing direct, practical assistance, they help parents regain stability and confidence in their ability to care for their children.



Furthermore, in the courtroom advocates work to bridge the gap between families and legal professionals. They train judges and attorneys on the knowledge and expertise acquired through lived experience, fostering empathy and encouraging system actors to approach cases with a more nuanced understanding. One EEAG member described an advocate who works alongside judges to inform case perspective through a human lens and encourage systemic reform from within.

EEAG members emphasized the importance of structural reforms to institutionalize trust-building, such as the creation of a "Bill of Rights" for PWLE in ITCT policy and evaluation work. This would guarantee fair pay, respect, and protection against tokenization.

By emphasizing relational trust, transparency, and systemic fairness, EEAG members are working to promote just, humane, and effective practices within ITCTs.

"It's harder to navigate being an advocate for a family when the values are not aligned ... at the same time, if the parent is coming from a healthy place ... just their own experiences, maybe set them up to parent differently. Having conversations about how parenting styles have changed, and how social expectations have changed and work them towards looking at things a little bit differently, so the reason child welfare got involved doesn't have to get involved again. I do think a lot of parents who adopt which is the world I'm come into it with a sense of I'm going to start a family, and I'm going to parent the way I was parented. And so, with them, It's a lot about education."

—Maureen

**EEAG members recognize the multiple forms of trauma circulating within ITCTs. Therefore, they advocate for the role of multilevel healing as a form of repair to pave new possibilities.**

EEAG members highlighted the deep psychological distress parents involved in the system often experience, which can manifest in self-blame, despair, and even self-harm. They emphasized how punitive responses exacerbate these issues, whereas healing-centered approaches create pathways for real change.

One advocate recounted the power of seeing a person in recovery stand before them, illustrating transformative possibilities through representation. Another shared how the pain of losing custody of their child remains a driving force in their advocacy work, illustrating how personal loss can fuel systemic change.

The trauma extends beyond parents to the children, many of whom suffer from attachment disorders due to abrupt and unnecessary separations. EEAG members viewed removal itself as a form of trauma and argued for preventing these separations whenever possible.

Healing, according to EEAG members, must happen on multiple levels—individual, familial, and systemic. Peer support networks, advocacy groups, and legislative reforms all play a role in fostering repair and innovation. Additionally, EEAG members stressed the need for trauma-informed advocacy spaces to recognize how sharing lived experiences can be emotionally taxing. They called for financial compensation, emotional support, and self-care structures to ensure those doing the work of change-making are also cared for.

Ultimately, EEAG members viewed healing not as an individual endeavor but as a collective responsibility. By addressing trauma through systemic reform, trust-building, and mutual accountability, ITCTs can become genuinely supportive. One EEAG member discussed using the trauma she experienced as a basis for providing alternative evidence-based family intervention practices. Another EEAG member described using her lived Indigenous cultural knowledge to support the ongoing connection of children with their community ways, therefore minimizing cultural trauma.

## Summary

**According to EEAG members, when lived experience is recognized as a credible asset and is fostered as a system resource providing need-specific expertise to those who encounter a child welfare system, families are strengthened and child outcomes may improve.** Families enter child welfare for a range of reasons.

Therefore, EEAG members recommended developing advocates with a range of lived experiences including addiction, mental health challenges, trauma, economic hardship, complex medical conditions, and domestic violence. Lived experience provides emotional validation like a “cradle of compassion.” Hope emerges from being heard which leads even the most scared or broken to seek a path forward. The power of possibility prevails by giving parents optimism, prompting growth and the ability to invest in the chance of a restored family. This is the power of

“The opposite of addiction is community. Yeah ... connecting with somebody. The big book, you know, part of what the big book is based on is the power of one addict helping another addict. And you know that transfers to almost any other situation. Somebody ... might have the power ... who understands, who has maybe been through it, or something similar.”

—Gabe

“We are out there; we're banging our heads together; we're having our voices heard; and we deserve the credibility because we have a plethora of experience with the people, especially in the EEAG. Our lived experience and our learned experience. Because there's a difference. There's a lived experience ... We're not all just rubber stamped in here. We've earned our stripes.”

—Amy

lived experience and its impact on systems and families. Therefore, investment in PWLE as an occupational field builds off the strengths embedded in ITCTs, while imagining and shaping a new more human-centered chapter focused on protecting children while supporting and lifting parents to succeed.

**Evaluation-related roles are critical for advocacy because they allow PWLE to influence not just what services are delivered, but how their impact is understood, measured, and improved.** When PWLE professionals are included in evaluation design, data interpretation, and dissemination, they bring essential insights into how policies and practices affect families in real time. Their involvement ensures evaluation questions reflect the realities of system-involved families; outcomes are assessed with sensitivity to unique family needs; and findings are used to drive meaningful, actionable changes. This positioning strengthens alignment of program goals with practice and strengthens the role of evaluation as a tool for healing and informed decision-making. By including PWLE in evaluation roles, ITCTs can sustain a feedback loop where advocacy informs learning, learning informs action, and families are continuously centered in reform efforts.

## Supporting the Occupational Field

Advocates with lived experience bring a unique and transformative **perspective**, one shaped by personal encounters and challenges with the general family courts which lack child and family development perspective. Their deep understanding of what it takes for families to flourish allows them to act with **purpose**, not only guiding family members through difficult times but also reshaping the very systems impacting them. The trust advocates instill, rooted in shared experience, fosters hope and **possibility**, helping parents envision a path forward even in moments of despair. By meeting families where they are, often at their most vulnerable, advocates provide validation, practical support, and a vision for healing by safeguarding both parent and child well-being. Their presence and leadership demonstrated that lived expertise is not just valuable but also essential to reforming ITCTs into a more family-centered and humane system. Through their narratives, they illuminate pathways to systemic change—ensuring families are supported rather than surveilled, empowered rather than penalized, and are flourishing not just surviving.

Protecting children by supporting parents to achieve goals and fostering hope is at the core of this occupational field. Incorporating dignity and humanity into child welfare can re-orient systems away from deficit to abundance and from humiliation to exploration of what is possible. PWLE bring passion and urgency to the work of ITCTs. These attributes are important, can be bold and offer balance, are centered in relationships, and establish a healing springboard within systems and families.

Lived experience advocacy in child welfare should not be treated as an auxiliary function or an afterthought. Instead, it must be recognized as an essential occupational field bridging the child welfare system and the families navigating it. This positioning establishes a “third space,” where advocates operate with both proximity and independence—deeply connected to the experiences of families while maintaining the autonomy necessary to challenge systemic shortcomings. By remaining ethically grounded in their facilitative role, advocates can uphold trust, transparency, and accountability, ensuring families receive the support they need without being “co-opted” by the very system they seek to improve. Moving from a series of fragmented efforts to a fully recognized occupational field requires structural investments.

**Integrate capacity to engage PWLE into preservice training for practitioners.** ITCT practitioners, including judges, child welfare professionals, court-appointed advocates, and service providers, must be equipped with the knowledge and skills to effectively engage PWLE. Integrating this capacity into preservice training ensures professionals understand the complexities families face, particularly those experiencing the trauma of family separation and infant-toddler attachment disruption. Training should incorporate direct engagement with PWLE professionals who can offer firsthand perspectives on systemic barriers, trauma-informed responses, and strategies for preserving parent-child bonds. By embedding these insights early in a professional’s career, ITCTs can shift toward a model of family partnership rather than punitive intervention, ensuring families are supported with dignity and respect.

**Establish standardized competencies and performance expectations for ITCT practitioners to effectively engage lived experience professionals.** For ITCTs to fully integrate PWLE professionals as key partners, court practitioners must develop standardized competencies and performance expectations for engaging them effectively. These competencies should establish clear guidelines on collaboration, ethical engagement, and the value of lived experience in case planning, court proceedings, and systems improvement. Performance expectations should include demonstrated ability to foster respectful, trauma-informed partnerships with PWLE professionals, actively incorporate their insights into decision-making, and ensure their contributions are valued as expertise rather than anecdotal input. ITCT practitioners must be trained to navigate power dynamics, promote widespread engagement, and create an environment where PWLE professionals can operate with autonomy and credibility.

**Develop continuing education, networking, and case review opportunities for PWLE professionals in ITCTs.** Lived experience advocacy in ITCTs requires ongoing professional development to ensure PWLE professionals remain effective in supporting families. Establishing continuous learning opportunities, structured peer networking, and formal case review processes will strengthen PWLE capacity within ITCTs. These opportunities should include ongoing training in infant mental health, legal processes related to ITCTs, and best practices for advocating within

multidisciplinary teams. Peer mentorship programs can also enhance collaboration among PWLE professionals, ITCT staff, and service providers to ensure shared learning and collective problem-solving. By institutionalizing these opportunities, ITCTs can create a sustainable professional community where PWLE professionals continuously refine their expertise and improve family engagement strategies.

**Begin collecting data on the impact of PWLE in ITCTs.** To fully integrate PWLE into ITCTs, data collection on their impact must be prioritized. ITCTs should systematically measure how PWLE involvement influences key outcomes such as family reunification rates, placement stability, parental engagement in services, and child well-being. Data should also assess how PWLE professionals improve system responsiveness by facilitating communication between families and ITCT practitioners. By documenting these outcomes, ITCTs can build an evidence base demonstrating the effectiveness of lived experience advocacy, securing long-term investment in PWLE roles and reinforcing their essential contributions to child and family well-being.

**Create standardized templates and forms for PWLE advocacy to construct a shared ITCT infrastructure.** A structured framework for PWLE advocacy within ITCTs will ensure contributions are integrated systematically. Standardized templates and documentation practices should be developed to guide PWLE professionals in their work, including structured advocacy plans, best practices for engaging families, and tools for facilitating family-driven case planning. These resources should align with ITCT principles, ensuring advocacy efforts prioritize family preservation, early childhood development, and trauma-responsive interventions. A shared infrastructure will allow ITCTs to scale PWLE advocacy effectively, ensuring consistency across jurisdictions while maintaining the flexibility needed to address the unique circumstances of individual families. By embedding these tools within ITCTs, lived experience professionals will have the support and structure necessary to optimize their role in transforming the court's approach to family engagement and infant-toddler well-being.

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# Appendix

## Evaluation Expert Advisory Group Participants



### **Ambrosia Eberhardt: The Power of Lived Experience in Advocacy**

Ambrosia's journey into advocacy began with a realization—there were critical supports missing in her own child welfare case, things she desperately needed but never received. However, she was fortunate to have one person in her corner, someone with lived experience in addiction who became her advocate. Witnessing firsthand the impact of having someone who truly understood her struggles ignited a passion in her. She recognized that the child welfare system

needed more advocates with direct experience—people who had been through the process and could guide others with empathy and understanding.

Ambrosia's path into advocacy took shape when the same mentor invited her to attend a statewide parent convening. There, she encountered parents sharing their stories, professionals engaging in meaningful dialogue, and advocates demonstrating the power of lived experience. One moment stood out—seeing a woman who looked like she could be an attorney, standing next to a large poster board displaying a stark contrast: an image of herself in the depths of addiction and another after reunification with her children. This visual representation struck Ambrosia deeply. The visual was a tangible, undeniable testament to resilience and transformation. Then she knew her community needed this kind of advocacy, and she committed herself to bringing it back home. For Ambrosia, advocacy is about making the invisible visible, giving parents hope, and showing them what's possible.



### **Devyn Amy Holubar: Creating a Community of Support**

For Amy, the most powerful aspect of advocacy is the sense of belonging it creates. When she first met others who had been affected by the child welfare system, she realized she was not alone. True advocacy, she believes, comes from those who have lived through the system and now work to change it—not out of obligation, but out of a deep-seated desire to help others avoid the same struggles.

Amy describes the unique energy of her advocacy network, especially the Evaluation Expert Advisory Group (EEAG). It's a space where no one is judged and where people can speak about their experiences without hearing, "Well, you must have done something wrong." Instead, they are met with understanding, validation, and support from others who have been



through similar situations. This network has given Amy strength and purpose, reinforcing her belief that their collective voices are making a difference.

She is particularly passionate about initiatives like Family Forward, which seeks to establish federally recognized peer advocates—advocates chosen by families themselves, not by the courts. She firmly believes families should have the power to choose who represents them, ensuring they receive guidance from someone who truly understands their struggles. Amy envisions a future where no family has to navigate the system alone, where lived experience is recognized as expertise, and where advocacy networks continue to grow in strength. For her, advocacy is not just about individual change; it's about building a system where families feel seen, supported, and empowered to reclaim their own narratives.



### **Gabe Cisneros-Lassey: Bridging the Divide with Compassion**

Gabe believes trust is the missing link in the child welfare system. He vividly recalls his first caseworker in Montana: A man who, despite the constraints of his role, treated him like a human being. This caseworker didn't sugarcoat the situation but made it clear: He saw Gabe as a parent first and foremost, not just a case number. He followed through on his promises, communicated openly, and expected the same accountability from Gabe. This relationship set a standard—one Gabe wishes were the norm, not the exception.

At his core, Gabe is an abolitionist. He believes the current system is inherently flawed, operating on fear rather than proof. There is no presumption of innocence for parents—only suspicion, which too often leads to removal based on subjective concerns rather than verifiable evidence. The burden placed on families to prove their worthiness is absurdly high, while child welfare professionals wield unchecked power with little to no oversight. While he sees the need for some form of child welfare system, he insists it must be rebuilt from the ground up with immediate and continuous oversight. Body cameras, full transparency, and external accountability should be non-negotiable standards.

Through his advocacy work, Gabe emphasizes that while parents in the system are held to incredibly high expectations, child welfare professionals must be held to the same. Mistakes by caseworkers, judges, and agencies can have life-altering consequences, and those within the system must be held accountable for the decisions they make. He urges child welfare professionals to meet parents where they are, acknowledge the inherent imbalance of power, and treat families with dignity rather than criminalization. For Gabe, advocacy is not just about reform—it is about demanding a system operate with integrity, where trust isn't just demanded from parents but is earned by those in power.



### **Maureen O'Neill-Davis: From Personal Struggle to Policy Change**

Maureen's entry into advocacy wasn't planned, it was a necessity. She quickly realized the child welfare system was less about supporting families and more about policing parents. Determined to understand and challenge this reality, she began attending legislative hearings, studying policy discussions, and engaging with experts in the field. One pivotal moment came when she connected with the Parent Leadership Training Institute (PLTI). A key figure in the organization saw her potential and insisted she join its program. Despite initial roadblocks, Maureen persisted, enrolling in a course to learn how to navigate the local, state, and federal policy landscape.

Her background made the learning curve smoother. Raised in a home where civic engagement was a constant conversation—her father had been a pioneer in the substance use disorder field and much of what she was learning felt familiar. It was as though her past experiences had been preparing her for this work. From there, she immersed herself in coalitions focused on child mental health, child welfare reform, and behavioral health oversight. Through strategic networking and relentless advocacy, she secured appointments to oversight councils, ensuring the voices of parents with lived experience were part of the decision-making process. For Maureen, advocacy is about dismantling systems of control and building policies to genuinely serve families.



### **Melina Markos: Advocacy Rooted in Healing**

For Melina, advocacy is deeply personal. She refuses to call her families "clients". They are participants, equal partners in the process of navigating the system. Every conversation she has with a family is an opportunity to listen, to understand, and to set a goal, even if it's not labeled as such. She recognizes every person's journey is different; and while she may relate to their experiences, her role is to help them navigate their own path, not impose her own.

Melina's approach is shaped by her own survival. She recalls living in a constant state of fight, flight, or freeze, a trauma response that once consumed her. But rather than letting it control her, she has transformed it into a tool—using her methodical thinking to deeply listen, strategize, and help families find tangible steps forward. She writes monthly summaries for parents involved in the court system, ensuring they have a clear record of their progress. But beyond the technical aspects of advocacy, she finds healing in the work itself. Supporting others gives her purpose. In helping families fight for their rights, she continues to heal her own wounds. For Melina, advocacy is both a mission and a form of self-restoration.



### **Jasmayne Shapon Henry-Shahbaz : A Fighter with a Clear Purpose**

Shapon is not just an advocate—she is a force. She brings not only lived experience but also a sharp understanding of politics, communication, and systems of power. She knows how the game works, but she refuses to play along with a system that prioritizes bureaucracy over real change. To her, child welfare reform isn't just about improving policies; it's about exposing the deep injustices embedded in the system.

She has seen how institutions attempt to tokenize people like her, offering money to sit on panels alongside professionals who have never known what it's like to lose a child to the system. But she refuses to be used for show. She will not stand next to someone who equates a knock on the door from child welfare to the trauma of having a child taken away, of being forced to prove one's worthiness as a parent over and over again. She speaks for the parents who have been criminalized, who have had to take drug tests like they were convicts, who have lain awake night after night wondering if their children were safe.

In Arizona, where child removals are at an all-time high, she refuses to let the reality of the situation be softened by sanitized narratives. She wears the "white hat" proudly, positioning herself as a protector and a challenger of the status quo. Her advocacy is relentless, unapologetic, and fiercely dedicated to ensuring families are not only heard but respected. For Shapon, advocacy is about standing in unwavering solidarity with parents who have been failed by the system—and demanding justice at every turn.

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## Submitted to

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Health Resources and Services Administration  
for Children and Families  
U.S. Department of Health and Human Services  
Grant Number: U2D-32-394

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## Disclaimer

This brief was funded by the Health Resources and Services Administration's Maternal and Child Health Bureau in the U.S. Department of Health and Human Services to the National Resource Center for the Infant-Toddler Court Program at ZERO TO THREE, Grant U2DMC32394-06-00. JBA is an independent evaluator and a subgrantee. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](http://HRSA.gov).

