



# The Journey to a Well-Being-Oriented System

A model for leaders in child welfare

POLICY BRIEF

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Across the country, many child welfare leaders are reimagining how to better support families before crises emerge and without the coercive child protection response that many families fear. These leaders – along with those from public health, early childhood, and other agencies<sup>1</sup> – describe an intention to build an alternative system that redirects resources toward prevention investments and initiatives. Their vision for doing so, developed in close collaboration with community members and families, is to shrink or eliminate punitive government responses, like child protection investigations and removals; center racial equity and family voice to redesign oppressive and racially inequitable systems; and respond to the complex needs of whole families and multiple generations through more flexible, holistic, and integrated resources.

With over a decade of experience working directly with state and local agencies across the country, the Harvard Kennedy School Government Performance Lab (GPL) has identified **eight areas of innovation** necessary to create an alternative system centered on child well-being and prevention ([see Table 1](#)).<sup>2</sup> Within each innovation area, the GPL has observed jurisdictions at **five stages of maturity**: baseline prerequisites, core building blocks, foundational innovations, transformative innovations, and the vision for the new system ([see Figure 1](#)). **Together, these eight areas of innovation, each with five stages of maturity, make up the GPL’s prevention maturity model** ([see Figure 2](#)). This model is informed by the GPL’s collaboration with child welfare and other child- and family-serving agencies across the country, including perspectives from direct service providers, families, frontline staff, agency leaders, and others, along with supplemental research.<sup>3</sup>

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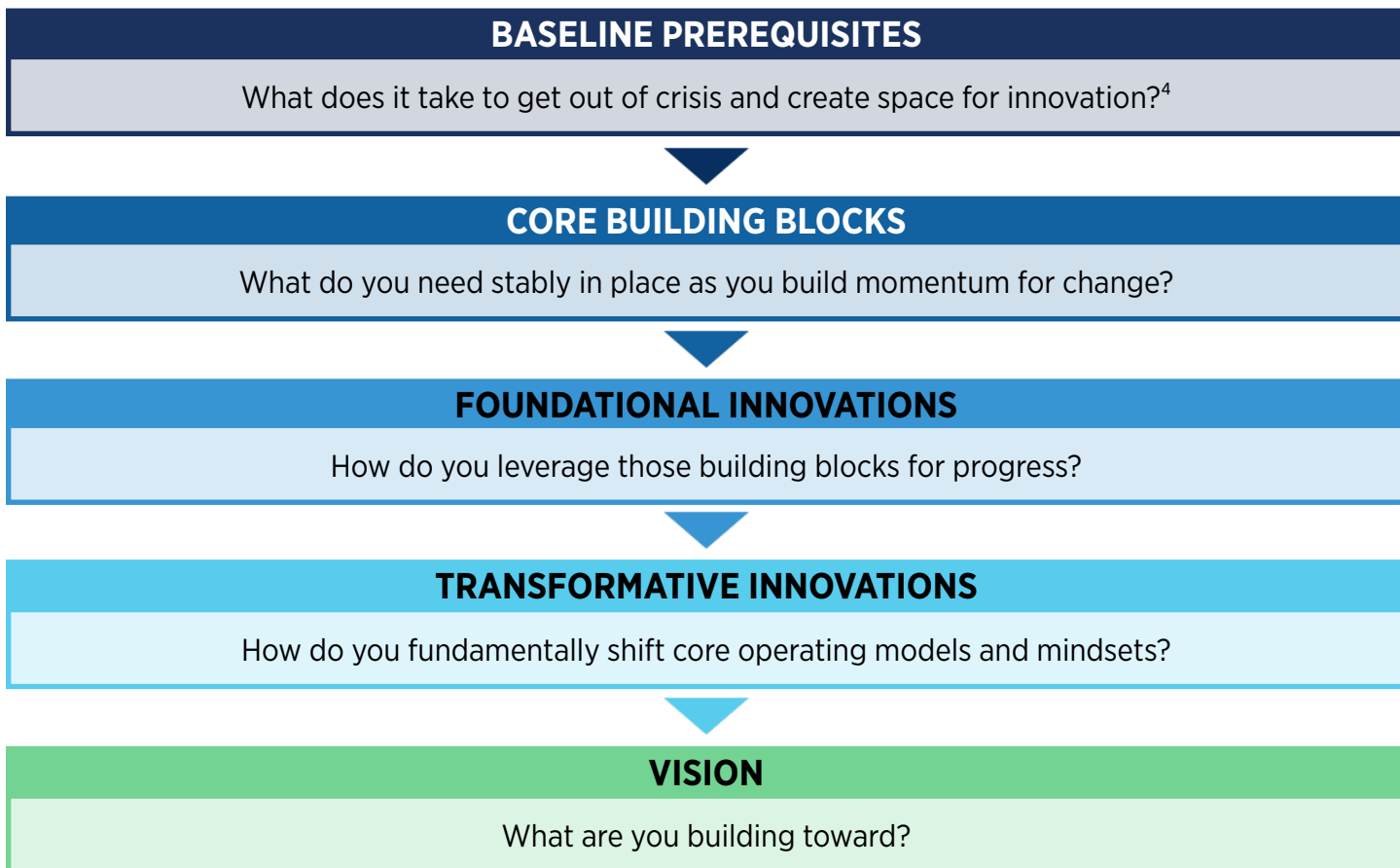
1. While progress toward a well-being-oriented system typically requires engagement from a range of agencies, child welfare departments are often at the center because of their role as the primary administrator of many federal funds related to improving child well-being and their formal responsibility for ensuring child safety.

2. In addition to these eight areas of innovation, other factors — including leadership capacity and vision, along with broader policy changes that influence socioeconomic trends (e.g., bail reform, Affordable Care Act opt-in, minimum wage increases, and more) — critically influence jurisdictions’ success in building toward this vision. Many jurisdictions also point to reorganizations or other structural changes they see as an important part of their reform efforts (e.g., consolidating or breaking out activities between different or new agencies, centralizing versus decentralizing specific roles or functions within an agency). They describe these kinds of changes as helping to “shake things up” and support cultural shifts, as well as creating new kinds of capacity or aligning staffing structures with evolving agency goals. However, most also emphasize that these changes are not silver bullets and that there is not a single set of choices that will unlock success in every jurisdiction. Therefore, examples of these reorganizations are not reflected in-depth in this framework.

3. This model is focused on public administration and implementation, which are core components of the GPL’s experience and expertise. State and local leaders have a variety of available frameworks that provide guidance on possible policy changes, investment strategies, and resource allocation. Therefore, those topics are not discussed in detail in this model.

**Table 1. The Eight Areas of Innovation**

Area of Innovation	Vision
<b>Supports for families</b>	
<p><b>1. <a href="#">Designing and managing prevention service array</a></b></p>	<ul style="list-style-type: none"> <li>• There is a robust continuum of high-quality, effective, culturally responsive, voluntary supports accessible to families outside child welfare and coordinated across child- and family-serving systems.</li> <li>• The service array is co-designed with families and regularly refreshed to adapt to changing local needs.</li> </ul>
<p><b>2. <a href="#">Connecting families to supports</a></b></p>	<ul style="list-style-type: none"> <li>• Families are connected with needed supports <i>before</i> involvement with the child welfare agency whenever possible.</li> <li>• Community-based referral pathways are robust, and community members are equipped to support families without calling the CPS hotline when there is no safety risk.</li> </ul>
<p><b>3. <a href="#">Supporting relative caregivers</a></b></p>	<ul style="list-style-type: none"> <li>• Informal relative caregivers are supported as significant prevention resources outside child welfare.</li> <li>• Placements with kin or fictive kin are the norm for kids who come into care and are stable and well supported.</li> </ul>
<p><b>4. <a href="#">Narrowing CPS response and ensuring quality of care within safety mission</a></b></p>	<ul style="list-style-type: none"> <li>• The child welfare agency intervenes only when there is a safety risk.</li> <li>• Children can be kept safe at home most of the time; in the increasingly narrow set of cases where the child welfare agency needs to intervene, supports for parents are active and responsive.</li> <li>• Children in care receive high-quality supports in stable family settings.</li> </ul>
<b>Enabling and facilitating infrastructure</b>	
<p><b>5. <a href="#">Use of data</a></b></p>	<ul style="list-style-type: none"> <li>• Decision-making at every level is driven by collaborative processes and transparent data that is integrated across child- and family-serving systems.</li> <li>• Appropriate firewalls ensure prevention data is used to inform supportive — not punitive — interventions for families.</li> </ul>
<p><b>6. <a href="#">Procurement and contracting practices</a></b></p>	<ul style="list-style-type: none"> <li>• Procurement and contracting practices are <a href="#">efficient and fair, results-driven, equitable, and strategic</a>.</li> <li>• Funding is coordinated across child- and family-serving systems to maximize resources and reduce the administrative burden on families.</li> </ul>
<p><b>7. <a href="#">Family voice</a></b></p>	<ul style="list-style-type: none"> <li>• Families and people with lived experience — especially from communities disproportionately harmed historically and/or today — co-lead decision-making about programs, practices, and policy.</li> <li>• Power is shared between agencies and the community.</li> </ul>
<p><b>8. <a href="#">Agency and provider workforce</a></b></p>	<ul style="list-style-type: none"> <li>• The prevention workforce is high quality, stable, and representative of the communities served; they work toward a shared vision of a prevention- and well-being-focused system.</li> </ul>



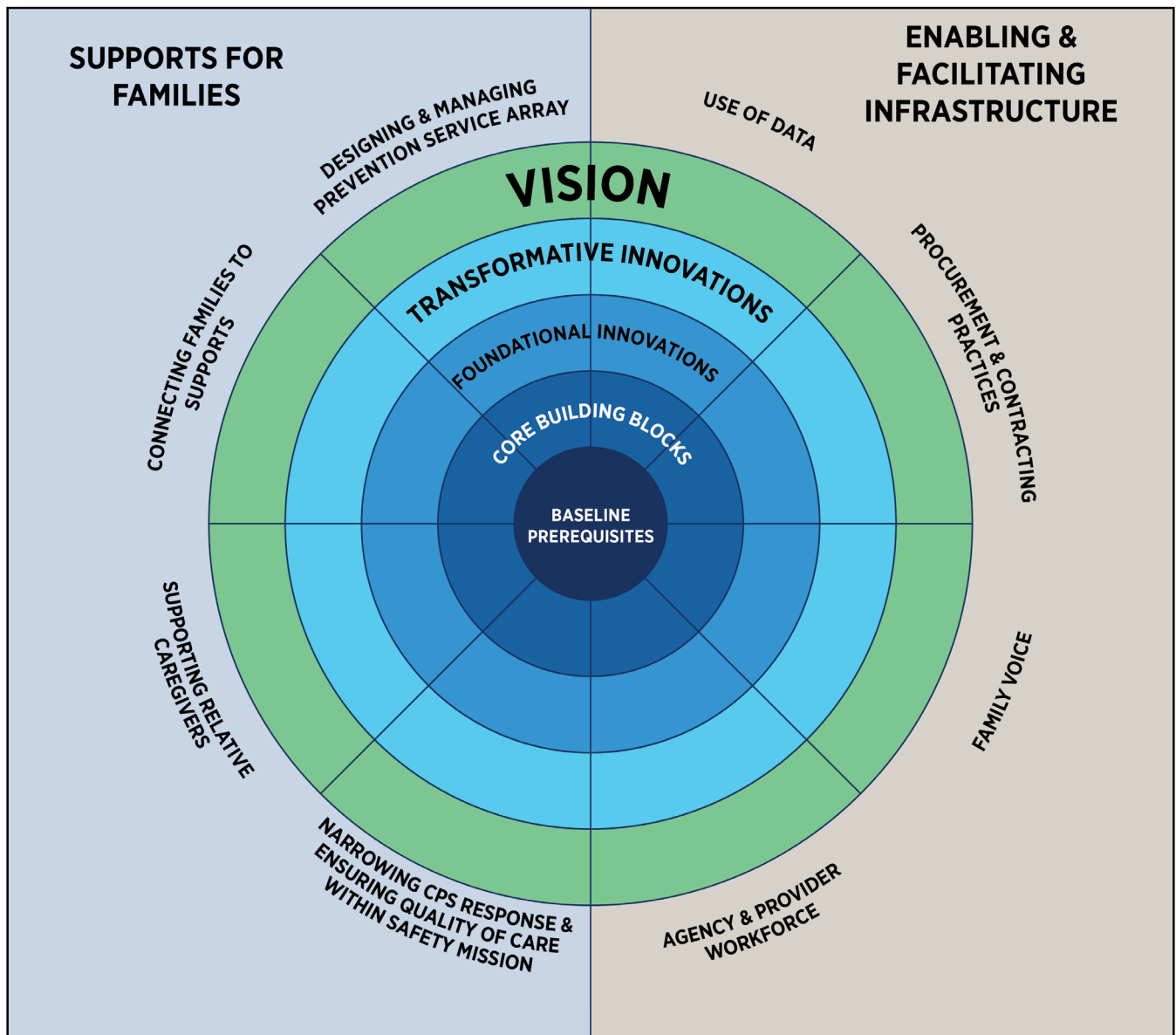
**Figure 1. The Five Stages of Maturity**

### **Are these stages sequential?**

Not necessarily. While many components of the maturity stages build on each other, progress does not need to be sequential or evenly distributed across areas of innovation. For example, a jurisdiction may be testing transformative innovations when it comes to their use of data but can still be working through baseline prerequisites around their workforce. However, achieving meaningful progress toward the goals outlined at each stage is necessary to build toward the overarching vision (i.e., it is not sufficient to take on only the transformative innovations, even though some of these may be possible without, for example, fully investing in the core building blocks).

4. Many jurisdictions begin their narratives about their journey to a more prevention-oriented system with a focus on stabilizing their core operations enough to create space for innovation. A few commonly cited barriers to progress include negative media attention, along with lawsuits and/or consent decrees. These challenges can consume significant staff and leadership capacity, keeping them “on their back foot” and in a primarily reactive state of operating. These barriers also raise the risk of potential significant harm to kids in care, whose safety child welfare staff and leaders see as the first-line responsibility of the child welfare agency.





**Figure 2. Core Components of the Well-Being-Oriented System**

The remainder of this resource includes the following for each of the stages of maturity:

- **Goals:** High-level descriptions of what progress looks like across the five stages of maturity for each of the eight areas of innovation.
- **Example strategies in pursuit of these goals:** Descriptions of activities that jurisdictions might undertake to move toward the goals of each stage, for each area of innovation. These examples are meant to illustrate the range of practices jurisdictions are testing — or could test — to achieve the stated goals. These examples are not comprehensive and should not be read as best practices. There are varying levels of evidence to support each strategy, and many are mostly untested. Jurisdictions testing these strategies or innovations should continue to assess whether they are successful in furthering progress toward the top-line goals. Some example strategies cited in this resource may be updated in the future.

# Designing and managing prevention service array

## BASELINE PREREQUISITES

No baseline prerequisites

## CORE BUILDING BLOCKS

### GOALS

- The jurisdiction has in place:
  - A preliminary set of family well-being supports (including support for families' material needs) that is accessible outside the child welfare system.
  - Services that are designed to address the primary drivers of child welfare involvement (e.g., behavioral health).

### EXAMPLE STRATEGIES IN PURSUIT OF GOALS<sup>5</sup>

- **Investing in family well-being supports outside child welfare that are accessible** for all families (e.g., home visiting programs for families with young children, family resource centers)
- **Designing services to address specific needs**, with a focus on primary drivers of child welfare involvement, including:
  - Substance use supports tailored to meet the needs of caregivers through family-focused models (e.g., models that combine substance use disorder treatment with attachment-focused therapy, family-based residential treatment programs) and improved accessibility of standard SUD service models for parents (e.g., outpatient services that provide childcare)
  - Timely community-based behavioral health supports for youth (e.g., mobile crisis units, outpatient alternatives to inpatient care)
  - Flexible resources that help families meet their basic needs (e.g., cash assistance, integrated benefits)
  - Family preservation programs for child-welfare-involved families

## FOUNDATIONAL INNOVATIONS

### GOAL

- The prevention service array includes more tailored service offerings, including investments in culturally responsive models, and expanded access to more intensive services for families not involved in child welfare.

5. In addition to considering the strategies described for designing and managing the prevention service array, jurisdictions pursuing a well-being-oriented system should continue to make major, foundational investments in the broader child- and family-well-being system (e.g., affordable child care, jobs, community safety, strong schools, access to healthcare).

## FOUNDATIONAL INNOVATIONS (CONT.)

### EXAMPLE STRATEGIES IN PURSUIT OF GOAL

- **Including families not actively involved in the child welfare system in Family First Prevention Services Act (FFPSA) plan candidacy definitions;** this ensures jurisdictions can receive federal reimbursement for delivering these families FFPSA-funded services
- **Ensuring services are culturally responsive and reflective of local context and needs** by adjusting service arrays to include more culturally responsive models

## TRANSFORMATIVE INNOVATIONS

### GOALS

- Families can easily access culturally relevant services that address a spectrum of family needs outside child welfare through the development of a clear continuum of care – including effective collaboration across sister agencies.
- Regular, high-quality engagement of the community shapes which services are offered and how they are provided.

### EXAMPLE STRATEGIES IN PURSUIT OF GOALS

- **Basing family eligibility for all services on need,** not on involvement with child welfare
- **Empowering child welfare agencies to advocate for closing gaps in the broader child- and family-well-being service array** (e.g., they likely cannot fix affordable housing but should be able to communicate the scale and type of needs they see contributing to child welfare involvement and related outcomes)
- **Cultivating effective collaboration and partnership** across sister agencies (e.g., criminal justice, education, housing)

## VISION

- There is a robust continuum of high-quality, effective, culturally responsive, voluntary supports accessible to families outside child welfare and coordinated across child- and family-serving systems.
- The service array is co-designed with families and regularly refreshed to adapt to changing local needs.

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# Connecting families to supports

## BASELINE PREREQUISITES

No baseline prerequisites

## CORE BUILDING BLOCKS

### GOALS

- A meaningful share of families are referred to voluntary, community-based supports from at least one point in the child welfare system.
- There is at least one robust source of service navigation support available outside the child welfare system.

### EXAMPLE STRATEGIES IN PURSUIT OF GOALS

- **Offering referrals to voluntary, community-based supports from child welfare** (e.g., for families with closing investigations); most often, this starts with referrals for the highest-risk families
- **Establishing service navigation supports outside the child welfare system** (e.g., 2-1-1 and “warmlines” that families, mandated reporters, and others can call to find resources or support when their concerns do not necessitate a child protection report)

## FOUNDATIONAL INNOVATIONS

### GOALS

- Agencies have a data-informed strategy for prioritizing outreach and engagement efforts across referral pathways.
- Key referral pathways are in place at scale to reach the families most in need of support.
- End-to-end referral data is used to increasingly reach and engage these families.

### EXAMPLE STRATEGIES IN PURSUIT OF GOALS

- **Cultivating a sense of understanding** among staff and providers that families most in need may not find services on their own
- **Designing outreach and engagement strategies to reach families beyond those who proactively seek support;** this includes creating a clear shared definition and rationale for whom staff and providers are trying to reach, and partners actively testing strategies to increase engagement, including:
  - Deploying strategies to overcome stigma and fear beyond situating services outside the child welfare system (e.g., hiring staff with lived experience)
  - Reducing barriers and “friction,” and making it as easy as possible for families to stay engaged (e.g., simplifying enrollment processes, prioritizing family convenience in meeting locations, and/or reaching out via multiple contact methods)
  - Using motivational interviewing to ensure that workers reach, engage, and empower families to promote uptake of services and create affirming service interactions
  - Adjusting services offered, including sequencing (e.g., concrete supports upfront)



### FOUNDATIONAL INNOVATIONS (CONT.)

- **Consistently offering referrals to voluntary supports** to families coming to the attention of the child welfare agency at every point of diversion from the system (e.g., to families screened out at the hotline, families with an investigation closing without an open case)
- **Establishing key referral pathways to reach families most in need of support outside the child welfare agency**, which may include healthcare (e.g., identifying pregnant people using substances through prenatal care providers), schools (e.g., connections to mental health services for youth), and criminal justice partners; leveraging more wide-ranging, “universal” home visiting approaches to identify and engage families in more intensive supports; and identifying informal kin caregivers
- **Establishing navigation supports and referral pathways for particularly vulnerable populations** (e.g., substance-using pregnant or newly parenting people) that include service navigation, care coordination, and/or peer supports
- **Supporting community-based referral pathways with mandated reporter training**

### TRANSFORMATIVE INNOVATIONS

#### GOALS

- There is “no wrong door” to access prevention supports; key referral pathways are coordinated across child- and family-serving systems.
- There is a high rate of engagement in voluntary supports; families feel comfortable engaging with community-based supports without fear or stigma.

#### EXAMPLE STRATEGIES IN PURSUIT OF GOALS

- **Adopting a balanced strategy and set of messaging that all families need support**, to decrease stigma and increase broad access to prevention supports, *and* targeted engagement of families most in need, recognizing that these are often the families who also face the most significant barriers to accessing supports; often, this looks like broader eligibility criteria paired with clear target populations that agency staff and providers are actively trying to reach and engage
- **Shifting the burden to providers and the agency to make supports accessible for families**, not on families to demonstrate their motivation and commitment as a prerequisite for support or to navigate or piece together siloed supports
- **Providing easy on-ramps** with low barriers to entry that allow families to engage with supports at their own pace (e.g., starting with a yoga class instead of substance use treatment); supports have the necessary capacity for families whenever they are ready
- **Coordinating across systems**, especially between child welfare agencies and agencies providing youth behavioral health and parental substance use services
- **Ensuring a universal assessment of families’ needs** for services and supports, focusing on basic needs, at key touchpoints across the child- and family-serving system

## Connecting families to supports

### VISION

- Families are connected with needed supports before involvement with the child welfare agency whenever possible.
- Community-based referral pathways are robust, and community members are equipped to support families without calling the CPS hotline when there is no safety risk.

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# Supporting relative caregivers

## BASELINE PREREQUISITES

### GOAL

- The child welfare agency has a viable process for placing children with kin.

## CORE BUILDING BLOCKS

### GOALS

- The jurisdiction has committed to prioritizing kin.
- There is a viable process for placing children with fictive kin.
- Formal kin caregivers can access services available to foster families, as well as tailored navigation supports.

### EXAMPLE STRATEGY IN PURSUIT OF GOALS

- **Offering kin navigator programs**

## FOUNDATIONAL INNOVATIONS

### GOALS

- An active “kin-first” approach is embedded in caseworker practice, agency policy, and supports.
- The majority of kids in care are in stable kinship placements.
- Protections are in place to prevent the child welfare agency from separating a child and their family through unofficial channels — without the financial and other supports and legal oversight that come with formal removal or child welfare placement; these are sometimes called “hidden” or “shadow” placements or “kin diversion.”

### EXAMPLE STRATEGIES IN PURSUIT OF GOALS

- **Implementing effective management strategies to support kin search** at initial placement and continuing throughout a child’s time in care
- **Funding investments and establishing policies to support kin and reduce barriers to kin placements** (e.g., changing presumptive eligibility to allow payments immediately, before kin are licensed; licensing standards adapted to kinship placements; decreasing barriers to kinship legal guardianship)

## TRANSFORMATIVE INNOVATIONS

### GOALS

- A significant majority of kids in care are in stable kinship placements.
- Informal kin caregivers outside the child welfare system have access to the same level of support as formal kin caregivers.

**TRANSFORMATIVE INNOVATIONS (CONT.)**

**EXAMPLE STRATEGY IN PURSUIT OF GOALS**

- **Offering supports for informal relative caregivers**, who play a critical role in stabilizing families who may otherwise enter the child protection system (e.g., kinship navigator programs)



**VISION**

- Informal relative caregivers are supported as significant prevention resources outside child welfare.
- Placements with kin or fictive kin are the norm for kids who come into care and are stable and well supported.

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# Narrowing CPS response and ensuring quality of care within safety mission

## BASELINE PREREQUISITES

### GOALS

- Child welfare hotline calls and investigations are processed in a timely manner.
- Children entering care can be swiftly placed in an appropriate family-based setting.
- If a significant part of the child welfare system is privatized, service contracts are stable and do not include major performance concerns.

### EXAMPLE STRATEGIES IN PURSUIT OF GOALS

- **Securing enough resource families in the pipeline** (and the right kinds, e.g., willing to take teenagers, kids with complex medical needs, sibling groups) to avoid placement crises
- **Ensuring enough capacity for placements for high-needs cases** (e.g., psychiatric hospitals)
- **Stabilizing or restructuring contracts** if a significant part of the system is privatized and performing poorly



## CORE BUILDING BLOCKS

### GOALS

- The jurisdiction has statutes and structures in place to narrow the child protection response (e.g., hotline calls, investigations).
- Decision-making is guided by structured tools, and the impacts of changes are regularly assessed.
- Children are primarily placed in stable, family-based settings.
- Families have access to needed supports.

### EXAMPLE STRATEGIES IN PURSUIT OF GOALS

- **Modifying statutes on neglect and mandated reporting**
- **Supporting mandated reporters in making informed decisions** about when to call the hotline (e.g., community response guides or similar tools designed to provide guidance on whether a report is needed in a specific situation)
- **Implementing case practice models** and structured decision-making tools
- **Implementing differential response tracks** in which there are no formal determinations of whether maltreatment occurred; the intent is to ensure children's safety while reducing the punitive impacts of child protection response



## FOUNDATIONAL INNOVATIONS

### GOALS

- Internal practices and external communications increasingly reflect the goal of narrowing the child protection response.
- Supports for children and parents are high quality, accessible, and responsive, leading to high levels of engagement.

### EXAMPLE STRATEGY IN PURSUIT OF GOALS

- **Building the capacity of hotline workers** to distinguish poverty from neglect

## TRANSFORMATIVE INNOVATIONS

### GOALS

- Community members make decisions on whether to call the hotline based on safety risks, not fear.
- Supports for parents are active.
- Families' dignity and agency is valued alongside safety.

### EXAMPLE STRATEGY IN PURSUIT OF GOALS

- **Adjusting statutes to protect mandated reporters from legal action** if they use a structured decision-making tool to decide whether to call the child protection hotline

## VISION

- The child welfare agency intervenes only when there is a safety risk.
- Children can be kept safe at home most of the time; in the increasingly narrow set of cases where the child welfare agency needs to intervene, supports for parents are active and responsive.
- Children in care receive high-quality supports in stable family settings.

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# Use of data

## BASELINE PREREQUISITES

### GOAL

- There is a working data system that produces usable information to manage core child welfare activities and meet reporting requirements.

### EXAMPLE STRATEGIES IN PURSUIT OF GOAL

- **Collecting usable information**, which might mean, for example, integrating data across separately managed operational units or between privatized and in-house components of core child welfare activities
- **Ensuring strong collection and analysis practices** on core child welfare data, such as how many kids are in care, basic information on where kids are placed, and permanency outcomes



## CORE BUILDING BLOCKS

### GOAL

- Agencies are generating insights that anticipate needs and support decision-making, including about prevention investments.

### EXAMPLE STRATEGIES IN PURSUIT OF GOAL

- **Anticipating needs and supporting decision-making with key data capabilities**, which may include, for example, screen in/out rates by allegation types, disaggregated data by race and other key equity metrics
- **Generating insights that are actionable** for both specific improvements (e.g., program implementation) and system changes (e.g., the need for different services)



## FOUNDATIONAL INNOVATIONS

### GOAL

- Agencies are generating insights in real time to inform ongoing decision-making at multiple levels (e.g., individual programs, system changes); this includes usable data on upstream services and needs.

### EXAMPLE STRATEGIES IN PURSUIT OF GOAL

- **Using data in real time**, such as performance dashboards that are used to drive decisions
- **Identifying clear outcomes for different programs and interventions**; agencies can produce and share data on progress toward these outcomes, including matching child welfare administrative data with provider data to assess performance and family outcomes

## FOUNDATIONAL INNOVATIONS (CONT.)

- **Monitoring the effectiveness of supports in real time to drive improvements** in how services are delivered, asking questions like:
  - Are families getting served?
  - Which families?
  - Are we reaching those most in need of support?
  - When families are served, do they have better outcomes?
  - Are we avoiding unintended consequences due to, for example, surveillance bias?

## TRANSFORMATIVE INNOVATIONS

### GOAL

- There is actionable and collaborative (with communities, providers, staff, etc.) use of data across child- and family-serving systems with appropriate firewalls to protect against unintended consequences.

### EXAMPLE STRATEGIES IN PURSUIT OF GOAL

- **Creating a centralized warehouse linking an individual's/household's data across government programs** (or other method of regularly matching data across government agencies) to understand how families are interacting across systems
- **Establishing appropriate protections against unintended consequences in how integrated data is used** (e.g., more nuanced methods for managing family consent, firewalls between prevention and child protection branches of child- and family-serving systems)
- **Ensuring transparent data is used collaboratively with communities**
- **Nimbly using rigorous evaluation techniques** (e.g., randomized controlled trials)

## VISION

- Decision-making at every level is driven by collaborative processes and transparent data that is integrated across child- and family-serving systems.
- Appropriate firewalls ensure prevention data is used to inform supportive — not punitive — interventions for families.

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# Procurement and contracting practices

## BASELINE PREREQUISITES

### GOAL

- Agencies administering core prevention funding can successfully execute procurement and contracting functions (e.g., disburse money on time, achieve reasonable procurement cycle times, and satisfy vendors).

### EXAMPLE STRATEGIES IN PURSUIT OF GOAL

- **Improving cumbersome, time-consuming processes** for executing procurements and contracts
- **Building enough trust or goodwill with the vendor community** that they consistently bid on contracts
- **Implementing basic processes** for tracking upcoming procurements

## CORE BUILDING BLOCKS

### GOAL

- Agencies use procurement and contracting processes as strategic functions, shifting from a focus on compliance to performance, for an increasing number of individual services – and the jurisdiction ensures sufficient capacity to execute on this goal.

### EXAMPLE STRATEGY IN PURSUIT OF GOAL

- **Centering desired outcomes** in [procurement](#) and [contract management](#) processes

## FOUNDATIONAL INNOVATIONS

### GOALS

- Strategies for how to purchase and pay for services increasingly drive improved results.
- Federal funding streams are fully leveraged.

### EXAMPLE STRATEGIES IN PURSUIT OF GOALS

- **Structuring funding to maximize use of available federal funds** (e.g., section 1115 waiver to get more child welfare services funded through Medicaid)
- **Incentivizing focus on family outcomes in service contracts**, including through payment structures (e.g., supporting outreach and engagement efforts by separating reimbursement from enrollment) and flexible use of interventions based on family needs
- **Using collaborative procurement processes** that include input from providers and the community (e.g., [Requests for Information](#))

### TRANSFORMATIVE INNOVATIONS

#### GOALS

- Funding for community organizations is sustainable and coordinated across child- and family-serving systems, maximizing available funding streams.
- “Proximate providers” — those that are both physically proximate to the communities they serve and staffed and led by people who share lived experiences with their clients — are well-represented among vendors.

#### EXAMPLE STRATEGIES IN PURSUIT OF GOALS

- **Paying providers what it actually costs to deliver services** and doing so at the right time to ensure adequate cash flow
- **“Blending” or “braiding” funding streams** across agencies and systems, including aligning communications about priorities and streamlining administrative processes (e.g., reporting requirements)
- **Ensuring service arrays are culturally responsive and reflective of local contexts and needs** by adjusting procurement practices to include more proximate providers
- **Expanding who can provide Medicaid-funded services** by adjusting eligibility requirements or investing in building the capacity and infrastructure of community-based organizations

#### VISION

- Procurement and contracting practices are [efficient and fair, results-driven, equitable, and strategic](#).
- Funding is coordinated across child- and family-serving systems to maximize resources and reduce the administrative burden on families.

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# Family voice

## BASELINE PREREQUISITES

No baseline prerequisites

## CORE BUILDING BLOCKS

### GOAL

- There are platforms to gather family and community input and feedback, and mechanisms for compensating people with lived experience for their contributions.

### EXAMPLE STRATEGY IN PURSUIT OF GOAL

- **Formalizing platforms — making them ongoing and compensated — to hear feedback and input from families and children** about where and how the agency should improve (e.g., via youth council, fatherhood engagement, satisfaction surveys)

## FOUNDATIONAL INNOVATIONS

### GOALS

- Families' voices regularly inform service design and implementation decisions.
- In addition to regular feedback from existing clients, agencies serving children and families have multiple avenues to source and incorporate feedback from the broader community — especially from communities disproportionately harmed historically and/or today (e.g., Black families, Native families, LGBTQ+ families, families experiencing poverty).

### EXAMPLE STRATEGIES IN PURSUIT OF GOALS

- **Placing youth and family voice at the center of design, decision-making, and practice improvement**, and actively soliciting input that is used to inform meaningful operational changes, such as:
  - Deploying surveys and interviews to expand agency insights beyond administrative data
  - Soliciting community input during procurement to reexamine existing services
  - Embedding use of client voice in [data-driven performance management](#) for a priority service
  - Using focus groups and advisory panels to identify overlooked challenges or potential solutions

## TRANSFORMATIVE INNOVATIONS

### GOALS

- Families and people with lived experience co-lead decision-making, including as paid professionals at strategy and service delivery levels.
- Rather than relying on broad, catch-all structures (e.g., public meetings, advisory committees), agencies and providers are increasingly sophisticated in uncovering actionable insights from priority segments of the broader community.

## TRANSFORMATIVE INNOVATIONS (CONT.)

### EXAMPLE STRATEGY IN PURSUIT OF GOALS

- **Hiring and effectively supporting people with lived experience** onto child welfare agency staff



### VISION

- Families and people with lived experience — especially from communities disproportionately harmed historically and/or today — co-lead decision-making about programs, practices, and policy.
- Power is shared between agencies and the community.

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# Agency and provider workforce

## BASELINE PREREQUISITES

### GOALS

- The workforce is stable, with moderate to low turnover and vacancy rates.
- Caseloads are manageable.
- Child welfare caseworkers have a strong understanding of their role in ensuring the safety of children. They comply with policy standards.

### EXAMPLE STRATEGY IN PURSUIT OF GOALS

- **Measuring and tracking progress on key indicators** (i.e., turnover rates, vacancy rates, and caseloads)

## CORE BUILDING BLOCKS

### GOALS

- Investments in trainings and management supports build the professionalism and psychological safety of frontline workers.
- Senior- and mid-level child welfare staff understand their roles in ensuring child safety and supporting family well-being.

### EXAMPLE STRATEGIES IN PURSUIT OF GOALS

- **Investing in ongoing education**, such as direct opportunities for career-long learning and training, offering continuing education units, and paying for continued education
- **Investing in additional skill-building or training programs** that support a culture of continuous improvement (e.g., Lean Six Sigma)
- **Creating a psychologically safe working environment** to overcome fear as a driver of staff decision-making

## FOUNDATIONAL INNOVATIONS

### GOALS

- A focus on family well-being is ingrained in senior and mid-level staff with an increasing number of frontline workers dedicated to prevention-focused roles.
- There is an increasing focus on attracting staff that reflect the communities they serve.

### EXAMPLE STRATEGY IN PURSUIT OF GOALS

- **Cultivating prevention mindsets in legislatures and courts**

## TRANSFORMATIVE INNOVATIONS

### GOALS

- Highly professionalized staff with a strong prevention and family well-being mindset exist at all levels of the workforce.
- These roles are desirable, with very low turnover and substantial investments in ongoing education and well-being; staff reflect the communities they serve.

### EXAMPLE STRATEGY IN PURSUIT OF GOALS

- **Paying a living wage / fair compensation**



## VISION

- The prevention workforce is high quality, stable, and representative of the communities served; they work toward a shared vision of a prevention- and well-being-focused system.

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The [Government Performance Lab](#), housed at the Taubman Center for State and Local Government at the Harvard Kennedy School, conducts research on how governments can improve the results they achieve for their citizens. An important part of this research model involves providing hands-on technical assistance to state and local governments. Through this involvement, we gain insights into the barriers that governments face and the solutions that can overcome these barriers. By engaging current students and recent graduates in this effort, we are able to provide experiential learning as well.

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