SAN FRANCISCO BIPOC FAMILY JUSTICE SUMMIT

2020-2021
WHAT DO BIPOC FAMILIES NEED TO THRIVE IN SAN FRANCISCO?
Generations of San Francisco’s Black and Indigenous People of Color (BIPOC) families have fought for a family-oriented, equitable support system built on the principles of keeping families together. Recognizing the need for systemic change, a collective of organizers and community participants gathered for the San Francisco Black and Indigenous People of Color (BIPOC) Family Justice Summit in Fall 2020. This report provides recommendations and actions for specific groups with power to spark necessary change to dismantle the current Family Regulation System. During the Summit, BIPOC families shared their experiences, educated other participants, and provided key takeaways for readers of this report.
Many individuals and institutions play a role in the Family Regulation System (FRS). The following summarizes the report’s recommendations by role within this system.

**Family Regulation System**

Workers within the Family Regulation System (FRS) have power to impact change. FRS workers include both frontline workers staffing hotlines, conducting investigations, and managing cases within the system. Although other agencies and factors outside the FRS have a role in child removal, the FRS must stand in accountability and act within its sphere of influence to eliminate harm toward and inequities among BIPOC families.

Recommendations for FRS workers include:

- **Create** transparent and timely data sets easily accessible by the community that track:
  - By race and ethnicity (including statistics about demographics in the city overall to show disproportionality)
    - Number of reports
    - Number of removals
    - Time in the system
- Outcome (support without removal, removal with reunification, or removal with termination of parental rights)
  - By referring agency
    - Number of reports to FRS
    - Number of families being served by these agencies as part of contracted services with FRS
    - Additional metrics of interest to the community and impacted families
- Include disparities in assessments by race into the oversight and performance appraisal process for FRS workers, including:
  - Coaching and mandatory goals related to eliminating disparities in their assessments.
  - Incorporating regular case conferences with a “just culture” lens that allows all workers to learn from self-reflection and peer feedback.
  - Consequences up to and including termination of workers unable to address and eliminate disparities in their assessments.
- Build a transparent plan continuously accessible to the family, in terms that are accessible to the public, including:
  - Clear timelines with accountability and possibility for modification when delays occur due to FRS.
  - Explicit rationale why a child might be or was removed:
    - Explain why children are not placed with kin or family-identified caregivers.
    - Remove barriers to family-identified placements.
- Outline specific interventions the family must accomplish, prioritizing family needs and culturally relevant practices.
  - Clear explanations and criteria for when care plan timelines may be extended or interventions may be modified
  - Instructions on how to file a complaint, with access to support during the complaint process, including transparency about escalating concerns beyond the local agency/ombudsman.
- **Engage** in a trust-building process with the community, including but not limited to:
  - Apology and acknowledgment to the community for past and ongoing harms.
  - Public forums where the community can express concerns.
  - Transparency around FRS policies, procedures, grievances processes, etc.
  - Hire parent/peer navigators with diverse perspectives and backgrounds to accompany families throughout the FRS process. These navigators should support from the beginning of a case, including family meetings and judicial proceedings. Pay navigators from an independent funding source to support more objectivity.
- **Advocate** for training and development of associated changes in practice related to substance use and addiction, mental health, trauma-informed care, and anti-racism, including evaluation of the efficacy of these trainings:
• Implement blind (race/ethnicity information redacted) case reviews with a community-based approach.

• Other recommendations:
  ○ Partner with other city agencies to develop a safety net for families to address acute issues, avoiding the FRS entirely.
  ○ Advocate at the county, state, and national levels to redistribute funds from foster care to developing supports that help families remain unified.
  ○ Stop recording calls to FRS that do not result in an open case.
  ○ Advocate to modify mandatory timelines so that they are more in line with the natural history of addiction, recovery and mental health.
HOSPITAL-BASED SYSTEMS

Hospital workers are often the first to come in contact with pregnant and birthing families. Healthcare systems must be equipped with more family-centered approaches to care. Listed below are recommended trainings for hospital-based systems and workers:

- **Substance use disorders:** This training should begin with addiction as a medical condition, treatment approaches, and recovery support. Emphasize the care team's responsibility to offer treatment before involving CPS.

- **Trauma-informed care:** All families interacting with the Family Regulation System are affected by trauma, ranging from individual to structural. Training in trauma-informed care will directly impact when and how an emergency worker first interacts with a client. New standards should include: checking in with the parent first regarding timing and desire for a support person; ensuring interviews occur during business hours (unless requested otherwise) and after the parent has had time to recover from birth and other medical conditions. Team Lily is an example of an innovative model. Team Lily is a Zuckerberg San Francisco General Hospital-based multidisciplinary care team providing person-centered, trauma-informed, wrap-around services to pregnant and postpartum people.
They support pregnant people experiencing significant barriers to accessing clinic-based prenatal care, primarily those experiencing homelessness, substance use disorders, incarceration, intimate partner violence, and/or mental illness.

There are many approaches to trauma-informed care, and we suggest ongoing training from trainers with diverse perspectives and experiences.
• **Anti-racism training:** This training is the most intensive and will require a significant ongoing commitment. Racism is a deeply entrenched and comprehensive system of oppression that requires active and ongoing changes in policies and practices to dismantle. Individuals and institutions need ongoing support and new frameworks to accomplish the task of eliminating the impact of racism. Beyond training, hospital-based systems must revisit hospital policies impacting patients from the dual lenses of equity in impact and trauma-informed care. Policies with high impact and risk for families should be revised to decentralize power, incorporate team decision-making and transparency in communication.

Child Protective Services (CPS) Time-Out is one example of an equity initiative currently being implemented at Zuckerberg San Francisco General (ZSFG) and other hospitals. The CPS time-out intentionally creates space for providers from multiple disciplines — including outpatient providers (e.g., prenatal care team) and community partners (e.g., public health nurses) —
to come together before a CPS referral is made to identify family strengths as well as safety concerns. Key to this CPS time-out is that all disciplines have an opportunity to contribute, agree, or dissent to a plan to engage CPS, to identify systemic factors that may be contributing to the decision — including racism and stigma regarding substance use disorder.

Hospital systems should also implement a practice of developing a Plan of Safe Care document for all substance-affected newborns. This document organizes a family’s supports and strengths including connections with family, community, and care providers. A Plan of Safe care can be used by a hospital-based team to clarify whether a CPS referral is necessary to address imminent risk or if support is sufficient to mitigate risk. A Plan of Safe Care should accompany any CPS referral. The Plan of Safe Care also provides information about the members of a care team who should be contacted in the process of a CPS investigation to support and advocate for families.

Hospital policies not specific to families but with high impact and risk for disproportionate harm to Black and brown patients should be identified and revisited. These include but are not limited to: use of urine toxicology, room searches, and indications to engage security or law enforcement on campus.
Local appointed and elected government leaders have the power to influence state policy that oversees the FRS. These leaders have the ability to develop mechanisms for more oversight. They can allocate healing and justice resources for families that have been historically harmed. Leaders can gain the information needed to hold the system accountable by engaging in ongoing dialogue with parents who have lived experience with the Family Regulation System. The recommendations below are examples of actions that elected officials, policy-makers, and administrators can take.

- **Prioritize** FRS reform in your legislative actions. We need our leaders to lift up the stories and experiences of the families that are impacted by this system and increase transparency around the laws, policies, and practices that make up this system. We need compassionate, realistic approaches that will lead to meaningful change.
- **Ensure** individuals with lived experience are engaged in FRS policymaking. Those that are closest to the problem have the solutions. Remove barriers to those with lived experience having a seat at the policymaking table.
- **Gain** more insight on how schools impact children’s interaction with the Family Regulation System.
School-based providers constitute a notable proportion of reporters within the system. Leaders can create space for dialogue with school workers to learn more.

- **Redirect** funding from the Family Regulation System to preventative and reunification support for families. Providing resources for families to stay together and heal promotes dignity and healing. Give financial incentives to service providers who have a proven track record in successful family reunification.
- **Modify** the timelines for parental rights termination to reflect the natural history of addiction, recovery, mental health treatment.
- **Work** across agencies to create an alternative referral system to address poverty issues so that reporters can help families without involving FRS.
- **Change** FRS policy to stop logging calls to FRS that are unsubstantiated. Systems for oversight and accountability need to be implemented.
The education system and its workers significantly contribute to the current Family Regulation System. Educators have a responsibility to be cognizant of biases and actions that may impact a student’s connection to the FRS. The following recommendations may help school-based providers ensure they provide a safe, supportive learning environment for all students.

- **Mandate** implicit bias training for all school-based reporters to mitigate inequities in reporting.
- **Train** providers to differentiate poverty-related concerns from abuse and neglect by educating school-based providers and connecting families to community resources.
- **Stop** mandated reporters from penalizing parents and families who have technical difficulties with distance learning, particularly during COVID-19.
- **Provide** training for parents and families to build skills to support their children’s education rather than responding to parents in a punitive manner.
- **Rework** school district mandatory reporting practices to create oversight and prevent notifying CPS when not mandated.
- **Create** a preventative step that would refer someone to intensive case management/navigation and safety-net services instead of CPS.
Community members

Finally, we put forth actions community members can take to actualize their power and promote collective growth and safety. We intentionally highlight community members in the final section because the burden of fixing the system must to be lifted from community members and distributed among the groups outlined above.

Know and understand how your information can and will be used against you or your community:

- CPS documents all calls — even those unsubstantiated lead to a paper trail that can be harmful to your family.
- When you need help, reach out to trusted community organizations. Access financial, mental health, or other parenting support as soon as you can.
- Learn about your legal rights as a parent or a family member. It is essential to understand your protections under the law.
- Ask your worker or anyone familiar with your case questions. Keep asking questions until you get answers.

Support friends and neighbors who are struggling:

- If you are concerned about a neighbor or friend, ask how you can help.
- Educate yourself about resources for supporting families.
- Avoid calling the police or FRS unless you know a child is in imminent danger.
- Educate yourself about the harms and inequity within the FRS.
Background

“WE’VE SEEN THE ABUSE THAT’S HAPPENED WITH OUR INDIGENOUS CHILDREN AT THE BORDER, WE’VE SEEN IT HAPPEN THROUGHOUT THE PRISON SYSTEM SO I THINK IT’S IMPORTANT TO LOOK TO OUR INDIGENOUS PEOPLE, OUR NATIVE WOMEN WHO CARRY THAT KNOWLEDGE TO PROTECT AND TAKE CARE OF THEIR CHILDREN”
--APRIL MCGILL

“AMERICAN INDIAN PEOPLE HAVE Fought VERY HARD TO MAKE SURE THAT POLICIES WERE IN PLACE, THAT FEDERAL LAW WAS PRACTICED TO PROTECT OUR CHILDREN BUT I THINK THAT THIS LAW SHOULD BE IMPLEMENTED FOR NOT JUST NATIVE CHILDREN BUT ALL CHILDREN”
--APRIL MCGILL
For years, individuals and organizations working with families impacted by the Family Regulation System — often referred to as the child welfare system or child protective services — have noticed disparities in referrals, removals, and mistreatment of families and children based on racism. These disparities have historical roots reaching further back than this nation’s founding. The removal of children from their parents is rooted in political and economic systems built on slavery. Frequently, and until as recently as the 1970s, Native American and indigenous communities had their children removed from their homes and sent to boarding schools. These boarding schools stripped children of their cultural connections and practices. Another example is the orphan trains that sent Irish and Italian immigrant children to work on farms and dangerous industrial jobs.
In the 1930s, the federal government distributed funding for the Family Regulation System, further spreading the idea that removing children “protected” them. This idea spread that to fight poverty, children needed to be removed from the “wrong families” and placed in the “right” ones. It is important to note that many of these removals in the 20th century were not child-focused.

The white supremacist eugenics movement in the United States intended to uphold a “decent” society with pristine morals and furthered the idea of separating families to maintain a majority white society and not necessarily for the child’s benefit. This racist and discriminatory practice paired with the formation of the FRS continued into the mid-20th century.
With the launch of the global campaign against drug use spearheaded by the U.S. federal government, the FRS saw increased regulatory and political crossroads that prevented the unification of families. President Richard Nixon carried on the early eugenics policies already in place and assisted in developing these policies by launching the “War on Drugs”— openly associating drugs with poverty, indecency, and communities of color. Nixon used his veto power to stop the Comprehensive Child Development Act, which would have aided low-income families by providing essential services, including a national daycare system.

Nixon initially vetoed the Child Abuse Prevention and Treatment Act (CAPTA), which had to be re-written by legislators to implement a non-poverty-focused approach. CAPTA eventually passed in 1974 to create a single federal focus for preventing and responding to child abuse and neglect. The reframing of the concept of neglect as really the natural impact of living in poverty is still absent in today’s CAPTA legislation, and this permits the federal government to de-prioritize an anti-poverty approach to preventing child abuse and neglect.

Historically and today, disparities in FRS involvement, surveillance, and family separation with BIPOC families are profound and require immediate mitigation. The California Child Welfare Indicators Project (CCWIP) examines four forms of contact with the system: allegations, allegation substantiation, entering, and in care.
In 2019, Black children were more likely than any of their peers (including Latinx, Native American, White, and Asian Pacific Islander) to have these four forms of contact with the FRS at the state and local levels. A more in-depth analysis shows that while Native American children have lower contact rates than Black children, they are not far behind; Native American children are only 10-20% less likely to have these forms of contact than Black children (CCWIP, 2019).
In San Francisco in 2020, Native American and Latinx children also have disproportionately greater contact with the FRS than White children. Black children in San Francisco are the most impacted by the FRS with 12 times the rate of allegations, 16 times the substantiations, and 22 times the likelihood of being in foster care compared to white children. Native American children experience rates comparable to Black children. Latinx children are the third most likely to have contact with the FRS after Native American children. There are nuances in regard to the city’s white and Asian-American/Pacific Islander (AAPI) population. The parents of AAPI children are more likely to have allegations made and substantiated against them than those of white children. However, white children are more likely to formally enter the FRS formally than AAPI children (CCWIP, 2019). Additionally, most cases in San Francisco are concentrated in historically marginalized and under-resourced neighborhoods such as the southeast part of the city and the Tenderloin, highlighting the link between racist policies and practices and outcomes of the FRS. See Appendix A for recent San Francisco data.
Overall, the overrepresentation of Black and Native American children in the FRS is echoed at the national level. As recently as September 2020, the National Conference of State Legislatures gathered and analyzed reports on the disproportionality and disparity in the FRS. This analysis indicated that “33% of kids in foster care are African-American, but they make up only 15 percent of the child population” (National Conference of State Legislatures, 2020). Additionally, they reported that federal studies indicate child abuse and neglect are lower for Black families than whites families. Christopher Wildeman et al. found that between 2000-2016, one in 100 U.S. children experienced parental rights termination by age 18 (Wildeman et al., 2020). The report found that Black and Native American families are at the highest risk for terminated parental rights. The child removal industry has produced “directories” of children (http://www.cakidsconnection.org/ for example) up for adoption, easily located on the internet, resulting in the commodification of separating families.

The act of child removal and out-of-community placement causes high levels of generational family trauma perpetuating the cycle of disenfranchisement. Although some of their practices may no longer be official FRS policy, they have left deep wounds. For example:

• Certain criminal exemptions not relating to child endangerment are used to prohibit the reunification of families.
Complicated barriers to in-family placement due to the requirement of a burdensome number of classes that are hard to access and not culturally humble. In many cases, the community shared that this discounted older family members from becoming caretakers of their own family.

A cohort analysis showed that mothers who were foster children themselves are more likely to lose their own children to foster care as well. Four out of five fathers who were raised in non-relative foster care were not part of their children’s lives. By contrast, only one of six people who were raised with family members had their child removed (Spicer, 1998). Furthermore, mothers who have lost one or more children to the FRS have exhibited higher rates of suicide attempts and completions, and are also three times more likely to die an avoidable death than a biological sister whose children are not in the system (Wall-Wieler et al., 2018).
In addition, the system has not supported families navigating poverty, housing insecurity, and traumatic events. A more justice-oriented approach would prevent removals for reasons of neglect. This lack of support suppresses the ability of BIPOC families to succeed. Although poverty may not be the primary reason families enter the FRS, living in poverty overexposes families to the scrutiny of mandated reporters.

It is well-known that BIPOC voices are missing from FRS policy discussions, despite overrepresentation in the FRS. Intentional efforts must be made to undo the historically racist practices of the FRS.
An essential first step is to center the knowledge and experiences of BIPOC communities. The FRS, service providers, and communities must support BIPOC folks to use their power to define their own families. These BIPOC-family-centered approaches are not new to families touched by this system or to any advocate working to mend it.

In 2020, movements aimed at dismantling systems of oppression and injustice, such as defunding carceral systems and law enforcement, gained momentum across the U.S. and in San Francisco. Mass incarceration, racism, and police violence have finally come to be seen as public health issues. It is important that the FRS also be examined for the ways in which it perpetuates historical trauma and plays a role in the disenfranchisement of BIPOC communities, and contributes to intergenerational harm.

The City of San Francisco and the family justice movements described above can not leave the FRS out of these necessary conversations. The purpose of this report is to highlight the harms of the FRS and lift up community-informed solutions. The summit and this report attempt to amplify and center the knowledge and experience of BIPOC communities connects an abolitionist perspective to a systems-level analysis of the FRS. The structural racism which lies beneath all these disparities must be addressed. Of note, although our approach centers on Black and Indigenous families and their experiences, we believe that addressing these injustices caused by the FRS will achieve justice for all San Franciscans.
The San Francisco Black and Indigenous People of Color Family Justice Summit virtually gathered 53 advocates October 15-16, 2020. These attendees advocate for excellent outcomes for Black, Indigenous, Latinx, Pacific Islander, and other families of color in San Francisco. This gathering served as a space for all interested in systems-level change to develop strategies to undo harm experienced by families affected by the FRS in San Francisco. Representatives from healthcare, education, legal services, social services, and community-based organizations comprised the interdisciplinary group. Nine organizers facilitated the summit and represented various organizations and communities. The organizers saw a need to elevate community voices for BIPOC family justice in San Francisco.

The Black foremothers of Reproductive Justice provided the theoretical framework of this summit:
1. the right to have children;
2. the right to not have children and;
3. the right to nurture the children we have in a safe and healthy environment.
Additionally, the organizers believe we have the right to define who our families and communities are and what constitutes healing and wellness for our people. We believe racism is the root cause of the disparities in the FRS. We believe that BIPOC people can heal and transform their lives. With this framework and the valuable learnings from the two-day summit, the organizing committee presents the SF BIPOC Family Justice Summit findings, including recommendations for reformation.
Summit Findings

Themes
1. The subjugation of Black and indigenous people and their bodies is thriving in the current FRS system.
2. The FRS motto of “Support and Protection” neither supports nor protects and is counterproductive to reunification.
3. Advocacy work for BIPOC families is disjointed and not community-engaged.

Barriers to United Families
- CPS documents all calls from reporters, regardless of substantiated abuse or neglect, so calls based on bias around stigmatizing conditions can lead to a paper trail that can be harmful to families.
- Lack of cultural humility exists across the system, leading to a lack of accountability around assessments and practices.
- The system is based on a capitalistic model where foster care families receive funding and services that parents do not, often 2-3 times more than parents receive.
- Racism/implicit bias in assessment leads to disparate outcomes across the system, from reporters to CPS, regardless of income level.
- The FRS policy creation process is exclusive and lacks a community voice.
- Poverty results in the disparate capacity to navigate and defend against CPS referrals.
• Children can be removed based on the prima facia or what it looks like/first impressions. Evidence is not required.
• Perverse incentives exist with panel attorneys because reimbursement is per case, so families may receive lower-quality representation.
• Failure to protect allegations in instances of family violence cause additional trauma to children and does not result in protection for victims of violence.

Resilience Strategies
1. Dissociate the individual from their trauma, enabling all providers to see their human commonalities.
2. Amplify the use of ceremony and traditional medicine practices.
4. Anticipate the trauma that child removal will cause and support families to stay engaged with reunification efforts.

“We’re resilient, and we make stuff happen. We may not have the best jobs or the best education, but we make it happen for our families, and for our kids, and we will put ourselves last and put our kids first” — Schyneida Williams.
Reccomendations

This section presents all of the recommendations gathered throughout the summit. The Family Justice Summit community of participants and the Organizing Committee collectively made these key recommendations to support BIPOC families in the following areas:

**Data**

BIPOC and communities most affected should decide what data needs to be tracked, and how to collect and share the data. Our data analysis suggests the following specific needs:

- **Gather** mental health-focused data on family units.
- **Implement** better outcome tracking after FRS intervention at different time intervals.
- Outcome-specific data should **include**:
  - Number of referrals by agency/institution.
  - Outcomes of families assigned to community-based service providers by the provider.
- **Seek** metrics of success from the community.
- **Stratify** all data by race, with care to identify those impacted by implicit bias and racism (mixed-race, Latinx immigrants, etc.). Focus on impacted communities by disaggregating data, for example, separate Native Hawaiian/Pacific Islanders from Asian.
**Equity**

Due to the historical and current harm done to BIPOC families by the FRS since its conception, the FRS must adopt the following recommendations:

- **Provide** coaching and accountability so that workers are equally flexible and creative with parents of all races so that circumstances that are beyond parents’ control do not adversely impact their case (e.g., car trouble, missing appointments due to work, etc.), regardless of who their assigned worker is.

- **Collaborate** to support families in the expungement process of remote felony convictions to expand the pool of potential family caregivers.

- **Consult** with addiction medicine experts around the treatment plans, as not all substance use requires residential treatment.

- **Develop** a more robust community-based safety net (led by BIPOC voices) for families who are not currently engaged with services, so service providers will be less inclined to engage FRS.

- **Disseminate** what the practices are for unaccompanied youth in the system so that processes are transparent to the community.

- **Reconfigure** timelines so they are realistic. Where necessary, advocate for changes in the law to accommodate the new family-centered timelines.
• **Redesign** the legal services for BIPOC families who rely on them, incentivizing quality representation over quantity of cases.

• **Redirect** funds from foster care to preventative resources (to avoid FRS), advocating for parents to receive the support instead of foster care families.

• **Revise** the policies around timelines for termination of parental rights that are based on the age of the children.

• **Change** the referral process so that if a call does not meet muster to open a case, the call does not get logged on the family’s record.

• **Support** the creation of a notification pathway that is distinct from FRS that could be linked with enhanced services from the safety net.

• **Validate** foster youths’ opinions and experiences by partnering with them to create accountable feedback mechanisms.

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**Harm Reduction**

To rebuild trust, the harm done to BIPOC families must be named and repaired. Only then can the community partner to reform a system that is a community-rooted, culturally responsive, and inclusive.
Community Rooted

- Apologize to the community for past and current harms as part of a truth and reconciliation process.
- Promote transparency in FRS accountability so that community members can trust that there will be consequences for caseworkers that abuse their power.
- Facilitate periodic events to engage with pregnant parents before birth to build community, trust, and connections, fostering a support network that can prevent the need for FRS involvement.
- Get to know the community surrounding a family, which is best done by workers from that community, necessitating significantly more workforce diversity.
- Provide space for families and communities to connect to their traditional healing practices.

Cultural Humility

- Consider culture, race, language, and other identities as crucial factors in each child’s placement process, and message this prioritization across all community and agency relationships.
- Train staff regularly to respect, value, and seek understanding of each client's culture.
**Inclusivity**

- Use more gender-inclusive language when describing families and include LGBTQI+ and gender non-conforming workshops as part of cultural humility training across the FRS.

**Optimize Visitation**

- **Create** beautiful, welcoming child-centered spaces for visitation, prioritize outdoor spaces and privacy.
- **Support** families to prepare for and maximize the experience, including one-on-one peer support.
- **Facilitate** transportation and scheduling for visitation that does not add additional stress or burden (e.g., scheduling that accommodates parents’ work schedules).
- **Decrease surveillance** by FRS workers during visitation and reframe assessment of visitation to a strengths-based perspective.
Hollistic Support

A more holistic approach to assessment and intervention needs to be developed to provide maximum support to families. The FRS must wholly support all individuals in the system to thrive.

Education

- **Educate** mandated reporters in the school system to stop penalizing with reports parents and families with technical difficulties with distance learning, particularly during COVID-19.
- **Provide training** for parents and families to build skills that support their children’s education rather than responding punitively to parents.

Housing

- **Expand options** for transitional placement for people experiencing housing insecurity to reunify beyond those impacted by the criminal system or those who use substances.
- **Create flexibility** in housing options to accommodate different family structures and considerations (e.g., partners, pets, etc.)
• Develop more immediate housing options specific to domestic violence survivors so that fear of houselessness does not impede leaving violent relationships.
• Develop housing specifically for people with mental health issues.
• Mitigate the vicious cycle that disqualifies parents and families from access to housing once the child is removed but prevents reunification because they cannot access housing.
• Reform policies that penalize those with history of eviction, particularly those evicted for financial reasons or causes beyond their control (e.g., property damage not caused by them).
• Revise policies that prohibit people exiting prison from living in Section 8 housing, which creates a barrier to reunification.
• Prioritize parents to receive family housing if that is the barrier to reunification.
• Undo the assumption that unhoused people need to be mandated other services (parenting classes, therapy, etc.) when what they need is housing.

**Mental Health**

• Provide specific support that offers FRS-identified families who have co-occurring mental health issues treatment that is culturally relevant and feasible for the family to access,
including prioritizing recruitment of BIPOC mental health providers.

- **Address** mental health issues in accordance with accepted treatment recommendations and not on arbitrary FRS timelines.

### Substance Use Treatment

- **Advocate** for more substance use treatment options that can accommodate different client characteristics.
- **Develop** best practices for case management of parents in residential or outpatient treatment.
- **Support** people to move toward recovery on a timeline that is more sustainable versus mandated at times when people are not ready.
- **Facilitate** sustainability for drug treatment programs that have a proven track record and adequate funding.

### Skill-Building

- **Provide** independent living skills workshops, including job training and financial management.
- **Provide** self-love and relationship-building groups focused on identifying relationship goals, relationship readiness, and ending relationships with love.
San Francisco is known for its abundant public health resources. However, these resources require better navigation and coordination to reach more families, including more effective personalized plans to maximize positive impact.

“IT DOES NOT DO MUCH GOOD TO HAVE ALL THESE RESOURCES IN THE CITY IF I DON'T KNOW WHO YOU ALL ARE” - REBECCA JACKSON

**Personalized Plans**

- **Allow** parents to identify what they need.
- **Identify** a Plan of Safe Care Champion(s) at each site who supports navigation and attends Child & Family Teams and can advocate for patient-centered plans and not create additional burdens.
- **See** all clients as individuals and make an effort to assess their varying needs and capabilities.
- **Hire** navigators who can relate by life experience, know the resources, and can keep people from feeling overwhelmed every step of the way (reinstate peer parent program)
Resource Management

- **Disseminate** the comprehensive resource guide accessible to FRS workers to families.
- **Establish** better relationships with agencies required by FRS and not just a list of what is available.
Surveillance vs Safety

Make a clear distinction between the two.

Privacy

- **Develop** a system that respects a family’s privacy.
- **Prevent** service providers that treat mental illness and substance use disorder from being part of the surveillance of families. Instead, focus on repairing relationships with service providers.
- **Rework** mandatory reporting practices, such as preventing police or other agencies from notifying CPS when they are not mandated to do so.
Root-Cause Approach

- Develop a root-cause analysis to address the origin of the problem that is meaningful and of value to the family.
- Create a different pathway that would refer someone to intensive case management, navigation, and safety-net services — instead of CPS.

Accountability and Transparency

Social Workers are crucial to family support, yet some staff are jaded and desensitized. Transparency and accountability of all inner workings (policies and practices) of the system are necessary.

Accountability

- Assemble a community accountability board comprised of those most affected by the system.
- Develop a better system for families to lodge complaints other than the same agency’s ombudsman. (e.g., if social worker has numerous valid complaints demonstrating a pattern, appropriate disciplinary action should be taken up to and including termination).
• **Implement** higher expectations for family attorney support and preparation (e.g., Bronx Defenders).

• **Implement** consistent standards for parental requirements and expectations for caregivers, foster care, and social workers. Often, social workers’ actions (e.g., last-minute cancellations for visits) are inequitable across cases with identical characteristics save for race/ethnicity.

• **Believe** community members when they voice concerns about mistreatment rather than jumping to defend the system, even if concerns appear unfounded.

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**Transparency**

• **Publicly communicate** how the FRS systems work to the community, including policies, procedures, and applicable laws and regulations.

• **Communicate** the triggers of a CPS call, substantiation, or removal. This communication is integral so the patient and their care team can anticipate and mitigate identified risks to prevent removal or speed up reunification.

• **Create** more clarity around parental requirements for reunification, including both the parent and the service providers in the conversation. For example, domestic violence service providers do not have clarity on classes
and communication. These service providers do not know what lessons need to include, how many sessions/classes people referred from the FRS need to attend to meet directives. It is also unknown how to communicate best that the goal has been completed. This lack of transparency sets the survivor up to fail.

- **Educate** parents on their legal rights and how to obtain quality legal representation.
- **Improve** communication standards with families about where their children are placed.
Conclusion

Families and their communities understand what they need to thrive. Using the reproductive justice framework, the mandate for holistic and community-centered support is clear. We hope that this report will foster dialogue and lead to action across the stakeholders mentioned and system-wide. The need is urgent, and families cannot afford to wait any longer for this change. An incremental approach is not sufficient. The bold recommendations offered by the community at the Summit and in this report offer a road map to a future that respects all San Francisco families and their human right to thrive.


Glossary

- **BIPOC**: Black, Indigenous and People of Color
- **CCWIP**: California Child Welfare Indicators Project
- **CWS**: Child Welfare System
- **CPS**: Child Protective Services
- **FRS**: Family Regulation System
- **P. I.**: Pacific Islander
APENDICES
Appendix A

California Child Welfare Indicators Project (CCWIP)
University of California at Berkeley
California Department of Social Services, Research and Data Insights Branch

2020 Disparity Indices by Ethnicity
Selected Subset: Type of Analysis: In Care

San Francisco

<table>
<thead>
<tr>
<th></th>
<th>&lt;&lt;&lt; less likely</th>
<th>more likely --&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td></td>
<td>22.06</td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Latino</td>
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<tr>
<td>Asian/P.I.</td>
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<td>0.84</td>
</tr>
<tr>
<td>Nat Amer</td>
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</tr>
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</table>

This graph employs a logarithmic scale, which allows for symmetry regardless of whether a group was more or less likely to experience the specific child welfare contact type than the comparison. As such, the length of lines will appear different than for other website reports which employ an arithmetic scale.

Data Source: CWS/CM5 2020 Quarter 4 Extract.
Program version: 2.00 Database version: 732DEAD0
CCWIP reports. Retrieved Apr 22, 2021, from University of California at Berkeley California Child Welfare Indicators Project website. URL: https://ccwip.berkeley.edu

Highcharts.com
Appendix B:
Family Justice Summit Planning Documents

The SF BIPOC Family Justice Summit
October 15th & October 16th, 2020

*BIPOC = Black, Indigenous & People of Color

What was the SF BIPOC Family Justice Summit?

- A virtual gathering of advocates who are committed to excellent outcomes for Black, Indigenous, Latinx, Pacific Islander and other families of color in San Francisco.
- A space for advocates who are interested in systems level change to develop strategies to undo harm experienced by families affected by the Child Welfare system in SF.
- An interdisciplinary conversation with representation from advocates of various perspectives, including: healthcare, education, legal services, social services, community-based organizations, and more.
Background:
For years individuals and organizations working with families impacted by the child welfare system have noticed disparities in referrals and removals and mistreatment of families and children resulting from racism. Additionally, the system has not been able to support families navigating poverty, lack of housing, traumatic events, prompting removals for reasons of neglect that could have been prevented with a more justice oriented approach. Voices of the BIPOC communities most impacted have been largely absent from the conversation.

Given current movements aimed at defunding carceral systems and law enforcement, a group formed to bring this abolitionist perspective to bear on a systems level analysis of the child welfare system. This desire coincided with invitations from elected representatives and governmental councils to provide recommendations.

The summit was partially funded by a small grant from the Public Health Institute’s Rise Up program.

Theoretical Framework for the SF BIPOC Family Justice Summit:
Reproductive justice principles as laid out by our Black foremothers including:
1. the right to have children;
2. the right to not have children and;
3. the right to nurture the children we have in a safe and healthy environment.

Additionally, we believe we have the right to define who our families and communities are and what constitutes healing and wellness for our people. We believe that BIPOC people have the ability to heal and to transform their lives.

Organizers Platform

- Regardless of the intent of the Child Welfare system, there has been harm done to BIPOC families in SF
- Structural inequities are born of hundreds of years of settler-colonial tactics and racist policies leveraged against BIPOC communities.
- Families and mamas come first - we believe all people have the right to grow their families in safe and supportive communities.
- We see the current Child Welfare system as an arm of the U.S. Carceral Industrial Complex - and it was created to harm communities.
- We see poverty and marginalization as inextricably linked to racism, colorism and the history of subjugation of BIPOC communities.
- We share data for the purpose of visualizing how structural injustice plays out in BIPOC communities.
• We believe that BIPOC families survive and thrive in a variety of ways via resistance and resilience
• We believe that BIPOC people hold the answers to creating thriving communities for their families.

What do we aim to achieve?
1. We aim to learn and share about the historical context of child welfare and foster care in the United States.
2. We aim to continue to untangle and analyze the structural injustices that make BIPOC families the targets of the child welfare system.
3. We aim to gather important voices and perspectives, particularly those that are committed to excellent outcomes for Black, Indigenous, Latinx, Pacific Islander and other families of color in San Francisco.
4. We aim to develop recommendations for a path forward including reform, oversight and alternatives, such as
   a. radical restructuring of the system charged with protecting children from abuse
   b. description of specific supportive interventions to prevent concerns of neglect
   c. crafting accountability mechanisms to prevent unchecked disparities moving forward
5. We commit to drafting a brief to share out the collective recommendations that come out of this gathering to address the very structural issues that get in the way of excellence for BIPOC families.
Who are the organizers?
We are a group of individuals who represent various organizations and communities and collectively see a need to elevate community voices for BIPOC family justice in San Francisco. We are:

- Alexis Cobbins
- Ana Delgado
- Cynthia Gutierrez
- Liliana Ocegueda
- Shanell Williams
- Schyneida Williams
- Toke Odimayomi
- Pamela Connie
- Yamini Oseguera-Bhatnagar
BIPOC Family Justice Summit Agenda

Day 1 - Thursday, October 15th - 9:30am-1pm
- Acknowledgement of the land of Ramaytush Ohlone and other First Nations peoples: Gregg Castro
- Historical contextualization of family regulation and the national legislative landscape: Indra Lusero
- San Francisco’s local child welfare system data: Shanell Williams
- Panel Discussion: What do BIPOC families need to thrive? April McGill, Brejea Colthirst, Rebecca Jackson, Schyneida Williams, Alexis Cobbins (moderator)
- Small group discussions
- Sound healing session Marlee-I Mystic

Day 2 - Friday, October 16th - 9:30am-1pm
- Opening ceremony
- Remarks from District 10 Supervisor Walton
- Themes from day 1 Shanell Williams
- Review of recommendations Liliana Ocegueda & Cynthia Gutierrez
- Small group work:
- What accountability mechanisms need to be put into place to prevent unchecked disparities moving forward?
- What additional data is needed?
- What specific supportive interventions can prevent concerns of neglect? How can these be put into place for families?
- What is missing in the recommendations that have been put forth?
- What may radical restructuring of the system charged with protecting children from abuse look like?
- What’s next in movement building towards justice for BIPOC families in SF?

- Large group discussion
- Next steps
- Closing ceremony Yvette Robles

**Next Steps**
The valuable learnings from the two-day summit will be compiled into a report including recommendations that were provided from the participants. The draft report will be circulated for feedback with the organizers of the summit, participants from the summit, community advocates and key stakeholders. These findings and recommendations will be used to leverage and advocate for systemic changes within institutions that work with BIPOC children and families affected by the Child Welfare System. The finalized report is expected to be completed in 2021.
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UCSF Solid Start
For More Information

To reach the organizers and report authors, please email sfbipocfamilyjustice@gmail.com
“There are many good people across many disciplines that believe the system can do better for children and families in San Francisco and also that positive change is well within our reach.” – Michelle Chan