

Stalled Reform as Depoliticized Erasure—Pathologizing Victims, Fracturing Families and Communities

Decades of stalled evidence-based practice (EBP) reform in U.S. child welfare—despite policies like the Adoption and Safe Families Act (1997) and Family First Prevention Services Act (2018)—represent a fundamental failure well-supported by evidence showing limited implementation (only 10–15% of agencies scale EBP), persistent poor outcomes (e.g., 44% reunification rates, 70–80% of maltreatment fatalities in unknown families), and continued reliance on invalid DSM diagnoses to pathologize structural hardships. This failure, coupled with no clear trajectory for change, underscores systemic inertia that perpetuates harm, particularly for marginalized families facing inequality and racism. Below, I outline the implications of this failure and propose policy priorities for a phased abolition of the child welfare system, focusing on strengthening mutual aid, family integrity, and community self-determination to improve outcomes amid increasing hardship (e.g., TANF reduced 60%+ since 1996, SNAP restrictions in 2025, limited health subsidies for 12 million in 2026). The approach draws on David Sanders’ 2023 testimony emphasizing “Family Finding” and “Kin First” practices, as well as longitudinal data (e.g., LACGro’s 66–212% mortality risk, Canadian study’s 55% overdose risk post-removal), to ensure immediate safety and long-term equity.

The failure to scale EBP over 30 years—despite rhetoric promising prevention and family preservation—has entrenched a system that harms rather than heals, particularly for Black, Indigenous, and low-income families. Key evidence includes:

- **Limited EBP Implementation:** Only 10–15% of agencies adopt models like SafeCare (26% injury reduction) or Parent-Child Interaction Therapy, with fidelity issues in 70% of cases due to barriers like workforce turnover (30–40%) and funding silos. [0] [41] [42] FFPSA’s focus on prevention (e.g., funding community-based services) has not scaled, leaving outcomes stagnant (e.g., 44% reunification rates, 206,000 foster entries in 2022). [1]
- **Pathologization of Hardship:** DSM misuse in 20–30% of cases labels poverty-driven stress as disorders (e.g., major depressive disorder), justifying removals that cause 82% child distress (RAPID surveys) and increase maternal overdose risk (55%, 2.09x for Indigenous women per Canadian study). [20] [11] [0]
- **Racial and Economic Inequities:** Black children face investigation at over 50% lifetime rates, with racism depoliticized as “disproportionate need” (Berrick/Drake), ignoring place-based drivers like redlining (2–3x maltreatment risk per Lancet). TANF cuts (60%+ since 1996) and 2025 SNAP restrictions exacerbate hardship (41% parental hardship per RAPID), increasing neglect by 34.4% (Chapin Hall). [0] [1] [2]

- Long-Term Harms: LACGro shows care-experienced adults have 66–212% higher mortality (192% in residential care), 85% qualification gaps, and earlier parenthood (21.73 vs. 26.96 years), reflecting compounded trauma from separation and instability. [o] U.S. data (e.g., Voices of Youth Count) links 50% of homeless former foster youth to forcible removal, underscoring systemic failure. [o]

This failure—coupled with no imminent change due to political inertia, funding silos, and resistance from entrenched interests (e.g., agencies, courts)—demands a radical shift. Phased abolition, prioritizing mutual aid, family integrity, and community self-determination, offers a path to address immediate safety concerns while countering the foreseeable trajectory of increased hardship.

Policy Implementation Priorities for Phased Abolition

To prioritize strengthening mutual aid, family integrity, and community self-determination amid rising hardship (e.g., TANF cuts, 2025 SNAP restrictions, 2026 limited subsidies), phased abolition must center harmed voices (parents, children, communities) as per Sanders’ “Family Finding” and “Kin First” principles (2023 testimony), which emphasize relative engagement to prevent foster care. The following priorities align with evidence (e.g., UFF’s increased kinship placements, Chapin Hall’s economic supports) and address immediate safety/well-being while building long-term equity, drawing on Snyder’s victim-centered lens to repoliticize structural harms.

Phase 0–2 Years (2025–2027): Immediate Safety and Family Stabilization

Goal: Reduce removals and distress (82% per RAPID) through kinship and mutual aid, countering hardship from TANF/SNAP cuts and limited subsidies, ensuring immediate child safety.

• Policy Priorities:

1. Scale Kinship Care Nationally (Kin First): Expand programs like Los Angeles’ Upfront Family Finding (UFF), which increased relative placements (35% of foster placements), to all states. Fund specialized workers (per Sanders’ P3 model) to engage kin at removal, reducing foster entry by 20–30% (UFF evidence). [o] Allocate \$5B of \$30B child welfare budget to kinship subsidies, prioritizing relatives over non-kin to prevent distress (82% per RAPID) and homelessness (50% linked to removal per Voices of Youth Count). [o]
2. Establish Community Mutual Aid Networks: Fund community-led mutual aid (e.g., food/housing shares, \$2B from reallocated TANF funds) to mirror TANF’s 34.4% neglect reduction, buffering 2025 SNAP cuts and 2026 subsidy gaps (only 12 million covered). Pilots show 20–30% distress reduction, supporting family integrity. [o]
3. Reduce DSM Pathologization: Train CPS workers/judges to limit DSM reliance (20–30% cases), using WHO’s 2025 rights-based framework to recognize hardship (e.g., poverty stress) as structural, not disorder, reducing removals and overdose risks (55% post-removal per Canadian study). [o]

4. Lived-Experience Advisory Boards: Mandate harmed voices (parents, youth, communities) in policy design (per UN/WHO), ensuring equity-focused interventions to counter racism (50%+ Black investigations) and hardship (41% parental per RAPID). [o]

- Timeframe Rationale: Urgent (2025–2027) to address rising hardship from 2025 SNAP cuts and 2026 subsidy limits, preventing spikes in neglect (34.4% increase from TANF cuts) and ensuring safety for high-risk children (20–25% reduced re-abuse per NSCAW). [o] [9]

Phase 2–5 Years (2027–2030): Community-Led Equity and Self-Determination

Goal: Pilot community-driven models to empower self-sufficiency, addressing place-based inequalities (2–3x maltreatment risk per Lancet) and reducing systemic coercion, while maintaining safety.

- Policy Priorities:

1. Pilot Community-Based Prevention Hubs: Fund local hubs (\$10B reallocated from foster care) integrating mutual aid, childcare (16% neglect reduction per Chapin Hall), and housing supports to counter redlining (2–3x risk per Lancet), fostering self-determination. [o] [1]

2. Phase Out Coercive Removals: Transition CPS to voluntary services, replacing removals with family supports (e.g., Sanders’ wraparound models, reducing entries 8–29% per Chapin Hall), prioritizing Indigenous/Black communities (50%+ investigations as racism). [o]

3. Eliminate DSM-Driven Court Rulings: Train judges on DSM’s invalidity (no biomarkers, 50–70% comorbidity), adopting WHO’s rights-based assessments to prevent pathologized removals (20–30% cases), reducing overdose (55% per Canadian study) and distress (82% per RAPID). [o] [11]

4. Strengthen Cultural Healing: Fund Indigenous-led and community-driven programs (e.g., Native American Connections per Sanders) to restore integrity, countering generational trauma (4.54x adversity mortality per Lancet). [o]

- Timeframe Rationale: Mid-term (2027–2030) to scale alternatives amid ongoing hardship, ensuring community capacity prevents gaps in high-risk cases (70–80% unknown deaths) while reducing LACGro-like harms (192% residential mortality). [o] [4]

Phase 5+ Years (2030+): Full Abolition with Community Governance

Goal: Achieve self-determination through community-led systems, reallocating resources to universal prevention, eliminating systemic harm and ensuring equity.

- Policy Priorities:

1. Establish Community Governance: Transition child welfare to local councils (reallocating \$20B+ from \$30–124B budget), prioritizing mutual aid and universal cash transfers (e.g., expanded TANF,

8–29% placement reduction per Chapin Hall), ensuring self-sufficiency. [0]

2. Universal Prevention Programs: Fund cross-sectoral supports (housing, education, healthcare) to address inequality (60% life outcome variance per National Academies), preventing neglect (75% poverty-linked) and reducing 4.54x adversity mortality (Lancet). [0] [1]

3. End CPS Investigations: Replace punitive investigations (50%+ Black children) with voluntary community support networks, preventing homelessness (50% linked to removals per Voices of Youth Count) and trauma (82% distress per RAPID). [0] [11]

4. Monitor Equity Metrics: Track outcomes (e.g., reduced mortality, distress, disparities) using WHO's 2025 monitoring framework to ensure self-determination and equity, avoiding Snyder-like vacuums. [0]

- Timeframe Rationale: Long-term (2030+) to build robust community systems, ensuring no safety gaps while dismantling systemic harm (e.g., 192% residential mortality per LACGro) amid persistent hardship. [0]

Addressing Immediate Safety and Well-Being Concerns

These priorities ensure immediate child safety by:

- Prioritizing Kinship: UFF's evidence (35% stable placements) prevents foster care's harms (192% mortality, 50% homelessness link), maintaining family ties. [0]
- Buffering Hardship: Mutual aid and TANF-like supports (34.4% neglect reduction) counter 2025–2026 cuts, reducing distress (82%) and overdose risks (55%). [0]
- Reducing Coercion: Ending DSM misuse (20–30% cases) prevents pathologized removals, ensuring well-being by addressing inequality (2–3x risk per Lancet). [0] [1]

Conclusion

The fundamental failure of stalled EBP reform—evident in low scale, pathologization, and persistent disparities—demands phased abolition. Prioritizing kinship (UFF model), mutual aid (20–30% distress reduction), and community governance, phased abolition counters rising hardship (TANF cuts, SNAP restrictions) while ensuring safety, empowering harmed families to rebuild self-determination and integrity.