Hurtful or Helpful? Comparing Family Expectations and Practice Realities of Child Welfare Support

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Abstract

The child welfare system aims to ensure child safety through family-centered case practice, yet a gap remains between the resources families identify and the services they receive. While prior research indicates families involved with the child welfare system value practical resources, timely responsiveness, and relational support, family voices are frequently underrepresented in service design and delivery. To better understand the disconnect, this study explores the support caregivers identify as necessary for achieving self-sufficiency, the services they report receiving, and how these experiences shape their interactions with the child welfare system. Using a mixed-methods design, this study integrates semi-structured interviews with quantitative survey data from families participating in the Empower Parenting with Resources (EmPwR) study. Early findings indicate that although some families described positive experiences with caseworkers facilitating service referrals, families frequently described services as compliance-driven and focused on short-term crisis management rather than sustained support for addressing ongoing family needs. Although caseworkers serve as critical system navigators, agency constraints often limit the support they can provide, leaving families with the burden of managing services themselves. These findings suggest that greater attention to families' self-identified needs may strengthen efforts to promote financial stability and long-term family well-being.

Keywords: child welfare, family-centered, practical support, self-sufficiency, service delivery

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Introduction

The child welfare system aims to promote child safety through a family-centered approach that emphasizes collaboration and support. In principle, this means families should receive support using a collaborative partnership that promotes empowerment and self-sufficiency. Prior research shows child welfare-impacted families often value practical resources, timely responsiveness, and relational support. However, family voices are often underrepresented in service design and delivery, creating a mismatch between what families say they need and what the system often provides. If support does not match family-identified needs, then, in reality, family-centered practice may not feel that way. This disconnect may shape how families experience and navigate the system while limiting the effectiveness of family-centered practice. This study examines the relationship between families' self-identified needs for self-sufficiency and the support they report receiving through the child welfare system, while recognizing that caseworkers also operate within broader institutional constraints. Specifically, this study explores the supports caregivers identify as necessary for achieving stability and self-sufficiency, the supports they report receiving from intact workers, and how these experiences shape their interactions with the child welfare system.

Literature Review

Research suggests caregivers' perspectives are not consistently incorporated into service planning. Although child welfare caseworkers operate within significant organizational and policy constraints, many families impacted by the child welfare system report barriers related to inadequate services. These barriers include service accessibility, availability, and awareness, as well as an inability for service providers to meet family needs (Banda et al., 2024). In addition, research suggests services are often not well aligned with families'

needs (Estefan, et al., 2012). Clear communication and rapport between caregivers and caseworkers are important components of family-centered practice. Clear communication strengthens trust, improves relationships, and helps families understand recommended services, and also promotes collaboration between caregivers and caseworkers when selecting services and resources. Collaborative decision-making increases the likelihood that services align with families' identified needs while addressing barriers to engagement. Families also benefit from assistance navigating complex service systems and accessing concrete resources that address their individual needs.

Families impacted by the child welfare system often experience multiple co-occurring stressors. These stressors create a sense of urgency as families work toward stability. Meeting case plan requirements while addressing daily family needs can place additional demand on caregivers. Caregivers must balance case requirements while also advocating for the supports their families need (Armstrong, et al., 2019). Often, time is a limited resource for families, particularly those navigating child welfare services. Research suggests families are more likely to experience family-centered services when support is timely, and caregivers are positioned as the decision-makers (Pettigrew et al., 2024). Families who perceive services as impractical, inaccessible, or poorly aligned with their needs are less likely to engage in available supports (Kemp, 2009). These findings highlight a disconnect between the goals of family-centered practice and caregivers' experiences receiving support. The literature suggests meaningful family-centered partnerships, timely support, and services that align with caregivers' unique needs.

Methods

Data were drawn from the Empower Parenting with Resources (EmPwR) study, which is a mixed-methods research study being conducted through the University of Illinois, examining the effects of unconditional cash gifts on families receiving intact services The EmPwR study examines whether a monthly unconditional cash gift affects child neglect and child welfare involvement. The study aims to enroll 800 families, half will be randomly selected to receive a cash gift in an amount determined by their family size, which refers to the number of children under the age of 18, and geographical cost of living in their region of Illinois. The cash gift will average approximately $500 per month. All families participating in the study are enrolled for a year. Interview participants were randomly selected while maintaining equal representation across all four study regions. Interviews are conducted virtually using Zoom, with a total number of 74 interviews completed at the time of this project. This analysis focused on three interview participants who represented common lived experiences of the larger interview group, related to our identified themes. Qualitative data were analyzed using matrix analysis to identify themes among caregiver interviews. Themes for this project emerged from caregiver interviews, in which EmPwR families were describing their desired needs for support, emphasizing a gap between what they needed and what their caseworkers provided. Underlying themes were identified as they relate to the reasons behind the existence of this gap within the system that families experience. Nuances such as children's needs and parental relationships, varied across families, but commonalities existed in factors related to the timeliness of services provided, the quality of services as they relate to families' needs, and the practicality of services.

All participants have the chance to complete three different surveys, one at the time of consent, a second at 6 months of participation, and a final one in their 12th month of participation

in the study. Participants received an Amazon eCode for survey completion. Participation in each survey was voluntary, and participants could complete any or all survey waves. The surveys assess several domains related to family well-being, including socio-economic status, parental mastery, family relationships, and physical and mental health The surveys are offered to all consenting participants, and 271 baseline, 130 6-month, and 39 12-month surveys have been completed to date. Relevant survey items for this study are provided in Appendices A and B.

Results

Early analysis of EmPwR caregiver interviews several recurring themes related to caregivers' experiences with support and service provision. Several caregivers described differences between the supports they identified as most helpful and the services they reported receiving. Figure 1 provides examples of these themes drawn from caregiver interviews. Three caregiver families here were chosen as they are felt to represent the common lived experience of families involved in child welfare. While the nuances of each family's lived experience may differ, the underlying themes explored, what caregivers describe as necessary for achieving family self-sufficiency, what they report actually receiving, and how this shapes their experience within the child welfare system, are similar across participants in both control and treatment groups.

Caregiver interviews highlighted three recurring themes related to service delivery: practicality, timeliness, and responsiveness. The first example in Figure 1 features a working single mother of four in the treatment group who described receiving services that did not align with her family's practical needs. She described needing flexible bedding, such as waterproof sleeping bags, to meet the needs of her children with medical conditions. Instead, she reported receiving traditional mattresses, which she anticipated would not meet her family's

long-term needs, making future out-of-pocket purchases inevitable. The second example illustrates caregivers' experiences with service timeliness. This caregiver, a working mother of five, described waiting several weeks for promised winter coats, receiving them only after they were needed. This caregiver described delays between promised support and when services were actually provided. The third example illustrates a caregiver's experience with service responsiveness. This caregiver, a working single mother of four, described feeling that her caseworker assumed she was seeking public assistance rather than support to regain stability. She explained she was seeking support to get back on her feet but perceived the services she received, including drug testing, as unresponsive to her family's immediate needs. Together, these examples suggest caregivers value supports that are practical, timely, and responsible to their identified needs.

Survey findings show the financial circumstances caregivers in the treatment group faced while receiving intact family services, including difficulties meeting basic household needs, covering routine expenses, and managing unexpected costs. Figure 2 presents the percentage of treatment-group caregivers reporting five forms of financial hardship at baseline, 6 months, and 12 months. Among treatment-group caregivers who completed the baseline survey, 74% reported having no emergency funds, 61% said they could not cover one month of expenses, 56% reported spending more than their income, 51% reported food did not last for the month, and 43% reported missing a rent or mortgage payment. Taken together, these baseline findings suggest many caregivers entered the study experiencing multiple, overlapping forms of financial hardship.

Some hardship indicators declined over time. Among caregivers in the treatment group, the percentage reporting they could not cover one month of expenses decreased from 61% at

baseline to 54% at 12 months. Reports that household spending exceeded household income fell from 56% to 32%, while missed rent or mortgage payments declined from 43% to 31%. In contrast, reports of worrying about expenses (78% to 81%), lacking emergency funds (over 70% across waves), and food insecurity (51% to 54%) changed little over time.

Figure 3 presents the percentage of caregivers reporting spending across basic-needs categories, including food at home, housekeeping supplies, child clothing and shoes, utilities, and phone or internet. These were the most commonly reported spending categories across survey waves. Because the figure reports whether spending occurred rather than the amount spent, the findings reflect the prevalence of spending rather than its magnitude. Together, the survey findings provide additional context for the financial circumstances' caregivers described during the interviews.

Discussion

Findings from this project suggest caregivers experienced support as less helpful when it was delayed, impractical, or mismatched with their identified needs. Findings suggest the effectiveness of child welfare support depends on fit: whether support is timely, flexible, and responsive to lived realities. These themes highlight caregivers' experiences when services fall short in meeting the needs they identify. When help is promised but not delivered promptly, families are left to meet their needs using the resources available to them, often causing them to rely on informal support networks, such as family members or friends, to get support. When offered support does not meet the unique nuances of each family, participants described frustration and, in some cases, reduced trust in a system intended to support family-centered practice.

The hardship data shows many caregivers continued to experience substantial economic strain from baseline through the 6- and 12-month follow-ups, particularly through persistent worry about expenses and limited emergency funds. At the same time, spending on basic needs remained common across these survey waves. The central concern was not that families were spending on necessities, but that many were doing so without the financial cushion needed to absorb unexpected or variable costs. Considered alongside the interviews, these patterns suggest caregivers were working to maintain household stability while navigating persistent economic insecurity and a service system that did not always respond to immediate material needs.

Caregivers' financial activity was concentrated in ordinary but essential areas of family life. When families are consistently paying for basic needs while also experiencing hardship, support that is delayed, narrowly targeted, or compliance-driven may not address the pressures most relevant to family stability. Mandated services may satisfy case-plan requirements without addressing caregivers' immediate material needs. In this context, the usefulness of support depends not only on whether assistance is offered, but also on whether it reflects the timing and substance of families' needs.

These findings should not be interpreted as evidence that unconditional cash alone can resolve poverty, structural inequality, or all factors contributing to child welfare involvement. The descriptive survey analyses also cannot establish the EmPwR cash gifts directly cause changes in hardship or spending. Rather, the findings demonstrate why flexibility may matter when families face multiple and changing demands. Flexible cash may complement existing child welfare services by addressing practical needs that referrals, mandated programs, and other formal supports are not designed to meet.

These findings also highlight the potential relevance of EmPwR's model of flexible cash support. Although unrestricted cash alone cannot resolve poverty or structural inequality, it may reduce some immediate tradeoffs by allowing caregivers to prioritize the routine material costs of maintaining a household and caring for children. Rather than requiring families to fit their needs into predetermined service categories, unrestricted support may provide greater agency to address practical problems as they arise. Overall, these findings suggest family-centered child welfare practices may benefit from evaluating not only whether services are provided, but also whether caregivers experience those services as responsive to their identified needs.

Limitations

This project reflects caregivers' self-reported experiences and should not be interpreted as evidence of causal effects. This project focuses exclusively on caregiver perspectives and does not incorporate the experiences or perspectives of child welfare caseworkers. Figure 1 presents three illustrative caregiver interviews selected from a larger sample of 74 interviews. Although these interviews reflect themes identified during matrix analysis, they do not capture the full range of caregiver experiences. The three interviews were selected to illustrate themes identified through the broader matrix analysis rather than to represent all caregiver experiences. However, these themes were highlighted in matrix analysis conducted before our project. Finally, because the study focuses on families receiving intact services, findings may not generalize to families involved in other child welfare service types.

Future Research

This project provides an initial exploration of the gap between caregivers' identified needs and the support they report receiving in practice. As part of the broader EmPwR study, focus groups were previously conducted with child welfare professionals to better understand their perspectives on supporting families. Future research will build on the current findings by incorporating child welfare caseworkers' voices. Including caseworker perspectives will provide a more comprehensive understanding of the systemic factors that influence service delivery. Together, caregiver and caseworker perspectives may help inform policies and practices that strengthen family-centered approaches and better align services with

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Figures

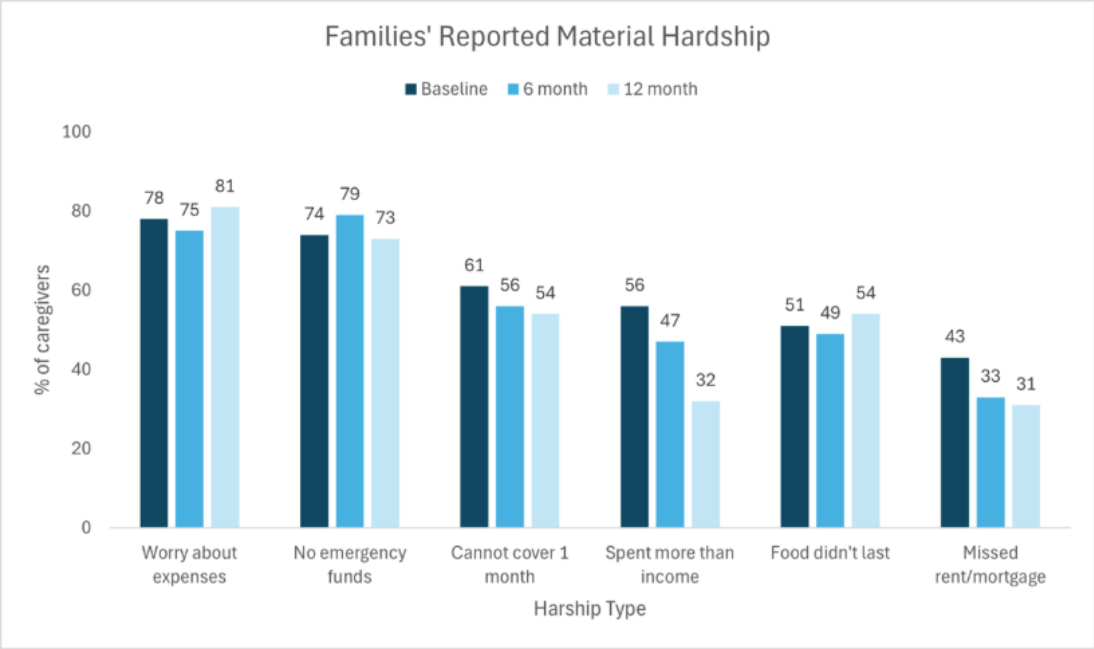
Figure 1

Service Delivery Experiences from Participant Interviews

	Need	Given	Outcome
Working single mother of 4, treatment group	*"If I can go and spend $400 on the cots and the pads that I want to get for them. Get them some waterproof sleeping bags for me. That's beneficial for me… That'll help me in a step towards our goal of easy cleanup and a way for them to be able to clean up behind themselves because that's the whole issue here."*	*"So, they're like, 'Well, we have to get you guys beds.' Well, then you're just putting more stuff in my house that I don't need."*	*"[Intact worker] come[s] in and they're telling us to clean. Well, you guys are telling us the same thing that we've been through"*
Working mother of 5, control group	*"I just wish that the resources and supports that are offered were like, didn't take so long to actually get. And like, I don't know if that's due to them having a lot of cases or what's going on, but it's like, is one family more important than the next?"*	*"...it's already been a couple weeks and I haven't gotten [winter coats] yet, but I don't want, you know, I'm trying not to be mean about it, but it's like they need it now"*	*"I mean, I don't know how the system works like, [sighs] and when I say that, I mean, like I appreciate the help that they would give, but have I seen it yet? No."*
Working single mother of 4, control group	*"It's not that I want free stuff, It's just that I want to get back on my feet"*	*"I said, 'but all you guys do is drug test me.' And I kept saying that, so I think [intact caseworker] thought I was like, well, where's my free shit?."*	*"I just don't think she was doing what I needed her to."*

Figure 2

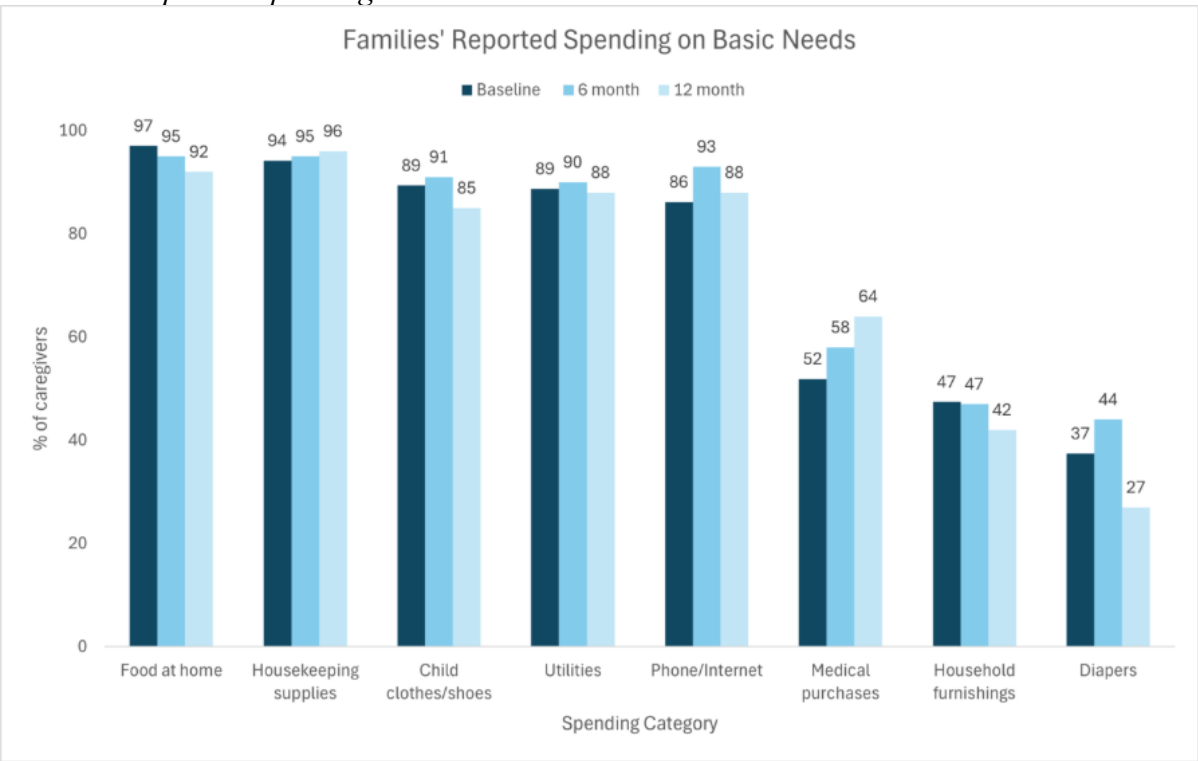
Families' Reported Material Hardship



This figure shows the percentage of caregivers reporting material hardship at baseline, 6 months, and 12 months.

Figure 3

Families' Reported Spending on Basic Needs



This figure shows the percentage of caregivers reporting any spending in each basic-needs category at baseline, 6 months, and 12 months.

Appendix A

Material Hardship

The Material Hardship measures used in the EmPwR survey assessed caregiver financial strain, housing instability, and food insecurity. For the present study, the descriptive analyses focused on six hardship indicators examined across baseline, 6-month, and 12-month waves. Food insecurity content was adapted from the *U.S. Household Food Security Survey Module* (U.S. Department of Agriculture, Economic Research Service, 2012). In the present analyses, items were examined individually and reported as percentages of treatment families endorsing each indicator at each wave.

1. How often do you worry about being able to meet your monthly living expenses?
2. In the past 12 months, would you say that your household has spent more, less, or about as much as all of your sources of income combined?
3. In the past 12 months have you ever missed a rent or mortgage payment?
4. Have you set aside emergency or rainy-day funds that could cover your expenses for 1 month in case of sickness, job loss, economic downturn, or other emergencies?
5. If you were to lose your main source of income, for example, your job or government benefits, could you cover your expenses for one month by borrowing money, using savings, selling assets, or borrowing from friends/family?
6. How true was the following statement in the last 12 months: “The food that we bought just didn’t last, and we didn’t have money to get more.”

Appendix B

Expenditures

The Expenditure measures used in the EmPwR survey assessed child-related and household spending across multiple categories. For the present study, the descriptive analyses focused on expenditure categories most directly related to household basic needs: food at home, utilities, phone/internet, housekeeping supplies, medical purchases, child clothing, diapers, and household furnishings. The REDCap expenditure instrument included both yes/no purchase items with follow-up dollar-amount questions and direct household expenditure questions asking about recent or average spending. In the present analyses, child clothing and diaper items were coded as reported spending when caregivers endorsed purchase, and household expenditure items were coded as reported spending when the reported dollar amount exceeded zero. Accordingly, findings were reported as percentages of treatment families reporting any spending in each category at each wave rather than as average dollar amounts.

1. How much does your household usually spend each month on housekeeping supplies and services, such as cleaning detergents, paper towels, sponges, or a cleaning service?
2. How much does your household usually spend each month on prescription drugs, medical equipment or supplies, over-the-counter medications, vitamins, inhalers for asthma, etc.?
3. Over the last month, how much has your household spent on clothing and shoes, including watches and jewelry?
4. Over the last month, how much has your household spent on household furnishings and equipment, including furniture, bed linens, appliances, dishes, or other housewares?
5. How much do you and everyone else in your family spend on food that you use at home in an average month? (If you receive food stamps, include them in the total amount).