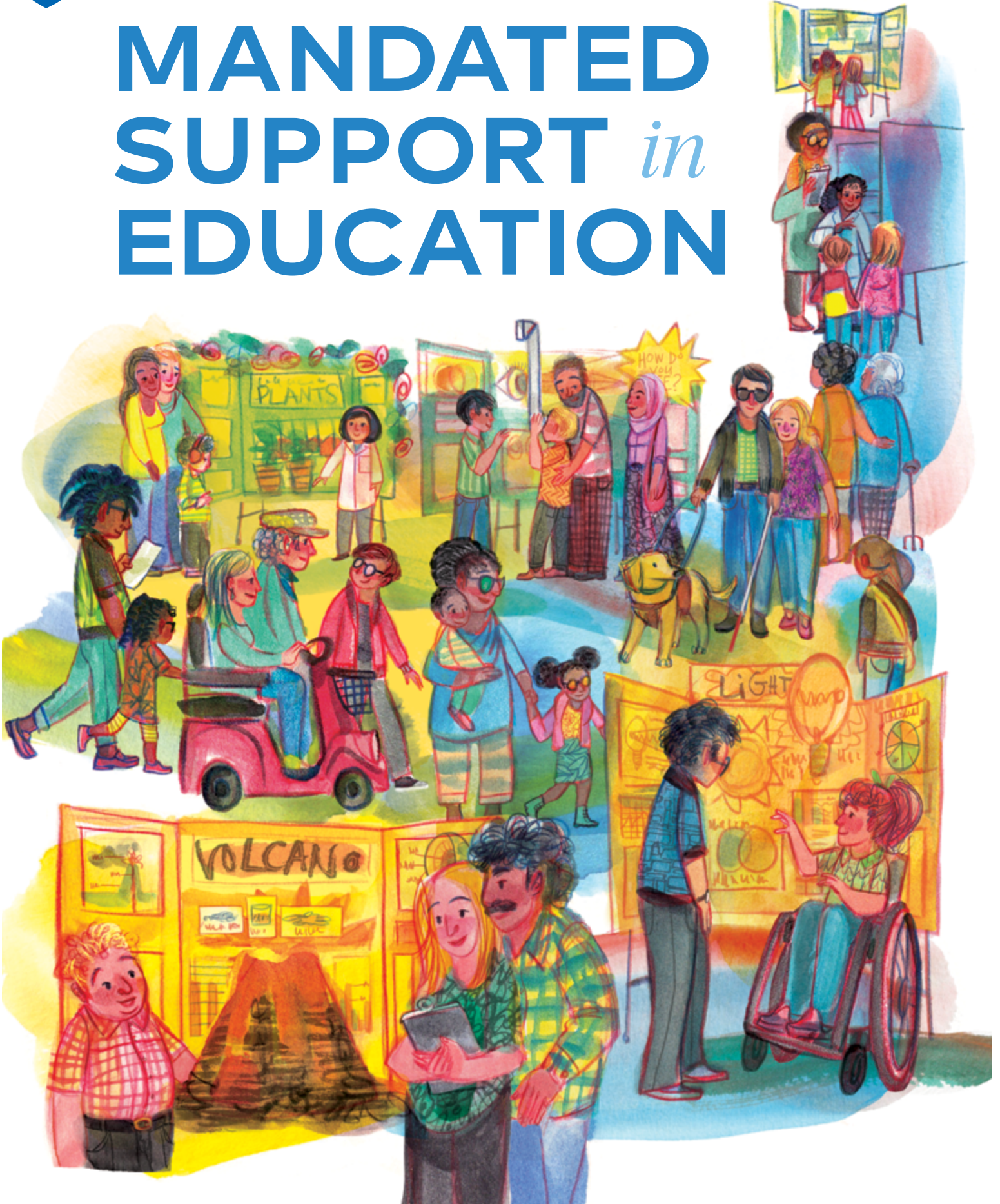




Education
Healthcare
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MANDATED SUPPORT *in* EDUCATION





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Our Mission

The **AFT** is a union of professionals that champions fairness; democracy; economic opportunity; and high-quality public education, healthcare and public services for our students, their families and our communities. We are committed to advancing these principles through community engagement, organizing, collective bargaining and political activism, and especially through the work our members do.

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MANDATED SUPPORT *in* EDUCATION

For decades, educators have questioned mandatory reporting. Does the requirement that we report any possible trauma in the homes of our students actually help children and their families? In every instance? When might reporting kick off a cascade of possibly harmful consequences? Many educators have been dismayed to see the intrusive surveillance, coercion and painful family separation that sometimes result from mandatory reporting, especially among marginalized families. What is truly best for our students?

The term **mandated support**, coined by JMacforFamilies, outlines a more expansive approach and a broader menu of ethical options for caring professionals. As legislatures and organizations adopt this alternative approach, the AFT developed this guide for mandated support in education.

Specialized instructional support personnel (SISP)—including school counselors, school nurses, school psychologists and school social workers—are key mediators in the mandatory reporting process and often the first stop for other educators considering how to best ensure a child’s well-being. Our thanks to the following professionals who partnered with the AFT to develop this action framework:

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Brittany Johnstone,
school psychologist, Maryland

Thomas Stinson,
school nurse, Minnesota

*“ONCE KIDS’ PHYSICAL
AND EMOTIONAL NEEDS
ARE MET, THEY ARE
READY TO LEARN.”*

—Randi Weingarten, AFT president



MANDATED SUPPORT *in* EDUCATION

EFFECTIVE TOOLS

Mandated supporters have one goal: to protect children and families by using the most effective tools. Supporters strive to increase protective factors and support students with:

- Academic achievement and extended learning opportunities;
- Appropriate interventions before, during and after challenges;
- Cognitive skills such as problem-solving, responsible decision-making and perspective-taking;
- A community that respects and celebrates students' identities and cultures;
- Consistent practices and predictable routines;
- Physical and emotional safety;
- Physical and mental health;
- Positive instructional strategies;
- Relationships with caring and supportive adults;
- Restorative behavior supports that teach skills such as taking responsibility and making amends;
- Sense of agency ("I can make meaningful choices");
- Sense of belonging, mastery and purpose;
- Social and emotional competence
 - **Self-awareness:** identify emotions and accurate self-perceptions;
 - **Self-management:** manage stress and feelings, control impulses and use diverse coping strategies;
 - **Social awareness:** take others' perspectives, empathize and appreciate diversity;
 - **Relationship skills:** communicate, help, empathize and cooperate for healthy relationships; and
 - **Responsible decision-making:** identify problems, evaluate, reflect, and act with consideration for the well-being of oneself and others.



History of Child Welfare

In the 19th century, advances in medical science and public health made infant and child mortality relatively rare, thereby introducing a new idea of childhood. In the late 1870s, the child welfare movement focused on supporting all families to reduce infant mortality and improve maternal health. Grace Abbott led the Children's Bureau in the early 20th century with a mission to "investigate and report ... upon all matters pertaining to the welfare of children and child life among all classes of our people." She helped secure the 1935 Social Security Act, which established federal funding for the care of homeless, dependent and neglected children, and further solidified the role of government to assist struggling caregivers with material resources.

*"JUSTICE FOR ALL
CHILDREN IS THE
HIGH IDEAL IN
A DEMOCRACY."*

—Grace Abbott

The child welfare movement has righteous origins. In 1912, Grace Abbott was appointed as the first head of the U.S. Children's Bureau. Raised in late 19th-century Nebraska by a mother whose childhood included supporting the Underground Railroad and by a father who was an abolitionist, she became a high school teacher. A few years later, she cut her activist teeth with the Nobel prize-winning Jane Addams in a Chicago advocacy landscape that also featured Lucy Parsons and the women who would go on to establish the AFT. Abbott fought to curb banks' mistreatment of immigrants, championed protections against child labor, and promoted child and maternal health. She was the first woman nominated to serve as U.S. secretary of labor and is credited with clarifying that the government should safeguard children's well-being.

In the 1960s, as with many other government interventions, child welfare shifted from universal support to a classed, raced and gendered program. The government targeted low-income Black and Indigenous women for intervention because they were assumed to lack the knowledge, morals, genes or cultural orientation to parent "correctly." In the same period, mandatory reporting significantly changed following pediatrician Henry Kempe's article, "The Battered Child Syndrome." Kempe introduced specific, biophysical markers of abuse, implying physicians would be primarily responsible for



its identification. Yet, he also suggested that physicians might be reluctant to report abuse, which led to legislation that effectively delegated mandatory reporting to other professions. Over time, definitions of abuse and neglect have become much more subjective, and the types of mandatory reporters have ballooned to many more people, including bus drivers contracted with schools, faith leaders and, in many states, all adults.

Harms of Mandatory Reporting

Many state laws identify workers in caring professions—including social workers, physical and mental health professionals, teachers and child care providers—as mandatory reporters, calling on them to help scrutinize and identify, and in many cases then exclude, shame and punish. Mandatory reporters are often cursorily trained, then told to expect legal penalties for intentionally failing to make a report. This framing, grounded in workers' fear of reprisal, obscures the inefficiencies and failures of mandatory reporting.

“For years, the message to mandated reporters has been ‘when in doubt, call the [Statewide Central Register of Abuse and Maltreatment].’ This has resulted in a staggering increase of abuse and maltreatment reports that not only are unwarranted in the first place, but in many cases were based solely on race and poverty. Black and Latinx populations have suffered for decades due to being disproportionately targeted by the child welfare system under these guidelines.”

—**Lisa Gharthey Ogundimu**, deputy commissioner,
New York Office of Children and Family Services

Mandatory reporting destroys helping relationships

Mandatory reporter training may overemphasize the legal ramifications of failing to report and underemphasize tensions with educators' professional codes of ethics. Guidance for mandatory reporting often encourages educators to treat all information (however incomplete) as urgent, and necessitating what's known in the field as a Tier 3 approach—jumping to an emergency, five-alarm response rather than a carefully calibrated step-by-step approach. After a report, system-involved families are less likely to trust education, healthcare and child protection institutions. Workers in caring professions are instead seen as regulatory and policing agents, leaving families feeling “trapped” and unsure about where to turn.

A child welfare investigation is invasive. Regardless of the nature of the report, every aspect of a family's home and circumstances are scrutinized, and children are often asked to disrobe so they can be searched for physical marks and bruises. Visits are a form of government monitoring that can generate evidence for unnecessary

inquiries that lead to family separation. Child welfare cases also often have a “domino effect”—they can lead to eviction, job loss, changed citizenship status, and more.

Mandatory reporting activates implicit bias and penalizes the vulnerable

Mandatory reporters are often expected to rely on rapid, subjective judgments, rather than seeking more information on a child's circumstances. Training does not address the nation's long history of systemic oppression or how quick assessments are fertile ground for implicit bias. Black and Indigenous children in particular are more likely than white children to stay in the system and, as a result, face traumatic experiences at every stage—from reporting to investigation to family separation. Child welfare systems target and punish some families for imperfectly addressing intergenerational, structural disadvantages while ignoring most middle-class and wealthy parents' comparable missteps.

Mandatory reporting interferes with child protection

Over 4 million reports are made in the U.S. each year. Less than 10 percent are credible. States that declare all adults as mandatory reporters see significantly more unnecessary data flood their call centers. Nearly half (44 percent) of cases generated from educators' reports are unsubstantiated. This is not just a waste of time and resources for overwhelmed child welfare agencies: The related investigations can do real harm. About 1 in 20 kids is subject to intrusive inspection. The risk of losing a legal relationship with one's parent has doubled for U.S. children, increasing the numbers of grieving students. Mandatory reporting uses criminalizing tactics while erecting bureaucratic barriers to getting help.

Mandatory reporting exacerbates problems without posing solutions

Family separation and foster care, the primary tools of the child welfare system, lead to the same poor educational outcomes associated with maltreatment and abuse: poor attendance, and low academic engagement and attainment. In fact, many young people fare worse in child welfare placements than they do with their families. After entering the child welfare system, children are more likely to experience sexual abuse, physical abuse, violence, homelessness and lack of access to healthcare than they experienced at home. Foster care often compounds disadvantages and traumatizes the children it is supposed to serve.

Mandated Support

“PARENTS NEED REAL, CONCRETE, MATERIAL COMMUNITY SUPPORT BUILT ON TRUST AND CARE.”

—Joyce McMillan, JMACforFamilies founder and executive director

System-involved families, social workers, attorneys, academics, family court judges and others are sounding the alarm: We need new tools. JMACforFamilies coined the term “mandated support” to prioritize intact families and reduce harm. Mandated support encourages educators to align observation, documentation, communication and other actions with professional codes of ethics. It invites educators—whose choices can trigger unintended consequences in the child welfare system—to make shifts in parallel with peers in other caring professions.



Mandated supporters practice care and promote social justice

Embed healing gestures into every interaction with students and families as a solid foundation to build and reinforce relationships based on partnership, honesty, trust and shared decision-making.

HEALING GESTURES



Celebrate



Comfort



Collaborate



Inspire



Listen

Continue professional growth on implicit bias and inequitable outcomes, both of which are the persistent evidence of long histories of systemic oppression. Addressing these pervasive challenges requires long-term commitments. Learn new strategies to support marginalized communities, deepen an understanding of trauma-informed practice and better understand how students communicate through behavior. To strengthen purposeful collaboration, join colleagues in building skills that apply across diverse job categories.

AFT's graduate-level professional learning covers relevant topics, including Instructional Supports, Managing Student Behavior, Social and Emotional Learning and Student Trauma. Learn more at www.aft.org/education/AFTPD.

Mandated supporters match interventions to needs

Combat stigma and promote community wellness with universal promotion and prevention, such as anonymized updates, aggregate data and general access to information about local resources that may help families. Proactive efforts to raise awareness and connect families to what they need can take many forms, such as a schoolwide flier campaign about summer meal sites; introductions to school-based health center staff at a relevant assembly; adding a list of helpful numbers to back-to-school messaging for all families; and embedding information about how trauma impacts bodies, brains and behaviors into a health class.

With your union, advocate for all families to have information that is similar to what educators access, so

they understand the roles and responsibilities of school staff in child welfare proceedings. For example, in New York City schools, a designated Child Protective Services liaison conducts annual training for educators on mandatory reporting; and in some schools, the liaison offers the same training to caregivers. As another example, San Francisco includes a “Know Your Rights” section on mandatory reporting in the student and family handbook.

Support privacy. Conscientiously and nonjudgmentally consider disclosures, observations and formal records. Even challenging student behaviors—anti-social engagement like aggression or withdrawal from peers; atypical clothing, hair, or personal styles; chronic absenteeism; distractedness; persistent tiredness; risk-taking; and repeated challenges with school meal

debt—offer vital information. When engaging families and especially engaging older students, proactively communicate the limits of your confidentiality.

Communication and collaboration in deliberate teams is often essential to meeting complex and ever changing student needs. Yet coordinating and offering effective support does not require educators to become “trauma detectives.” Access to detailed and personalized student data should be limited to those who require it. Prepare colleagues who do not need detailed information with just the basics they need to take action and be helpful. For example, you might make sure the school secretary knows the name of a new person authorized to visit a particular student and encourage the secretary to direct any questions to a designated point person.

EXAMPLE: Support Privacy

“Before we get started, I want to remind everyone that if at any point, I have information about something that immediately and directly challenges student safety, I must share that information with appropriate authorities.”



Educators in Boston observed that some people in their community—including students with disabilities, English language learners and others who faced additional challenges during the COVID-19 pandemic—were struggling with homelessness. In 2022, **educators pooled their power** with the Boston Teachers Union, which negotiated a new partnership with the city and Boston Public Schools to address housing security. A \$50 million pilot program concentrates on housing 4,000 families, and the contract codifies a shared goal to eliminate student homelessness in five years.

Collaborate to address the needs of students and families at elevated risk. Multi-tiered systems of support call for informed assessments of student behavior, struggles and known risk factors in order to connect students with additional support in a targeted area. Build relationships with and awareness of the strengths of relevant school partners, programs and staff, including professionals who work in counseling, family engagement, food service, nursing, psychology, social work, speech-language pathology and therapy.

With your union, bargain for the common good. This contract negotiation approach focuses on what your community wants and needs for human dignity, and it



can sometimes improve educators' working conditions. AFT affiliates have used this framework to win contract language for people outside their union on topics such as policies to address homelessness and access to healthcare.

Mandated supporters prioritize family bonds

Make caregivers your first call if you are privy to information you believe needs to be reported. Listen to their communicated concerns, and respond with empathy, warmth and understanding. Compassionately investigate root causes, such as challenges related to:

- ★ Accommodations;
- ★ Behavior and emotion management;
- ★ Bullying;
- ★ Child care and aftercare;
- ★ Clothing;
- ★ Counseling and treatment;
- ★ Discrimination;
- ★ Food security;
- ★ Housing stability;
- ★ Hygiene;
- ★ Mental, physical or social health;
- ★ Poverty;
- ★ Recreation;
- ★ Transportation; and
- ★ Trauma, or inadequately addressed toxic stress.

SPFE negotiated to adopt the national Parent Teacher Home Visit project model in 2010. According to the local union's contract, educators who volunteer to participate receive four hours of training; in pairs, typically meet at least eight (8) families per year with "relation-based [visits] focused on the hopes and dreams of the family"; document their visits and attend debriefs to inform collaboration with colleagues, as well as family engagement; and receive modest stipends.

"Home visits are to build a stronger partnership between teachers and parents, to promote Saint Paul Public Schools, and to work with parents to eliminate racial predictability of student outcomes. Parent/Teacher Home visits operates on a model where parents are seen as an asset to the educational process. By meeting parents in an area of their comfort, teachers have more success in working with them in partnership around academics."

—**Saint Paul Federation of Educators**

Consider a consultation. Educators can reach out to child welfare agencies to conduct a consultation before making a report. Such calls do not require that a student or family be identified. Consultation calls may also provide more flexibility to share information about the whole child as well as family assets.

EXAMPLE: Consultation

A child welfare consultation should be anonymized by withholding the names of the student, caregivers and involved staff. A consultation might sound like, “I’m calling because I work with a family whose child ___ (risks or challenges). This child also ___ (strengths). In my work and my colleagues’ work with this family, we have observed ___ (assets and protective factors). I have never had a suspicion or concern about their child facing neglect, abuse or maltreatment at home, and I do not believe this child is in imminent danger with their family. I am concerned that ___ (unmet needs or unresolved issues). What supports and resources can you recommend to better promote this child’s well-being? I know that I am a mandatory reporter in our state. Does this need to be formally reported?”

Share power with families. Mandatory reporting lends educators significant power over families. Child welfare can transform this power into harm and even violations of federal rights, including interrupting children’s entitlement to K-12 education. If, after exhausting other options, you are moving toward a child welfare report, involve the family at every step. Communicate with caregivers about situations that could lead to a report, as well as their rights in potential next steps. Make a report with a caregiver in which you highlight the family’s protective factors and confirm that the call operator can accurately repeat back details you’ve shared. Inform the family that you are willing to act as a character witness and speak about their strengths.



PARENTS INVOLVED IN THE CHILD WELFARE SYSTEM HAVE THE RIGHT TO:

- **Raise your child.** Parenting is one of the oldest and most revered constitutional rights. Children usually do better—in school, health and life—if they remain with their families, so states must show that ending a parent’s rights is in the best interest of the child.
- **A case at your pace.** You may deny a child welfare agent entry to your home unless the individual has a warrant or court order. You can choose not to speak with the representative; what you say could later be used against you. You can choose not to agree to have your child be interviewed or examined. You can choose not to sign any forms, not to take any tests and not to participate in evaluations. If you decide not to fulfill any request, stay calm and respectful.
- **Legal advice.** Parents with legal representation are more likely to have fair proceedings, access to helpful supports and services, and regular contact with their child through the process. Caregivers with lawyers also have faster cases with shorter separations, and their parental rights are better protected. All parents have a right to counsel. Each state has its own process to help you access free counsel. Learn more about your state’s legal aid office from this directory at <https://www.lsc.gov/about-lsc/what-legal-aid/get-legal-help>.
- **Clear information.** Child welfare cases can move fast, and you deserve to make decisions about your child with the right information. Especially when a case goes to court, a case worker or lawyer can help you understand what to expect and how to make sure your ideas are heard.

Ask questions like: “When is the hearing scheduled? Where will my child live? What services will my child receive? Who does my child get to visit or contact? When will these things change?” Though it may not be easy, you have a right to speak up, such as addressing allegations, speaking in court and explaining your child’s needs.
- **Fair treatment.** People assigned to your case cannot discriminate against you based on disability, race or national origin.

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