# Raising the Bar: Child Welfare's Shift Toward Well-Being

Center for the Study of Social Policy
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## Introduction

Over the last decade, there has been an increasing awareness about the poor developmental outcomes for children and youth in the child welfare system. The recognition of the need to improve well-being as a central focus of child welfare's work has grown from an understanding of the importance of early childhood and adolescence in shaping outcomes, and the impact of toxic stress on the development of children and youth.

Child and youth well-being encompasses multiple dimensions: physical and mental health, educational progress, social and emotional adjustment and healthy relationships. For children and youth who have been abused or neglected, the child welfare systems that are responsible for their safety and stability must simultaneously focus on their developmental health and well-being. This focus must include attention to the needs, future happiness and success of the children and youth served so that all children can thrive and reach their full potential.

There is a significant opportunity now to successfully implement a policy and practice agenda to improve social, emotional, physical and educational outcomes for children, youth and families involved in the child welfare system. Examples exist across the country of promising federal, state and local efforts on which to build. This brief aims to outline initial steps for policymakers and advocates, as well as summarize the research, policy and practice trends driving this increased focus on well-being.

## Defining Well-Being

For the purposes of this brief, well-being means the healthy functioning of children and youth that allows them to be successful throughout childhood and into adulthood. The Administration on Children, Youth and Families (ACYF) has identified four domains of child well-being: cognitive functioning; physical health and development; emotional/behavioral functioning and social functioning. While these four domains are clearly central to well-being, the Center for the Study of Social Policy's (CSSP) definition goes beyond these domains and explicitly takes into account the interplay between a child's well-being and the parenting or caregiving

environment around them. The well-being of families and caregivers is a defining pathway to a child's well-being; thus healthy family relationships and attachment to a caring and reliable adult must also be included as part of the concept and recommended actions to promote well-being.

## Making the Case for Well-Being

A number of new developments in research, policy and practice have come together in recent years to support an increased focus on well-being in the child welfare system, including the science of brain development, the effects of trauma and the importance of protective and promotive factors (characteristics of individuals, families, communities and society that mitigate or eliminate risk, or actively enhance well-being) and the connection between permanence and well-being.

**Brain Development.** The last two decades have seen amazing progress in understanding how the brain develops and the complex relationships between physical, emotional, cognitive and social development.[1] Research has shown not only the important role that the first three years of life play in brain development but also the opportunity that exists during adolescence to further build the brain's architecture.

**Effects of Trauma.** The rapidly developing brains of infants, toddlers and preschoolers (birth to age 5) and youth (ages 11-26) can be permanently affected by prolonged activation of the body's stress response systems, known as toxic stress.[2] Without the support of a caring adult to buffer against chronic, frequent or intense adversity, the flood of stress hormones and other chemical changes can have long-term consequences.[3] These physical reactions to trauma can disrupt normal development and affect everything from children's ability to focus and learn in school to their capacity to form trusting relationships to their cardiovascular health later in life.[4] Fortunately, some internal characteristics and other protective factors seem to ensure that some children and youth are more resilient than others.[5]

**Protective and Promotive Factors.** Research from the fields of public health, prevention science and child and youth development has identified protective factors that can mitigate risk and promote positive development. By drawing attention to the individual, familial, community and societal aspects that support healthy development, these research-based factors provide a vehicle for moving beyond risk-reduction toward a strength-based approach for supporting all children, youth and families. See Appendix A for a list of CSSP's protective and promotive factors.

**Permanence and Well-Being.** Studies on permanence indicate that by addressing issues that are often considered to be related to well-being, child welfare systems may also be more successful in their permanency efforts. One such study found that children with fewer placement changes and less frequent caseworker changes are more likely to achieve timely permanence.[6] Research also suggests that there are factors that contribute to both achieving well-being outcomes for children in foster care and to shorter stays in foster care. These studies, focused on the role of supervised visitation, suggest that providing opportunities for children to spend time with their biological parents not only makes it more likely that children achieve permanence but also makes it more likely for children to have secure attachments. This is important because higher levels of attachment lead to a reduction in children being classified as developmentally delayed, having behavioral problems or needing medications to address behavioral problems.[7]

### Addressing Trauma and Increasing Well-Being in Washington D.C.

The District of Columbia's Child and Family Services Agency (CFSA) is addressing well-being as a part of their Four Pillars framework to safely reduce the number of children coming into foster care. As a part of that work, CFSA has created an Office of Well-Being charged with working collaboratively with other family-serving agency to ensure the healthy development of children and youth, including attention to appropriate educational, mental health and physical health needs.

CFSA's Office of Well-Being houses specialists in domestic violence, substance abuse, education, housing and childcare. Additionally, it is the home of Partners for Kids in Care (PFK) and the Mayor's Services Liaisons Office (MSLO). Using community volunteers and donations, PFK provides children and youth in foster care, and at-risk families in the child welfare system, with needed concrete supports and enrichment opportunities. The MSLO is an innovative inter-governmental and community approach to coordinating services across the system for court-ordered and court-involved clients which links them to liaisons from housing, education, employment, rehabilitation, mental health and substance abuse, among other government and community-related services.

With a $3.2 million grant from the U.S. Department of Health and Human Services' Administration for Children and Families, CFSA is making trauma-informed treatment the foundation of serving children and youth in its care. Using the latest scientific findings about the effects of trauma on brain development and functioning, trauma-informed treatment focuses not just on the child or youth but also on his or her relationships and surroundings. CFSA is partnering with other D.C. governmental agencies, including the Department of Mental Health, researchers, clinicians and private-sector practitioners to infuse trauma-informed treatment throughout their child welfare system. This will be achieved through the implementation of data-driven screening, assessment, case planning, progress monitoring and a service array reconfiguration. The grant will support broad-based training of social workers, foster parents, attorneys, counselors and other professionals who work with abused and neglected children.

## Federal Efforts to Elevate Well-Being

The federal government has initiated a number of efforts in recent years to prioritize well-being and encourage states to improve outcomes for children and youth in the child welfare system. These outcomes – educational success, child health and social-emotional development and connection and support to a child's family, among others – can be seen both through legislative changes and administrative action at the federal level.

The *Fostering Connections to Success and Increasing Adoptions Act of 2008* was a large-scale effort to improve outcomes for children and youth in foster care. Among other things, the law required states to ensure educational stability for children and youth in foster care, place siblings together whenever appropriate, improve health care access and coordination, increase incentives to promote adoption and extend support for older youth aging out of the system, including continuing foster care to age 21 for certain youth.

The *Child and Family Services Improvement and Innovation Act of 2011* requires states to address the developmental needs of children in their child welfare case plans. It also allows the Department of Health and Human Services to approve up to 10 Title IV-E child welfare waiver demonstration projects per year between fiscal year (FY) 2012 and FY 2014. These demonstration projects waive certain requirements of the Social Security Act, allowing states to test innovations in child welfare practices. The demonstration's emphasis is on approaches focused on improving well-being outcomes for children, youth and their families, including addressing trauma experienced by children in the child welfare system.

In April 2012, ACYF released an Information Memorandum, *Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services* (ACYF-CB-IM-12-04). It encourages child welfare agencies to focus on improving the behavioral and social-emotional outcomes of maltreated children and youth. ACYF has also created a well-being workgroup which serves as a platform for the federally-funded child welfare

technical assistance network to come together, share information and coordinate around well-being initiatives. See Appendix C for some additional opportunities to advance well-being through federal programs.

### ACYF & Protective Factors

At the federal level, the Administration on Children, Youth and Families (ACYF) has taken a strong interest in protective factors approaches to improving well-being. Language was integrated into a series of discretionary grant opportunities in 2011. Since then, ACYF has funded a review of the literature to learn more about the protective factors that research has shown can improve the social and emotional well-being for five specific ACYF child and youth populations. The results from this literature review are expected to be shared with the field later in 2013.

## A Well-Being Agenda for Child Welfare

Given the multiple domains central to promoting a child and family's well-being, successful efforts will require collaboration throughout government, across agencies and in the community. There are also, however, several steps that the child welfare system itself can take. A proposed well-being agenda for child welfare systems encompasses:

**Responding to the needs of trauma-exposed children.** The majority of children who come into contact with the child welfare system have had some exposure to trauma, and many of them have experienced toxic stress. Child welfare systems must have the knowledge and skills to identify trauma, the right set of interventions available and resources to respond quickly and appropriately.

**Promoting expectations and opportunities for positive development for children and youth in foster care.** Children in the child welfare system need opportunities to develop and thrive in the most normalized settings possible with the same high expectations for their social development and educational success that most children receive through their families, schools and communities.

**Adopting strategies to integrate knowledge of and approaches to build protective and promotive factors into services and supports for children and families.** An approach to build protective and promotive factors with children, families, caregivers and communities can be used to help create a multi-agency focus on child and youth well-being outcomes by providing a common framework and language and by offering strength-based approaches and concrete strategies for intervening with families.

### Action Steps: Responding to the Needs of Trauma-Exposed Children

**Provide training in trauma-informed care** for caseworkers, supervisors, resource parents and staff of partner agencies and systems. Traumatic experiences affect children in a variety of ways, some of which go unrecognized as reactions to trauma. This can lead to children being misdiagnosed and treated punitively when challenging behaviors are exhibited, or can impede bonding with caregivers and peers. In a trauma-informed child welfare system, the adults interacting with children and youth are alert to signs that a child is reacting to trauma and are equipped to respond in ways that address and ameliorate the physiological, psychological and behavioral effects of trauma.

Advocate for:

- Making trauma and its impact on development part of the training agenda for child welfare staff, resource families and other providers who serve children and youth in foster care.
- The development and support of evidence-based practice models to address trauma for children and youth involved in the child welfare system.

### Project Broadcast, North Carolina

Project Broadcast is designed to improve access to trauma- and evidence-informed practices and services – which includes increasing knowledge of trauma among child welfare professionals, clinicians, resource parents and service providers in the system of care. In nine pilot counties, the state is working to coordinate changes across the system of care that:

- Develop trauma-informed child welfare workforces and systems
- Increase local capacity and access to trauma-specific evidence-based mental health treatments for children and youth, such as Attachment and Bio-Behavioral Catch-Up, Parent and Child Interaction Therapy, Trauma-Focused Cognitive Behavioral Therapy and Structured Psychotherapy for Adolescents Responding to Chronic Stress
- Build clinical capacity by:
    - Developing an online roster of trained clinicians
    - Offering access to expert clinical consultation for those clinicians
    - Providing access to upcoming training opportunities for clinicians interested in learning evidence-based treatments

**Connect families to appropriate mental health service providers.** Both children and families may need specialized, trauma-informed mental health services. Yet in many jurisdictions, particularly in rural areas, high quality services are simply not available. Moreover, because of the stigma around accessing these services, a "warm handoff" and strong relationships between child welfare workers and mental health providers in the community can support more appropriate and effective referrals for services.

Advocate for:

- An increase in the quantity, accessibility, availability and quality of mental health services for children.
- Effective collaboration between child welfare and mental health service providers.
- Changes in funding and reimbursement to support access to mental health supports at early stages of problem identification and without a clinical diagnosis.

**Minimize further traumatization of children in the child welfare system.** Child welfare systems risk doing further harm to vulnerable children and youth when decisions do not prioritize the stability and consistency that allow for healing and healthy development.

Advocate for:

- A greater focus on placement stability.
- Ensuring that policies and practices allow for children to continue in their school or early care and education setting when feasible and appropriate (as outlined in the guidance on Fostering Connections).
- Keeping siblings together whenever possible (also required in Fostering Connections).
- Maintaining frequent contact with birth parents and siblings, particularly for infants and toddlers in out-of-home placement.

**Consider parents' trauma histories.** Often, parents whose children are involved in the child welfare system have themselves been victims of trauma – in childhood and/or as adults. A compassionate, trauma-informed approach to working with these parents can provide them with opportunities to address their own trauma experiences, understand how it may affect their parenting and make changes that strengthen their ability to provide appropriate care for their children.

Advocate for:

- Screening parents regarding their experiences with trauma as part of child abuse and neglect investigation protocols.
- Ensuring that child welfare assessments and case plans include services and supports to address parents' childhood trauma or current trauma, including trauma caused by domestic violence.

### Trauma-Informed Services in Illinois

In Illinois, the Department of Child and Family Services (DCFS) has embraced trauma-informed care in its child welfare systems.

- The state received a Title IV-E waiver to implement the Illinois Birth through Three (IB3) project, assessing young children for trauma symptoms when they enter care and providing evidence-based, trauma-informed services to their caregivers. Birth and/or foster parents of children with moderate trauma symptoms participate in the Nurturing Parenting Program, while children with severe trauma symptoms participate in Child-Parent Psychotherapy along with their birth and/or foster parents.
- DCFS also received a Permanency Innovations Initiative (PII) grant from the Children's Bureau to improve permanency outcomes for youth in foster care, with a focus on responding to trauma. The project serves youth ages 11-16 that have been in out-of-home placements for two years, are experiencing mental health symptoms and/or have experienced two or more placements since entering care. Along with their foster parents and birth parents (when the goal is reunification), the youth receive TARGET (Trauma Affect Regulation-Guide for Education and Therapy) services.
- Illinois is also one of seven states selected to participate in the Three Branch Institute on Child Social and Emotional Well-Being, a partnership between the National Governor's Association, National Council of State Legislatures and Casey Family Programs, focused on improving the social and emotional well-being of children in foster care through an integrated and comprehensive approach that aligns the work of the executive, legislative and judicial branches of government. The other participating states are Connecticut, Kansas, New Mexico, Virginia, West Virginia and Wisconsin.

## Action Steps: Promoting Positive Development for Children and Youth Receiving Child Welfare Services

**Identify and address developmental needs.** Many children who come into the child welfare system have special needs, including developmental delays and behavioral issues – whether diagnosed or not.[8] Others have simply fallen behind their peers due to neglect, growing up in chaotic or dysfunctional environments and/or the disruption caused by out-of-home placements.

Advocate for:

- Assessing all children involved with child welfare services for health, mental health and developmental issues.
- Greater coordination between child welfare and developmental partners: early intervention systems, Head Start, education, mental health and public health, among others.

- Specialized medical home services for every child in child welfare to ensure coordination of care across multiple health care providers – and the continuation of those services for at least the first year after child welfare involvement has finished. A medical home is the base for any child's medical and non-medical care, including medical records. Centered on the child/family, it is a partnership between the patient, family and primary provider in cooperation with specialists and support from the community.

### Children in Foster Care Medical Home Initiative - Wisconsin

In six Wisconsin counties, qualified health care providers with the demonstrated capacity for trauma-informed care and evidence-based treatment are being funded to develop a medical home model for children in foster care.

- The primary care provider and care team will ensure that each child receives a complete trauma-informed health assessment.
- An individual treatment plan will address the child's trauma-related needs, deliver treatment services that are evidence-based and result in improved behavioral, mental and physical health for the child and a safer, more stable family setting for the child.
- The child will be eligible to receive care coordination and services through this medical home model for 12 months after a child reunification, adoption or other permanency plan – provided they are still eligible for Medicaid after the child's permanency plan is achieved.
- Medical homes must demonstrate that they have qualified physicians, nurse practitioners and other supportive staff, an adequate network of qualified providers for medical, dental and behavioral health services and the ability to contract with providers outside their network to ensure a full range of services to ensure continuity of care for the child.

Benefits will be provided under the BadgerCare Plus Standard Plan (state Medicare plan), with added unique features to support children in out-of-home placements. Key performance measures for the program are based upon national standards within the Child Welfare and Medicaid programs.

**Promote improved health outcomes for children and youth in foster care.** Children in child welfare often have significant physical, mental and behavioral health needs but in many states, have irregular access to routine or specialized health care services. In fact, nearly half of all children in foster care have chronic medical problems, and the General Accounting Office (GAO) found that while in care, one third of children had health care needs that remained unaddressed.

Advocate for:

- Ensuring children and youth have a medical home.
- Ensuring comprehensive evaluation, routine medical care and timely follow-up.
- Creating clear policies and consent protocols on use of psychotropic medications for children and youth in foster care.
- Providing support to foster and kinship caregivers by including nurses as part of the child welfare team.
- Creating data systems that preserve and track the health information of children and youth in foster care.
- Continuing Medicaid coverage for children who are leaving foster care to be reunified with their families.
- Ensuring that older youth who exit foster care are automatically enrolled in Medicaid (title XIX) or through another health insurance program.

**Provide supplemental developmental supports when needed.** When developmental or behavioral issues are identified, children should be provided appropriate services in partnership with the state or local agency implementing IDEA. One specific form of support is mental health consultation and services for involved children and families.

Advocate for:

- Automatic referral to IDEA Part C services for all infants and children under the age of three who have experienced child abuse or neglect.
- Sufficient resources to not only screen young children for developmental delays but for effective treatment for those who need services.
- Use of mental health professionals to provide expertise, modeling, coaching and feedback to caregivers of children with developmental delays and behavioral health challenges.
- Priority access for child welfare-involved children for developmental services and supports – such as early childhood screenings, after-school services, Head Start and quality early care and education slots and youth development activities.

**Promote positive educational outcomes for children and youth in foster care.** Children and youth in foster care experience significantly poorer educational outcomes than their peers, with 75 percent of foster children performing below grade level and only 50 percent graduating from high school or receiving a GED. Child welfare systems can take action to promote improved educational outcomes for children and youth in foster care – starting with early care and education and continuing as young people go through high school and on to college or other post-secondary training.

Advocate for:

- Increasing access to quality early care and education by prioritizing slots in child care settings for young children in foster care or ensuring that children ages 3-5 participate in early care and education opportunities.
- Authorizing kinship caregivers, foster parents or court-appointed special advocates as educational surrogates for foster children and youth; mandating that educational advocates are made available through the child welfare system; or partnering with schools to develop education advocates for children in foster care.
- Requiring child welfare systems to report on their progress in implementing the requirements of the Fostering Connections Act related to the educational stability of foster youth.

### Educational Accountability in California

Acknowledging the collective responsibility to ensure that foster children succeed in school, California's 2013-2014 budget bill included language to add foster children to the subgroups evaluated under the No Child Left Behind (NCLB) Act. NCLB requires states to evaluate schools and school districts based on the progress of different subgroups of children, including students of color, students with disabilities and students who primarily speak a language other than English. California's budget bill adds foster youth to this list, creating an incentive for schools to focus on the educational progress of the approximately 42,000 school-age foster children in California.

**Support bonding and attachment during out-of-home placement.** Healthy development includes attachment to parents and other family members. Respect for diversity in how different cultural groups define "family" will allow caseworkers and resource parents to acknowledge and nurture all of the meaningful relationships in children's lives.

Advocate for:

- Maintenance of existing family and caregiver bonds whenever possible.
- Daily contact with birth parents for infants and toddlers in out-of-home placement.
- Inclusive definitions of "family" that allow children and caregivers to identify the important adults in children's lives with whom connections should be maintained.

**Tailor supports to meet each child or youth's particular needs.** Promoting well-being will never be a one-size-fits-all approach. Children's needs will vary, reflecting their racial, cultural, ethnic and linguistic backgrounds, their immigration status and their personal and family circumstances – and services should be tailored accordingly.

Advocate for:

- Policies that require individualized case planning that include asking children, youth and birth parents about needs and concerns.
- Increased cultural competence among caseworkers and other service providers.
- Availability of language translation and interpretive services at all points in a child welfare case.
- All children in the child welfare system having a well-being plan that reflects their individual needs and respects their racial, cultural, ethnic and linguistic backgrounds.

**Provide opportunities for youth to thrive: Meet the developmental needs of older children and youth.** Developmental milestones are not just for infancy and early childhood. Older children, adolescents and young adults also require support and monitoring to ensure their development is on-track and will benefit from trauma-informed supports and services.

Advocate for:

- Extending supports and services to young people beyond age 18 (as provided for in Fostering Connections).
- Assistance to older youth in foster care with applying for jobs, college and financial aid.
- Maintaining connections with birth and/or foster family members who may be critical supports as youth age out of the system.
- Support for youth in addressing racial, cultural and ethnic identity and connection.
- Reproductive health care and comprehensive sexual education for youth in foster care.
- Support for youth struggling with their sexual identity, gender expression or family rejection due to their sexuality.
- Multi-generation supports designed for pregnant and parenting teens in the child welfare system.

**Ensure that children and youth in the child welfare system are also getting access to "normal" developmental opportunities.** It can be easy to focus on the services children and youth need and forget that childhood is also about afterschool activities, time to play with friends, learning to drive or going to the prom. Too often children in child welfare miss these opportunities that also contribute to well-being.

Advocate for:

- Policies that allow foster parents to authorize participation in normal activities, such as school field trips and sports teams, without the involvement of a caseworker, as referenced in a House Ways and Means Committee letter to state child welfare administrators in June 2013.[9]

### Letting Kids Be Kids in Florida

In April 2013, Florida enacted the Quality-Parenting for Children in Foster Care Act. The bill eliminates many of the restrictions that keep foster children from participating in normal activities, like a field trip, sleepover, sporting event, vacation or even a trip to the beach. The new law recognizes the importance of normalizing the lives of children in foster care and empowers caregivers to approve or disapprove a child's participation in normal childhood activities without prior approval of the caseworker, provider agencies or the courts.

**Develop plans, backed by data, for promoting the well-being of children and youth served by child welfare systems, including subpopulations that are at the greatest risk for poor outcomes.** Child welfare systems can use data to better understand the risks and opportunities for children and youth in their care, including identifying subgroups with the greatest risk for poor well-being outcomes. Data collection and analysis should focus on achievement of child well-being outcomes. Appendix B includes a summary of indicators of well-being identified by Child Trends. Increasing systems' understanding of who is doing well and who is being left behind should help to build more targeted strategies to improve outcomes for all of the children and youth served.

Advocate for:

- Child welfare systems' collecting and publishing aggregate data on well-being indicators for the children, youth and families they serve.
- Disaggregation of data by age, race, ethnicity, sexual identity and gender expression, geographic areas and other categories (e.g., pregnant and parenting youth, children with disabilities) in ways that identify the specific subpopulations most at risk for poor well-being outcomes.
- Using data to develop strategies to serve at-risk populations more effectively by understanding specific risks and opportunities.
- The direct engagement of children, youth and caregivers as core decision-makers in defining a well-being agenda that addresses the needs of children and youth in the system.

### Collaborating to Make Use of Data in Wisconsin

In Wisconsin, the Department of Children and Families, Department of Public Instruction and the Department of Health Services are collaboratively developing an Early Childhood Longitudinal Data System that will link data from child welfare, child care and other early childhood education programs, Medicaid, the IDEA Part C program for children with disabilities and other health programs. This linked data system will enable case managers to monitor early childhood education and care during the post-reunification period and assist parents to achieve strong early childhood education outcomes for their children.

**Advocate for multi-agency responses to meeting children's needs.** Policymakers and human service leaders must structure an environment in which child welfare workers are expected to work closely with relevant agencies to address the multi-dimensional nature of well-being. Their counterparts in other agencies also need to be held responsible for collaborating with child welfare on behalf of improving the well-being needs of these children and youth. Child welfare systems need to establish good working relationships with service providers, schools and other systems; provide caseworkers with information, time and supports to sustain working relationships with their colleagues in other systems and agencies and hold each other mutually accountable for agreements regarding services for a particular child and family.

Advocate for:

- Child welfare agencies providing leadership by bringing multiple systems together to develop a common understanding, a shared language and commitment to improving child well-being outcomes and an agenda for change.

### Linking Child Welfare and Education in Connecticut

Connecticut has been a leader in forging strong connections between its child welfare and educational systems.

- A 1999 pilot program in northwest Connecticut to strengthen collaboration between Head Start and the Department of Children and Families (DCF) resulted in protocols related to six areas of overlap between the two agencies: identifying and reporting maltreatment, communication on open DCF investigations, treatment planning and case management, placement of children, DCF referrals to Head Start and agency planning. These protocols have been further refined and continue to be used today in a statewide DCF-Head Start Collaboration.
- DCF issued an "Education Framework" in 2012, outlining educational expectations for children in the care and custody of DCF, including in early childhood.
- The Connecticut Child Justice Foundation, a nonprofit organization of attorneys and former judges, serves as legal advocate for DCF-involved children who experience extraordinary challenges in receiving needed educational services and supports.

**Support opportunities for court personnel training.** Judges can play a significant role in ensuring that children and youth who come before the court receive the necessary supports and services for promoting their healthy development and well-being. Too often judges lack training in child and adolescent development and on the impact of trauma on brain development.

Advocate for:

- Equipping judges with training that will ensure that they have adequate information for evaluating the child and youth's circumstances within the context of their trauma and developmental history.

## Action Steps: Working From a Protective and Promotive Factors Framework

**Integrate a protective factors approach into case practice models.** Increasingly, state child welfare agencies have developed case practice models which define the overarching framework for their service provision to children and families. Integrating an orientation toward building protective and promotive factors into a state or local case practice model can help guide caseworkers, contract providers and resource

families away from a focus geared exclusively toward risk-reduction toward one that also addresses healthy development and well-being.

Advocate for:

- Adopting an approach to building protective and promotive factors as a framework for child welfare practice.
- Comprehensive pre-service and in-service training on strategies to build protective and promotive factors for children, youth and families.
- Modifying assessment tools and case planning processes to include a focus on building protective factors for parents and for children.

### Rethinking Youth Services in New Jersey

In July 2012, New Jersey Department of Children and Families (DCF) Commissioner Allison Blake created the Task Force on Helping Youth Thrive™ in Placement (HYTIP). Task force members include DCF staff, youth, service providers, and youth advocates. Through the lens of the Youth Thrive™ Framework, the task force was asked to identify and implement strategies to promote statewide, systematic and cultural change that will ensure that the well-being of youth (ages 11-21) in an out-of-home care placement are supported so they have the most normal childhood and adolescence possible, thrive as individuals and successfully transition into adulthood. The task force recently issued a report outlining recommended changes in four key areas:

1. Department of Children and Families Policy
2. Program Models and Licensing for Out-of-Home Clinical and Non-Clinical Placements
3. Resource and Relative Home Placements for Older Youth
4. Training

**Use protective factors as a framework for guiding, incentivizing and creating accountability for contracted providers.** Many child welfare systems rely heavily on contracted providers. This is especially true for front-door services in multiple response systems, or services aimed at family capacity building or treatment.

Advocate for:

- Aligning contracts to require providers to integrate a focus on building protective and promotive factors into their work with families.
- Ensuring that contracted providers receive training and support in how to adopt a protective factors approach in their work.
- Aligning accountability measures to assess providers' capacity for building protective factors for families.

### Michigan's Title IV-E Waiver: Testing a Protective Factors Approach

Michigan's IV-E waiver will test the hypothesis that using a protective factors approach with families will build their resiliency, parenting insight and social connections to more effectively manage situational and environmental stress. The waiver demonstration will provide targeted in-home services to families with children up to age five to address key factors that correlate with neglect, including parental isolation, loneliness and weak social networks. Michigan will engage private sector contractors to assess needs and develop individual family case plans. Tools are being designed to assess families not only on risk and safety but also on protective factors. This information is then tracked in the case planning document. Contractors will be responsible for establishing priority linkages to home visiting programs for families and identifying specific evidence-based resources and strategies that will help families to build protective factors. All family case plans will include strategies to improve a family's economic success and stable housing, with flexible funds available to help alleviate crises and address short-term issues.

**Use the protective factors framework for developing new partnerships between child welfare and other child, youth and family serving systems.** Because many states' early childhood systems and child abuse and neglect prevention services are already adopting protective factors approaches, this can form a basis for effective cross-systems collaboration. Additional partnerships are needed to support children and families beyond the early years.

Advocate for:

- Active child welfare agency participation with other systems and potential partners such as Early Childhood Comprehensive Systems, Youth Advisory Boards, Mental Health Authorities, housing, employment and training programs and youth development initiatives.

### Protective & Promotive Factors: A Strengthening Families and Youth Thrive Approach

Protective factors approaches are used in child welfare in two ways, often in tandem:

- By focusing on the child themselves and the protective factors that will help them thrive
- By focusing on the protective factors of caregivers to help them provide the nurturing environment that will support children

One widely used protective factors approach is Strengthening Families™, part of the Center for the Study of Social Policy's Protective and Promotive Factors Framework, which has been adopted by child and family serving systems in more than 40 states. In 17 of those states, Strengthening Families is being integrated into child welfare practice. Strengthening Families and Youth Thrive, a Protective and Promotive Factors Framework for youth ages 11-26, are described in Appendix A.

## Conclusion

It is critical to understand that a child's well-being is intertwined with their safety and permanent relationships. Improving well-being outcomes must also include attention to social, emotional and physical health, educational success and connection to peers and community. A significant opportunity has been created by the focus of federal policy on the need to improve child well-being outcomes for children and youth involved with child welfare systems. This, coupled with supporting research and the very real consequences facing children and youth, present a compelling reason for action.

The good news is that there are ideas and strategies being tested across the country that can serve as the foundation for states to learn from and to develop a focus on improved well-being outcomes (*See Appendix D for contact information about the specific state and local examples provided throughout this brief*). Federal opportunities for creative state and local action exist through funded grant programs, Medicaid, the implementation of the Affordable Care Act and the new directions that can be pursued with the Title IV-E waivers. As the examples in this brief have illustrated, state and local leaders are also taking action for strengthening well-being for children and youth. However, much remains to be done. Advocates, systems leaders, decision-makers, caseworkers and service providers each have an important role to play in ensuring better outcomes and successful futures for all children and youth.

*The State Policy Advocacy and Reform Center (SPARC), an initiative funded by the Annie E. Casey Foundation and Jim Casey Youth Opportunities Initiative, aims to improve outcomes for children and families involved with the child welfare system by building the capacity of and connections between state child welfare advocates. SPARC is managed by First Focus. You can visit us online at www.childwelfaresparc.org or on Twitter at @ChildWelfareHub..*

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[1] Shonkoff, J., & Phillips, D. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, DC: National Academy Press; National Scientific Council on the Developing Child (2010b). *Early Experiences Can Alter Gene Expression and Affect Long-Term Development: Working Paper No. 10*. Retrieved June 15, 2013 from http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp10/.

[2] Center on the Developing Child. (2012). *Toxic Stress: The Facts*. Retrieved June 18, 2013 from http://developingchild.harvard.edu/topics/science_of_early_childhood/toxic_stress_response/.

[3] Ibid.

[4] Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. American Journal of Preventive Medicine, 14, 245–258; National Scientific Council on the Developing Child (2010a). *Persistent Fear and Anxiety Can Affect Young Children's Learning and Development: Working Paper No. 9*. Retrieved June 15, 2013 from http://developingchild.harvard.edu/index.php/resources/reports_and_working_papers/working_papers/wp9/.

[5] See, for example, Wyman, A. (2003). Emerging perspectives on context specificity of children's adaptation and resilience: Evidence from a decade of research with urban children in adversity. In S. S. Luthar (Ed.), *Resilience and vulnerability: Adaptation in the context of childhood adversity* (p. 293-317). New York: Cambridge University Press; Ozbay, F., Fitterling, H., Charney, D., & Southwick, S. (2008). Social support and resilience to stress across the life span: A neurobiologic framework. *Current Psychiatry Report, 10*(4), 304-10.

[6] Potter, C.C, Klein-Rothschild, S. (2002). Getting Home on Time: Predicting Timely Permanence for Young Children. *Child Welfare, LXXI* (2). Child Welfare League of America.

[7] McWey, L. M, and Mullis, A.K. (2004). Improving the Lives of Children in Foster Care: The Impact of Supervised Visitation. *Family Relations, 53*(3).

[8] Lightfoot, E., Hill, K. & LaLiberte, T. (2011). Prevalence of children with disabilities in the child welfare system and out of home placement: An examination of administrative records. *Children and Youth Services Review, 33*(11), 2069-2075; Hibbard, R. A., Desch, L. W., The Committee on Child Abuse and Neglect & Council on Children With Disabilities. (2007). Maltreatment of children with disabilities. *Pediatrics, 119*(5), 1018-1025.

[9] Congress of the United States, House of Representatives, Committee on Ways and Means. June, 4, 2013: http://waysandmeans.house.gov/uploadedfiles/letter_to_state_child_welfare_directors_on_normalcy_060413.pdf.

## Appendix A: The Center for the Study of Social Policy's Protective and Promotive Factors Framework

The Center for the Study of Social Policy (CSSP) works to create new ideas and promote public policies that produce equal opportunities and better futures for all children and families, especially those most often left behind. The foundation of all of CSSP's work is a child, family and community well-being framework that includes a focus on protective and promotive factors. Taken together, protective and promotive factors increase the probability of positive, adaptive and healthy outcomes, even in the face of risk and adversity.

The Strengthening Families™ and Youth Thrive™ frameworks exemplify CSSP's commitment to identify, communicate and apply research-informed ideas that contribute to the healthy development and well-being of children, youth and families. As numerous studies affirm the importance of early childhood experiences in influencing adolescent and adult behavior, these frameworks provide a view of two interrelated phases of the lifespan developmental continuum: Strengthening Families focuses on families of young children (0-5 years old) and Youth Thrive on youth ages 11-26.

The Strengthening Families Protective Factors:

- Parental Resilience
- Social Connections
- Knowledge of Parenting and Child Development
- Concrete Support in Times of Need
- Social-Emotional Competence of Children

The Youth Thrive Protective and Promotive Factors:

- Youth Resilience
- Social Connections
- Knowledge of Adolescent Development
- Concrete Support in Times of Need
- Cognitive and Social-Emotional Competence in Youth

## Appendix B: Quantifying Well-Being

Child Trends has identified outcomes and indicators that define child well-being.[9] The outcomes are grouped in three main categories, described below.

**Children are healthy**

- Good health is essential throughout life. Health in childhood also has implications for health in adulthood. Serious risks to health have broad impacts on educational achievement, violence, crime and unemployment. Proposed indicators of health include:
- Babies will be born full-term and without drug exposure
- Children and youth will meet appropriate developmental milestones
- Children and youth will have positive peer relationship
- Parents and youth will be free of substance abuse or addiction

**Children are successful in school**

- Academic success is a powerful predictor of resilience and can provide a safety net, regardless of family or community circumstances. Youth who are succeeding in school are less likely to engage in high risk behaviors such as substance abuse, early sexual activities or delinquency. Proposed indicators of school success include:
- Children are enrolled in a preschool or early care and education program
- Children perform at grade level
- Children and youth will not be absent from school
- Children and youth will have positive connections to school
- Youth will not drop out of high school
- Youth will complete high school
- Youth will enter and complete college
- Youth will obtain a secondary credential (alternative measure for youth whose career goals do not require a college degree)

**Children are safe and nurtured in their families and communities**

- Children who have safe, secure environments in which to grow, learn and develop are more likely to thrive and prosper as adults. Early exposure to adverse experiences and trauma can have lifelong consequences for the developing brain. The presence of a stable and supportive caregiver is clearly among the most important environmental factors in promoting resilient functioning in maltreated children. Proposed indicators include:
- Children, youth and families will be free of abuse or neglect
- Children will not be subject to abuse or neglect in foster care
- Children will not be subject to repeat maltreatment
- Families will keep children safely in their homes
- Children in foster care will have stable placements while in care and be safely reunified or placed with permanent families
- Family ties will be preserved

## Appendix C: Some Additional Opportunities to Advance Well-Being Through Federal Programs

- **Child Welfare – Early Childhood Partnerships:** Through discretionary grants, regulatory authority and guidance, the federal Administration on Children, Youth and Families (ACYF) has made such partnerships a high priority, along with building protective factors and supporting trauma-informed practice. ACYF and the Office of Child Care have also issued guidance to encourage child welfare and child care agency partnerships to better serve vulnerable child populations and families. A number of states are using Strengthening Families to bridge these agencies and inform practice in child welfare and child care.
- **Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs:** New funding and enthusiasm for evidence-based home visiting programs offer an opportunity for improving child well-being outcomes among families facing multiple risks, including families with infants and young children who are reported and/or investigated for child abuse or neglect. Home visiting is well positioned to help address some of the most common issues for these families either through direct work with the home visitors or through the critical linkages to other community services that home visiting can facilitate. At the other end of the child welfare spectrum, home visiting offered on a voluntary basis may be particularly beneficial for pregnant and parenting teenagers in foster care or transitioning out of care. These youth are more likely to become parents than their counterparts in the general public and have at least some history of trauma and, likely, other challenges as well. The promise of home visiting as a dual-generation approach for improving outcomes seems especially bright with this population.
- **Early Childhood Systems:** The federal Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) competitive *Early Childhood Comprehensive Systems* (ECCS) grants will emphasize fostering safe and nurturing relationships, mitigating toxic stress in infancy and early childhood and broadening and enhancing MIECHV programs. This provides an opportunity to put the needs of children in child welfare at the center of ECCS planning.
- **The federal Centers for Disease Control and Prevention's *Implementation of Essentials for Childhood: Safe, Stable, Nurturing Relationships and Environments*** grant opportunity will establish cooperative agreements with state health departments and their collaborative partners to "support sustainable, multi-sectorial collective impact efforts that promote safe, stable, nurturing relationships and environments." This grant opportunity provides an important opportunity to engage public health systems in fostering community and systems changes that can contribute to the prevention of child abuse and neglect.
- ***Mental Health – Early Childhood Partnerships*:** The Substance Abuse and Mental Health Services Administration's (SAMHSA) Project LAUNCH grants seek to promote protective factors that support resilience and healthy development, by helping states improve coordination across child-serving systems and increase access to high-quality prevention and wellness promotion programs. Applicants must implement practices in core areas related to:
    - Screening and assessment in a range of child-serving settings, with a particular emphasis on social and emotional functioning
    - Integration of behavioral health into primary care
    - Mental health consultation in early care and education

- Increased focus on social and emotional well-being to expand and enhance existing home visiting programs
- Family strengthening and parent skills training

# Appendix D: Contact Information for More Details about Examples

**Addressing Trauma and Increasing Well-Being in Washington D.C.**
Dr. Benjamin A. Dukes
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**Project Broadcast, North Carolina**
http://www.ncdhhs.gov/pressrel/2012/2012-01-20_DSS_receives_grant.htm
Jeannie Preisler, Project Broadcast Coordinator
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**Illinois Birth through Three (IB3) project**
http://www.state.il.us/dcfs/docs/IB3%20Fact%20Sheet%2015%20Jan%2018%20final-dcfs%20internet%20copy.pdf
Dr. Cynthia Tate
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**Permanency Innovations Initiative (PII) (Illinois Department of Child and Family Services)**
http://www.acf.hhs.gov/sites/default/files/cb/il_grantee_profile.pdf
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**Children in Foster Care Medical Home Initiative—Wisconsin**
http://www.dhs.wisconsin.gov/bdds/fcmh/index.htm
Sheldon Kroning, Wisconsin Department of Health Services, Division of Long Term Care, Bureau of Long Term Support
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**Wisconsin's Early Childhood Longitudinal Data System**
http://wise.dpi.wi.gov/wise_p20ec
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**DCF-Head Start collaboration in Connecticut**
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**DCF Education Framework in Connecticut**
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**Connecticut Child Justice Foundation**
http://www.sgtlaw.com/silvergolubteitell/inc/EFT.CCJF.2013.pdf
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**New Jersey Department of Children and Families: Task Force on Helping Youth Thrive™ in Placement**
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**Michigan's Title IV-E Waiver**
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