Child Welfare: Moving from Data-driven to Evidence-based

Data → Information → Evidence

Broader Definition of Evidence based Practice

- Best available research evidence
- Decision-making
- Organizational context
- Population characteristics, needs, values, & preferences
- Resources, including practitioner expertise

Average Lifetime Cost of Maltreatment: $210,000

Criminal justice costs
Child welfare costs
Special education costs
Long-term health care costs
Short-term health care costs
Productivity losses

X. Fang et al., 2012
Factors Contributing to Poor Outcomes

- Biological
- Adverse Childhood Experiences
- Psychological
- Trauma
- Stress
- Genetic
- Infections
- Prenatal Damage
- Environmental
- Substance Abuse
- Community Violence
- Dysfunctional Family
- Neglect
- Physical

Guiding Principles of ASFA 1997

- The safety of children is the paramount concern that must guide all child welfare services
- Foster care is a temporary setting and not a place for children to grow up
- Permanency planning efforts should begin as soon as a child enters the child welfare system
- Child welfare system must focus on results and accountability
- Federal funding should be used to promote safety, permanency, and wellbeing

Decline in the Child Welfare 2002-2011

- 25% Decline in Caseloads 2002-2011


- Pathway to Poor Outcomes for Children and Youth
  - Abusive or Neglectful Parenting
  - Insecure Attachments & Emotional Dysregulation
  - Poor Social Functioning, Disturbed Peer Relationships
  - Maladaptive Coping Strategies
  - Psychological Distress
  - Poor Outcomes
Introducing a New Approach in Illinois

Goals
1. Early identification of trauma
2. Strong correlation between trauma, treatment plan and services
3. Improved well being outcomes
4. Sustainable life foundation
5. Supporting young adults requires a comprehensive approach

How We Redefined Success in Illinois
1. Redesign performance-based contracting in order to emphasize well-being outcomes (Chapin Hall study)
2. Implemented new placement system to keep children in the same school as before to substitute care (Chapin Hall study)
3. Introduced evidence-based services to address trauma (Bruce Perry studies)
4. Implemented a comprehensive assessment to understand needs and match services (Northwestern study)
5. Redesigned transitional living and independent living programs (Chapin Hall study)
6. Created a child location unit that tracks all youth who run away (Chapin Hall study)
7. Established common measures for residential treatment (U of Illinois study)

Adverse Childhood Experience & Adult Outcomes

“We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases. Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease.”

ACEs and NSCAW Equivalents

ACEs for Child Welfare Involved Children by Age

<table>
<thead>
<tr>
<th>Ages 0 to 2</th>
<th>Ages 3 to 5</th>
<th>Ages 6 to 10</th>
<th>Ages 11 to 17</th>
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</thead>
<tbody>
<tr>
<td>2%</td>
<td>4%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>11%</td>
<td>6%</td>
<td>6%</td>
<td>1%</td>
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<tr>
<td>28%</td>
<td>23%</td>
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<tr>
<td>17%</td>
<td>20%</td>
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<tr>
<td>21%</td>
<td>38%</td>
<td>68%</td>
<td>0%</td>
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</table>

Maltreatment & Complex Trauma

- Refers to children’s experiences of multiple traumatic events that occur within the caregiving system — the social environment that is supposed to be the source of safety and stability in a child's life.
- Typically, complex trauma exposure refers to the simultaneous or sequential occurrences of child maltreatment—including emotional abuse and neglect, sexual abuse, physical abuse, and witnessing domestic violence—that are chronic and begin in early childhood.
- Moreover, the initial traumatic experiences (e.g., parental neglect and emotional abuse) and the resulting emotional dysregulation, loss of a safe base, loss of direction, and inability to detect or respond to danger cues, often lead to subsequent trauma exposure (e.g., physical and sexual abuse, or community violence).”

Emotional, and Social Capacities Are Inextricably Intertwined Within the Architecture of the Brain

Maltreatment during early childhood can cause vital regions of the brain that lead to a variety of physical, emotional, cognitive, and mental health problems.

Connecting the Dots to Stress at Home

| History of domestic violence against caregiver |
| History of abuse or neglect of primary caregiver |
| Primary caregiver had serious mental health problem |
| Active domestic violence against caregiver |
| Active drug abuse by primary caregiver |
| Active alcohol abuse by primary caregiver |

Connecting the Dots of How Early Experiences Alter Gene Expression

Extensive scientific research has shown that healthy development depends on how much and when certain genes are expressed in the cells of these systems. Research has shown that environmental factors and early experiences have the power to impact whether genes are turned “on” or “off”—essentially whether and when genes are activated to do certain tasks.
Connecting the Dots to Poor Outcomes Among Children Known to Child Welfare

- In-Home, Connected to Services
- In-Home, Not Connected to Services
- Out-of-Home

- Developmental Problems (0-5 years old)
- Cognitive Problems (4-17 years old)
- Emotional/Behavioral Problems (1.5-17 years old)
- Substance Use Disorder (11-17 years old)

31% 37% 38% 24% 24% 20% 45% 41% 19% 19%


Connecting the Dots to Relational Skills and Social-Emotional Problems

- Social Skills Problems
- Emotional Problems

In Home
Kinship Care
Foster care

34% 41% 43% 33% 36% 43% 43%


Mental Health Problems for Young Children in NSCAW

- In home
- In home, with services
- Out of home

BITSEA Problem Score
BITSEA Low Social Competence
CBCL ≥ 64

35% 38% 25% 18% 25% 10% 8% 13%

Clinical Level Problems for Youth 12-18 in NSCAW

- Substance use/abuse
- Anxiety
- ADHD

In home
In home, with Services
Foster Home
Formal/informal Kin

21% 23% 32% 31% 15% 16% 24% 16% 22% 23%

Clinical level Problems for Youth 12-18 NSCAW

- Depression
- Suicidality

In home
In home, with Services
Foster Home
Formal/informal Kin

9% 8% 9% 14% 9% 9% 15% 14% 9% 9%

Clinical level Problems for Youth 12-18 NSCAW

- Any of the 5 Problems

In home
In home, with Services
Foster Home
Formal/informal Kin

39% 47% 47% 51% 39% 47% 47% 51% 22% 23%
Chronic Health Conditions in NCSAW II

- NCSAW II findings suggest that the true prevalence of CHC among children investigated by child welfare agencies is at least double.
- Depending on the measure used, 31.6% to 49.0% of all children investigated were reported by their caregivers to have a chronic health condition.
- For children ages 11 and over, 41.6% to 64.9% were reported by their caregivers to have a chronic health condition.
- These findings are dramatic and show that when compared with the health of the nation’s children as a whole, the proportions of investigated children affected by health challenges are far higher for every method used than are the usual national population-based rates of CHC of 12.8% to 19.3% in the literature.
- These findings can be generalized to a large population of children at high risk: namely, the 5.9 million children identified in 3.3 million child welfare reports, of whom 60% are investigated for potential abuse and neglect.

Developmental Impact of Maltreatment

“…maltreatment is not merely a risk factor for later outcomes, but also a causal agent, and, […] its effect is conditioned by the developmental stage at which the maltreatment occurs. Childhood-limited maltreatment significantly affects drug use, problem drug use, suicidal thoughts, and depressive symptoms – reactions to stress that are more inwardly directed. In contrast, maltreatment that occurs in adolescence has a more pervasive effect on early adult development, affecting 10 of the 11 outcomes including involvement in criminal behavior, substance use, health-risking sex behaviors, and suicidal thoughts.”

**Rethinking Child Welfare Procedures and Practices**

- Maltreatment investigations
- Removals from biological home
- Caseworker visits
- Training and monitoring of foster parents
- Case planning and progress monitoring
- Termination of parent rights
- Sibling placement and connections
- Pre/post support for adoption and guardianship
- Pre/post support for reunification
- Case/transition planning for youth aging out of care
- Placement disruptions, dissolutions or (un)anticipated moves

**Screening, Functional Assessment, and Progress Monitoring**

“Functional assessment—assessment of multiple aspects of a child’s social-emotional functioning (Bracken, Keith, & Walker, 1998)—involves sets of measures that account for the major domains of well-being.”

“Child welfare systems often use assessment as a point-in-time diagnostic activity to determine if a child has a particular set of symptoms or requires a specific intervention. Functional assessment, however, can be used to measure improvement in skill and competencies that contribute to well-being and allows for on-going monitoring of children’s progress towards functional outcomes.”

“Rather than using a ‘one size fits all’ assessment for children and youth in foster care, systems serving children receiving child welfare services should have an array of assessment tools available. This allows systems to appropriately evaluate functioning across the domains of social-emotional well-being for children across age groups.” (O’Brien, 2011)

**Integrating Safety, Permanency, and Well-being**

Within each domain, the characteristics of healthy functioning relate directly to how children and youth navigate their daily lives: how they engage in relationships, cope with challenges, handle responsibilities.

**Rethinking Child Welfare Policies, Practices, and Approaches**

**Strategies for meeting well being needs**

1. **Reduce stress** in children’s lives, both by addressing its source and helping them learn how to cope with it in the company of competent, calming adults;
2. **Foster social connection** and open-ended creative play, supported by adults;
3. **Incorporate vigorous physical exercise** into daily activities, which has been shown to positively affect stress levels, social skills and brain development;
4. **Increase the complexity of skills** step-by-step by finding each child’s “zone” of being challenged but not frustrated; and
5. **Include repeated practice** of skills over time by setting up opportunities for children to learn in the presence of supportive

**Time to Stop Counting Service**

“It is common for child welfare systems to gauge their success based on whether or not services are being delivered. One way to focus attention on well-being is to measure how young people are doing behaviorally, socially, and emotionally and track whether or not they are improving in these areas as they receive services” (ACYF-CB-4M-12-04).

**Measuring Services**

- How many children received…?
- How many hours of training were delivered?
- What percent of children got…?

**Measuring Outcomes**

- Are trauma symptoms reduced?
- Did services increase relationship skills?
- Do children have healthier coping strategies?
Establishing The Right Services Array: De-scaling What Doesn’t Work, Scaling Up What Does

De-scaling what doesn’t work

- Parenting Classes
- Anger Management
- Genetic Counseling
- Trauma Screening
- Evidence-Based Trauma Mental Health & Parenting Interventions

Ineffective Approaches

Research-Based Approaches

Ineffective Approaches

Research-Based Approaches

Achieving Better Outcomes

Context: Therapeutic, Responsive & Supportive Settings & Relationships

- Validated Screening
- Clinical Assessment
- Evidence-Based/Informed Intervention(s)
- Functional Assessment
- Progress Monitoring

Outcomes: Safety, Permanency, Well-Being

PROMOTING WELL-BEING ACROSS THE U.S.

- Promoting Trauma-Sensitive Practices
- Improving Services for Children Affected by Substance Abuse
- Promoting Well-Being and Permanency Outcomes for Children Affected by Substance Abuse

- Demonstration Projects, Approved in FY 2012

Example From KANSAS: KIPP

- Part of the Permanency Innovations Initiative (PII), KIPP is conducting a five-year demonstration to reduce long-term foster care, targeting children ages 3-8 with severe emotional disturbances (SED)

- During the planning year, KIPP engaged in an intensive, intentional process to understand their population and design an effective intervention strategy
Keeping Foster and Kin Parents Supported and Trained (KEEP)

- Group intervention for foster and kin families with children who have demonstrated externalizing problems, mental health problems, problems in school, or problems with peer groups.
- KEEP is a form of Multi-dimensional Foster Care for regular foster and kinship families.
- Essential components include:
  - Weekly parent support and training group sessions
  - Supervision for parents in behavior management methods
  - Parent Daily Report Checklist Calls
  - Reduces changes in placement, increases reunification, and increases positive parenting skills for foster parents

Well-Being Thru SAFE BABIES Count Teams

- Major findings from ZERO TO THREE’s Safe Babies Court Teams evaluations:
  - 99.05% of the 186 infant and toddler cases examined were protected from further maltreatment while under court supervision. (JBA, 2009)
  - 97% of the 186 children received needed services. (JBA, 2009)
  - Children monitored by the Safe Babies Court Teams Project reached permanency 2.67 times faster than the national comparison group (p= .000). (McCombs-Thornton, 2011)

Care Components:
- Judicial Leadership
- Local Community Coordinator
- Active Court Teams Focus on the Big Picture
- Targeting Infants and Toddlers in Out-of-Home Care
- Placement and Concurrent Planning
- Family Team Meetings Monthly to Review All Open Cases
- In-Home Support and regular supervision.
- Annual and bi-annual Family Team Meetings.
- Parent training and consultation.

Overview of KEEP Components

<table>
<thead>
<tr>
<th>Who is served?</th>
<th>Regular state hired foster and kinship parents caring for children 4-12 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration</td>
<td>16 weeks</td>
</tr>
<tr>
<td>Components</td>
<td>(1) weekly foster/kinship parent support groups (90 min each)</td>
</tr>
<tr>
<td></td>
<td>(2) weekly data collection on child behavior problems/progress</td>
</tr>
<tr>
<td>Staffing</td>
<td>For 3 groups of up to 90 foster/kin families</td>
</tr>
<tr>
<td></td>
<td>- Paraprofessional lead facilitator (.1 FTE)</td>
</tr>
<tr>
<td></td>
<td>- Co-facilitator (.75 FTE)</td>
</tr>
<tr>
<td></td>
<td>- On-site supervisor (.10 FTE)</td>
</tr>
<tr>
<td>Implementation Support</td>
<td>5-day training + weekly consultation until facilitator is certified</td>
</tr>
<tr>
<td>Major Outcomes</td>
<td>Reduced changes in placement, increased reunification, and increased positive parenting skills for foster/kinship parents</td>
</tr>
</tbody>
</table>

How We Re-Defined Success in Illinois: Results

- Reduced caseload ratios from 20 cases per worker to 14
- Decreased child welfare population from 23,500 to 16,500
- Reduced percent of African American children in foster care from 69.3% to 60%
- Decreased number of youth “on run” by 40% and number of days “on run” by 50%
- Decreased late investigations by 60%
- Reduced distance between home of origin and foster care placement from 20 miles to 7.8 miles by using new school placement strategy
- Reduced time in residential treatment by 20%
- Reduced trauma symptoms in 70% of children served

Connecting the Dots to Brain Science

1. While the healthy body can restore itself quickly after a stressful incident (running for a late bus, facing an important examination, etc.), this is not the case with long term stress overload.
2. Chronic (toxic) stress causes the brain to secrete an excess of hormones, such as cortisol. Excessive secretion of cortisol interferes with memory, retention, focus, and learning.
3. As a result of experiencing extreme traumatic stress over time, the part of the brain responsible for learning new things can become damaged.
4. An overload of stress can cause an imbalance in the functioning of the brain’s hemispheres.
5. When we are excessively depressed, anxious, and stressed, the right hemisphere becomes dominant. This interferes with cognition, self-regulation, and the ability to focus and remember.