

CHILD WELFARE OVERVIEW FOR LINKAGES TEAMS - PART 1

Understanding Initial Child Welfare Involvement in California

INTRODUCTION

This presentation provides an overview of the child welfare system in California, with a particular focus on the initial stages of involvement—specifically, the hotline and emergency response (ER) processes. The information is intended for Linkages teams, whose work intersects with both CalWORKs and child welfare systems, and aims to enhance understanding and collaboration between these systems.

California operates a **county-administered child welfare system**, which means that although state guidelines and laws provide a framework, individual counties have significant flexibility in developing policies and practices. As a result, procedures and terminology may vary slightly between counties. This document strives to present a general overview while acknowledging points of variability.

A follow-up presentation will address placement, permanency, and related timelines.

WHY UNDERSTANDING CHILD WELFARE MATTERS FOR LINKAGES

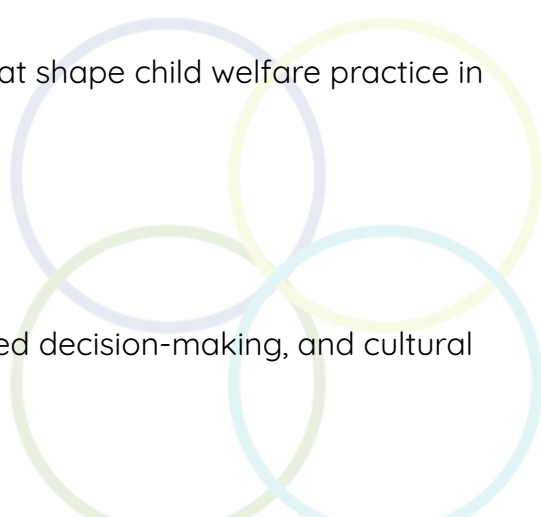
Families served by Linkages are often simultaneously engaged with both **CalWORKs** and **child welfare systems**, creating a need for integrated, trauma-informed collaboration. By deepening our understanding of child welfare practices, we can:

- Help families navigate both systems more effectively
- Support preventative efforts to reduce child welfare involvement
- Potentially shorten the duration of child welfare cases

This presentation also references foundational frameworks that shape child welfare practice in California, including:

- **California's Core Practice Model (CPM)**
- **Integrated Core Practice Model (ICPM)**
- **The System of Care**

These models prioritize child and family well-being, team-based decision-making, and cultural humility.



A SNAPSHOT OF CHILD WELFARE IN CALIFORNIA

As of April 2025, there are approximately **38,264 children** in foster care across California. The primary reason for entry into the child welfare system is neglect, often linked to:

- **Poverty and housing instability** (though not classified as neglect themselves)
- **Parental substance use**
- **Domestic violence**
- **Mental health challenges**

Systemic inequities are also a major factor. **Black and Native American families are overrepresented** at every stage of the child welfare process, beginning with calls to the hotline. In response, California is undertaking significant reforms, including:

- Revisiting mandated reporting laws
- Strengthening prevention and early intervention strategies

CASELOAD TRENDS AND SYSTEM COMPLEXITY

Over the past decade, the number of children in care has declined. This progress reflects an increasing focus on **prevention, community-based support**, and more nuanced decision-making at the front end of the system. Despite this progress, the system remains complex, particularly at the point of entry.

ENTRY INTO THE CHILD WELFARE SYSTEM: THE HOTLINE AND SCREENING PROCESS

Each California county operates a **24/7 child welfare hotline**, primarily receiving reports from **mandated reporters**—teachers, medical professionals, and law enforcement. However, **anyone can report suspected maltreatment**.

Upon receiving a call, counties use decision-making tools like:

- **Structured Decision Making (SDM)**
- **RED Teams** (Review, Evaluate, Direct): Multidisciplinary groups that guide decisions on how to respond to reports

Hotline responses fall into several categories:

- **Evaluated Out:** Information is logged but no further action is taken
- **Screened In:** Referred to ER for further investigation

While RED Teams aim to reduce individual bias through group decision-making, **racial disproportionality often begins at this stage**. Reports involving Black and Native American children are statistically more likely to be screened in.

EMERGENCY RESPONSE AND INVESTIGATION

Timelines and Requirements

Once a referral is screened in, state law sets the following timelines:

- **Initial Contact:** Social workers must contact the children identified as victims:
 - Within **24 hours** for Immediate Response (IR) referrals, which usually involve physical or sexual abuse, or urgent safety concerns
 - Within **10 days** for Non-Immediate Response (NIR) referrals (Note: Some counties have shorter timeframes such as 2-hour or 3-day responses.)
- **Referral Disposition:** The referral must be closed within **30 days** from first face-to-face contact. This involves:
 - Interviews with all children and parents in the household
 - Collateral contacts (e.g., schools, doctors)
 - Development of a **safety plan**
 - **Child and Family Team (CFT) meetings**

Participation by a family's CalWORKs **Welfare-to-Work (WTW)** worker in the CFT can help identify supportive services early and potentially avoid opening a formal case.

KEY DECISIONS DURING INVESTIGATION

During the ER phase, child welfare workers must assess:

- **1. Immediate Danger**
 - If present, can a **safety plan** be created to keep the child at home?
 - If not, the child may be removed and placed in foster care.
- **2. Allegation Disposition**
 - **Substantiated:** The allegation is supported by evidence
 - **Inconclusive:** Uncertain or insufficient evidence
 - **Unfounded:** The allegation is determined to be false or mistaken
- **3. Need for Ongoing Services**
 - The **SDM Risk Assessment Tool** determines the likelihood of future maltreatment
 - High or Very High Risk scores usually result in opening a case for services

Substantiated allegations of physical or sexual abuse, emotional abuse, or severe neglect result in the offending parent being reported to the Department of Justice and listed on the Child Abuse Central Index (CACI), which may impact employment or volunteer opportunities.

INVESTIGATION OUTCOMES

At the conclusion of the ER phase, three outcomes are possible:

- **1. Referral Closure with No Further Action**
- **2. Referral Closure with Connection to Community-Based Services**
 - Sometimes through formal **Differential Response** models
 - CalWORKs support may prevent deeper child welfare involvement
- **3. Case Opening for Ongoing Services**
 - May involve court-ordered or voluntary services

While only a minority of referrals result in court involvement, the outcomes are life-altering. Child welfare workers strive to avoid unnecessary removal or court cases wherever possible.

TRIBAL SOVEREIGNTY AND ICWA

The **Indian Child Welfare Act (ICWA)** is a federal law ensuring the protection of Native American children, their families, and Tribes. It mandates:

- Continuous inquiry into a family's tribal affiliation
- Notification to and involvement of the child's Tribe
- Tribal participation in case planning and court proceedings

Counties vary in how they collaborate with Tribal Social Services. Regardless, compliance with **ICWA is federal law and not optional**, and its provisions are vital for maintaining cultural identity and Tribal sovereignty.

CASE OPENING AND WORKER TRANSITION

If a child cannot safely remain at home, or if risk remains high, a formal case may be opened. This may happen:

- **With Court Involvement** (Dependency Court)
- **Without Court** (Voluntary/Non-Court Cases)

Most counties reassign the family to a new worker once the case is opened. ER workers typically specialize in initial assessments, while **court or non-court family maintenance** workers handle the case going forward. This transition typically occurs around **30 days** into the case.

COURT PROCESS AND TIMELINES

When a case enters dependency court, the legal timeline moves quickly:

- **1. Detention Hearing**
 - Petition filed **within 2 court days** of removal
 - Hearing held the **next judicial day**
 - Court determines if the child will remain in temporary foster care
- **2. Jurisdictional Hearing**
 - Held **within 15 days** of detention
 - Determines if allegations meet the criteria in **WIC Section 300** for court jurisdiction
- **3. Dispositional Hearing**
 - Often combined with the jurisdictional hearing
 - Establishes the **case plan** for Family Maintenance or Reunification

After disposition, the case may be transferred again to an ongoing worker who supports the family throughout their case plan.

SPECIAL CONSIDERATIONS

Father's Legal Status

- **Alleged Father:** Limited rights unless paternity is established
- **Presumed Father:** Full rights; eligible for reunification services
- **Biological Father:** Must also qualify as presumed to gain rights

Bypass of Reunification Services

Under **WIC 361.5(b)**, the court may deny reunification services in serious cases such as:

- Prior termination of parental rights
- Severe abuse
- Chronic substance use with past failed reunification
- Serious criminal convictions
- Abandonment

When bypass is recommended, the agency must propose a **concurrent plan** for permanency.

FAMILY REUNIFICATION TIMELINES

If reunification is ordered:

- Families generally have **12–18 months** to complete case plans
- Rare **24-month extensions** are allowed only under strict conditions
- For children under 5, the maximum timeline is typically **18 months**

SUPPORT DURING REUNIFICATION

- Case plans outline goals and services
- Progress assessed through **Reunification Assessments**
- **Child and Family Team meetings** support coordination
- Visitation progresses from supervised to unsupervised as appropriate
- A **30-day trial visit** may occur before final reunification

The standard for reunification is not perfection, but the “**minimum sufficient level of care**”—meaning the child is safe, and the family can meet the child’s basic needs.

CONCLUSION

This presentation has provided an overview of how families enter the child welfare system in California, from hotline calls to emergency response, investigation, case opening, and early court involvement. It has highlighted the tools, timelines, and team-based frameworks that shape decisions during this phase.

The next installment will cover **placement options, permanency planning, and post-reunification pathways**.

By building shared knowledge and fostering collaboration between CalWORKs and child welfare systems, we can better serve families and help reduce the impact of system involvement.