Getting Ahead of the Curve

EMERGING TRENDS AND NEEDS AT THE FRONT END OF CHILD WELFARE

On September 20, 2017, CANTASD (the National Child Abuse and Neglect Technical Assistance and Strategic Dissemination Center) hosted a webinar to engage the field in a conversation about key issues and information needs for those working at the front end of child welfare. The interactive event offered the 160 participants an opportunity to hear from partners working with communities across the country and to provide their own input using the chat box. Participants represented a range of perspectives, including those working in child welfare systems at the federal, national, state, and local levels; Community-Based Child Abuse Prevention (CBCAP) State Leads; staff of local child and family-serving programs; researchers; and national partners. The goal was to combine panelists' perspectives with the voices of those in the field.

A View from Across the Country:
WHAT ARE OUR NATIONAL PARTNERS SEEING?

Representatives from several partner organizations whose work allows them to interact with stakeholders across the country joined us for this webinar. We asked them to tell us about one top issue that they see making a big impact on the front end of child welfare.

Meryl Levine, The National Alliance of Children's Trust and Prevention Funds (The Alliance)

The Alliance is a membership organization that provides training, technical assistance, and peer consulting opportunities to state children's trust and prevention funds and strengthens their efforts to prevent child abuse.

Find related resources:

- **Review the slides** from the webinar
- **Watch the recorded webinar**
- **Stay connected** to our ongoing work

We see a critical need to be more proactive in creating **strong community supports** for all families *and* ensuring these supports are easily accessible for families with specific needs and challenges. Too many times, we find ourselves responding to families after the crisis occurs, rather than preventing abuse or neglect from happening in the first place. This means making changes in a variety of ways:

- Redistribute funding to reach children and families early through effective prevention and early intervention strategies.
- Communicate public messages, social norms, and general outreach around the importance of safe, stable, and nurturing communities that support families in their important roles.
- Create supportive communities where families see it as a strength to ask for help whenever they need it.
- Partner with parents and caregivers in all aspects of any work that affects the lives of children and their families, including in the design, implementation, oversight, and evaluation of community activities, programs, and services.

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Cailin O'Connor, Center for the Study of Social Policy (CSSP)

CSSP coordinates the Strengthening Families framework, which is being used in many states and in other countries to guide child abuse and neglect prevention. CSSP's EC-LINK Initiative also serves as a learning laboratory for communities across the country seeking to better support families with young children.

Poverty, and the stress it causes families, is not an issue that the child welfare system was designed to solve; but it is a major driver of how families come to the child welfare system. We have more and more evidence of how family income and poverty are correlated with child welfare system involvement—including one recent cross-state, longitudinal study that found for every $1 increase in minimum wage, neglect reports dropped by 9.6%. (See sidebar.) At the same time, we know that when families get to child welfare, the response often doesn't address or even acknowledge the underlying issue of poverty. We need to keep thinking about how the child welfare system interacts with poverty and how we as a society improve conditions so that fewer families face that stress.

LEARN MORE: PARTNER RECOMMENDATION

Changes in the minimum wage can have an impact on child welfare involvement.

Source: Raissian, K.M. & Bullinger, L.R. (2016). Money matters: Does the minimum wage affect child maltreatment rates? *Children and Youth Services Review, 72*, 66–70. http://www.sciencedirect.com/science/article/pii/S0190740916303139.

Sherri Michel-Singer, Child Welfare Information Gateway

Child Welfare Information Gateway is the national resource for information and tools related to child welfare, child abuse and neglect, out-of-home care, adoption, and more.

Opioid use has increased significantly in the United States over the last 20 years. More than 2 million children in the U.S. have a parent who uses illicit substances, including opioids. When parents use drugs or alcohol, children's basic needs may go unmet, resulting in neglect. Although federal data specific to opioid use is not available, the percentage of children entering foster care for reasons related to parental substance use is on the rise. More flexibility in providing prevention and treatment services to children and families is needed.

LEARN MORE: NATIONAL PARTNER RECOMMENDATION

The National Center on Substance Abuse and Child Welfare, supported by the Children's Bureau and SAMHSA, provides information and support around developing plans of safe care, prenatal substance abuse, and innovations at the intersection of substance abuse and child welfare.

Valerie Spiva-Collins, FRIENDS National Center for Community-Based Child Abuse Prevention
FRIENDS provides targeted training and technical assistance to the State Lead Agencies responsible for CBCAP.

> The answer to problems is not always money, but increased funding is needed for preventive services and for **evaluating prevention programs**. And, a variety of evaluation approaches is needed—short, quick, less costly studies as well as longitudinal research that is more expensive to conduct. Adding to the pool of evidence-based program options is important, especially as families and communities are more diverse and needs vary.

Quincy Wilkins, Capacity Building Center for States
The Center for States helps public child welfare organizations and professionals build the capacity necessary to strengthen, implement, and sustain effective child welfare practice and achieve better outcomes for children, youth, and families.

> Within child protection, states and jurisdictions are grappling with **protective capacity safety decision making**. The increasing population of children entering into foster care and staying longer is causing states and jurisdictions to question and reevaluate how decisions can be made to keep more children safely maintained in the home while more accurately identifying those children who are unsafe and need protection. It's becoming increasingly important for child protection and prevention to collaborate to identify families who need support early versus the families and children who need protective services.

Mapping On-the-Ground Experience to National Perspectives: DIALOGUE WITH CALL PARTICIPANTS

We asked those on the call to reflect on what they had heard in two ways:

- **Open Response Question 1:** We asked participants to use the chat box to share the biggest issues they saw facing the field, from their own perspectives.
- **Poll Question 2:** We asked participants to identify three top issues from a list based on what we heard from the experts.

These questions provided two different ways to compare and contrast the big issues the experts identified with those offered by the diverse group of participants. Table 1 shows how the participants ranked the issues that the national experts had identified.

TABLE 1. RANKING OF ISSUES IDENTIFIED BY NATIONAL EXPERTS

Response	Percent
Prevention and early intervention	18%
Poverty and family stress	17%
Trauma and resilience	16%
Opioid use	11%
Community supports for families	10%
Parent involvement	7%
Support for staff	7%

Response	Percent
Chronic neglect	5%
Evidence-based programs and evaluation	4%
Safety decision making	4%
Respite for families	3%
Trafficking	0%

The participants' open-ended responses both confirmed many of the priorities shown in the table and provided context to our understanding of them.

Substance use was frequently cited as a key issue in the open response:

- Participants cautioned that opioid abuse is part of a larger substance use problem.
- From participants' perspective, substance use is often compounded by mental health issues or the lack of availability of treatment services, or both.
- One participant identified a new issue—how substance use among relative networks limits the ability to find foster homes with relatives. This also raises interesting question of how substance use within friend and family networks limits families' ability to get support.

LEARN MORE: PARTICIPANT RECOMMENDATION

Focus on workforce well-being to increase retention and improve outcomes for youth.

Source: Flower, C., McDonald, J., & Sumski, M. (2005). *Review of Turnover in Milwaukee County Private Agency Child Welfare Ongoing Case Management Staff.* http://www.uh.edu/socialwork/_docs/cwep/national-iv-e/turnoverstudy.pdf

Staff support also resonated with participants as a key issue. Participants zeroed in on two particular issues related to staff support: staff turnover and the need to address secondary traumatic stress among workers. In addition, some participants talked about the need to develop and support the critical thinking skills of workers.

Participants voiced critical needs around the **funding and research to support prevention and early intervention** services. This came up many times and was heartily seconded and reinforced within the chat.

LEARN MORE: FEDERAL PARTNER RECOMMENDATION

Title IV-E child welfare demonstration projects provide states and tribes with great flexibility in their use of title IV-E funds. Many states are a few years into their waivers and have implemented innovative projects to reduce their foster care populations and support children in their homes. States are still in the process of evaluating findings, but we are hopeful of what we may learn from these demonstrations.

More information: https://www.acf.hhs.gov/cb/programs/child-welfare-waivers

A number of participants lifted up the need for **trauma-informed services and approaches**. There were several sub-threads in this area, including:

- How child welfare engagement re-traumatizes children

- The manifestation of trauma as mental health issues in children

- Secondary trauma within the workforce

Issues of **service availability, accessibility, and utilization** came up repeatedly. Participants talked about service scarcity both in terms of lack of services and waiting lists for those services that are available. Interestingly, another thread focused on underutilization of services because of lack of awareness and stigma. Clearly, these issues need to be thought of together to ensure that we are not only filling service gaps, but also ensuring that existing services are used.

Innovation and Ideas: PROMISING PRACTICES FROM THE FIELD

Open Ended Question 2: What promising practices do you see in action?
We asked the participants to share brief information on the most promising practices they saw in their areas. Table 2 captures some of the programs and activities that participants lifted up, along with links or contact information for each program, as available.

> LEARN MORE: PARTICIPANT RECOMMENDATION
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> *Nebraska is working toward diverting child abuse and neglect hotline calls related to poverty to economic assistance and other supports. We also have Mobile Crisis Units and Community Response Teams in many communities that can assist with prevention efforts.*

TABLE 2. PROMISING PRACTICES

Innovation	Description
Trauma Systems Therapy (TST)	TST is a model of mental health care for traumatized children that addresses both the individual child's emotional needs and the social environment in which he or she lives. Website: https://med.nyu.edu/child-adolescent-psychiatry/research/institutes-and-programs/trauma-and-resilience-research-program/trauma-systems-therapy
Attachment, Self-Regulation, and Competency (ARC)	ARC is a framework for intervention with youth and families who have experienced multiple and/or prolonged traumatic stress. ARC provides a theoretical framework, core principles of intervention, and a guiding structure for providers. Website: http://www.traumacenter.org/research/ascot.php

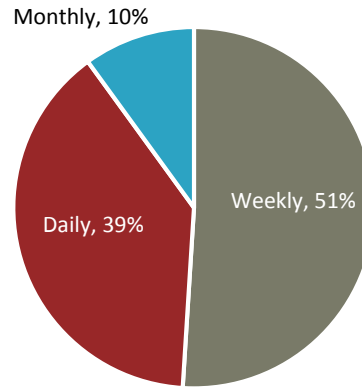| Innovation	Description
Safety Monitoring Services (SMS)	Immediate SMS services are implemented through contracted providers, who will go into the home 2–3 times a week and work on counseling, mental health, substance abuse, or other issues to help stabilize the family and prevent removal. Contact: jrusso@eckerd.org
ZERO TO THREE Safe Family Court Teams	ZERO TO THREE Safe Family Court Teams improve the child-caregiver relationship with the aim of increasing permanence in placement or reunification. Website: https://www.zerotothree.org/our-work/safe-babies-court-teams
Project Everlast	A peer mentoring program, Project Everlast partners foster children who are getting ready to age out with foster children who have already aged out. Website: http://www.projecteverlast.org/
ACT Raising Safe Kids	The ACT Raising Safe Kids Program, developed by the American Psychological Association Violence Prevention Office, teaches positive parenting skills to parents and caregivers of children from birth to age 8. Website: http://www.apa.org/act/
Nurse-Family Partnership	Nurse-Family Partnership works by having specially trained nurses regularly visit young, first-time moms-to-be, starting early in the pregnancy, and continuing through the child's second birthday. Website: https://www.nursefamilypartnership.org/about/
Self-Healing Communities Model (SHCM) NEAR Framework	The SHCM builds the capacity of communities to define and solve problems most relevant to them and generates new cultural norms that mirror the values and aspirations that community members have for their children. Website: https://www.rwjf.org/en/library/research/2016/06/self-healing-communities.html
Wichita Crisis Nursery	Crisis nurseries provide short-term care services for children when parents are experiencing a crisis or extreme stress. In Wichita, Kansas, a variety of partners have come together to support drug-endangered children with case management through the crisis nursery. Website: https://www.kcsl.org/CrisisNursery.aspx
CarePortal	CarePortal connects children and family services with faith-based organizations. Child welfare workers uncover the family needs. CarePortal makes local churches aware, giving them a real-time opportunity to respond. Website: https://careportal.org/

Innovation	Description
Texas Council on Family Violence	This demonstration project explores how to strengthen collaboration between child welfare and domestic violence programs to create better outcomes for families involved in Texas' child protection system. Contact: bking@tcfv.org
Family Treatment Drug Courts (FTDCs)	FTDCs, alternatively known as dependency drug courts or family drug courts, use a multidisciplinary, collaborative approach to serve families who require substance use disorder treatment and who are involved with the child welfare system. Learn more: https://ncsacw.samhsa.gov/resources/resources-drug-courts.aspx
Intensive Reunification Program for Substance Affected Infants	In North Carolina, New Hanover County Department of Social Services has a grant to fund an Intensive Reunification Program in which infants born positive to substances and eligible parents address substance abuse issues. They are able to have daily visitation for multiple hours with their children as well as daily services and therapy to address their issues to attempt to reunify more quickly. Contact: kotaperek@nhcgov.com
Permanency Round Tables	Permanency Round Tables help to come up with new permanency solutions for children remaining in the foster system for long periods of time. Contact: kotaperek@nhcgov.com
UCLA TIES	TIES reduces the barriers to successful adoption or permanency of children with special needs, including prenatal substance exposure, who are in foster care. TIES offers an innovative intervention model involving a 9-hour program of preparation for foster/adoptive parents, assessment of individual children's development, and pre-placement consultation with prospective adoptive parents by a multi-disciplinary team regarding the child's mental health, medical, and educational needs. Website: https://www.uclahealth.org/mattel/ties-for-families/about-us
TANF Initiative for Parents (TIP)	Provides parenting skills, education, and welfare-to-work support to expectant women and new mothers with a baby under the age of one. It is the only countable TANF work activity in the state of New Jersey where the parent brings the baby to her work activity instead of putting the child in day care. http://www.state.nj.us/humanservices/dfd/programs/workfirstnj/tip/
Child Safety Decision-Making Model	Wisconsin is piloting a child safety decision-making model under its Children's Court Improvement Program. Contact: michelle.zaccard@wicourts.gov

Understanding the Information Needs of the Field

The rest of the webinar was focused on getting participant input on how they use information, from what sources and how often they search for information.
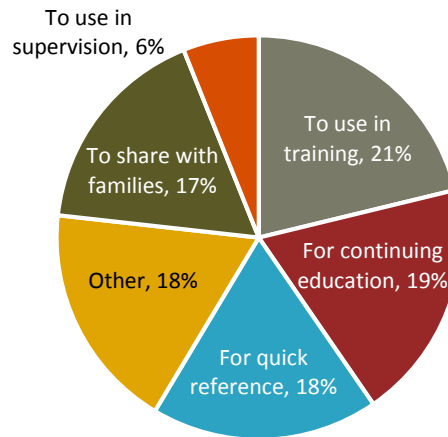
Poll Question 3: How often do you look online for resources and information?

The majority (90%) of participants reported looking online for information frequently—weekly or daily.
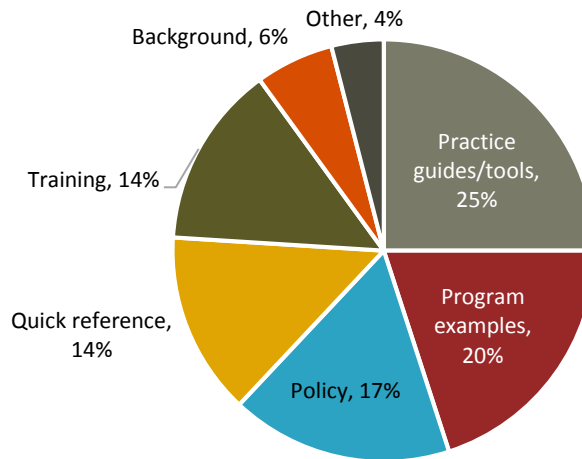

Monthly, 10%
Daily, 39%
Weekly, 51%

Poll Question 4: For what purpose do you look for resources?

Participants cited a broad range of reasons for their information searches and objectives for using materials. The "other" category included research and knowledge building to inform their work, information to assist with funding decisions, and resources to share with other professionals who come in contact with children and families.

To use in supervision, 6%
To share with families, 17%
To use in training, 21%
Other, 18%
For continuing education, 19%
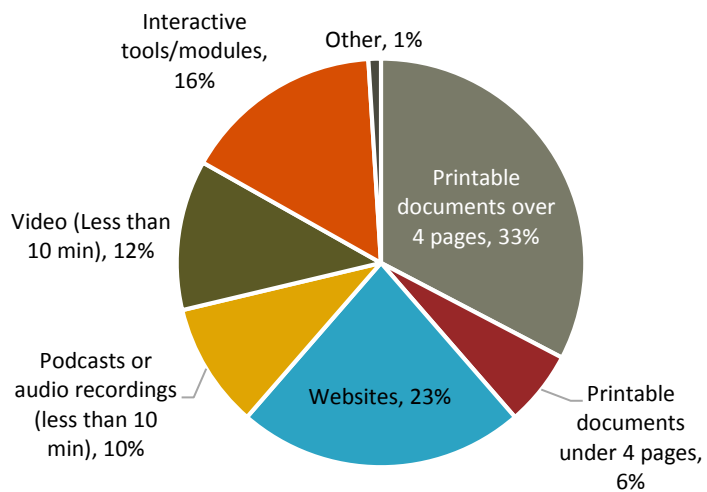For quick reference, 18%

Poll question 5: What types of materials are you usually looking for?

When asked about content and types of materials, the majority of participants (62%) expressed a need for resources to inform programs, policies, or practices.

Other, 4%
Background, 6%
Training, 14%
Quick reference, 14%
Practice guides/tools, 25%
Program examples, 20%
Policy, 17%

Poll question 6: What formats do you prefer?

Interestingly, when asked in which formats they preferred to receive information, participants' most common response (33%) was longer, printable documents.

Interactive tools/modules, 16%
Other, 1%
Video (Less than 10 min), 12%
Printable documents over 4 pages, 33%
Podcasts or audio recordings (less than 10 min), 10%
Websites, 23%
Printable documents under 4 pages, 6%

Where Do We Go From Here? CONCLUSION & NEXT STEPS

We heard your calls for strong, accessible family and community supports to address prevention and early intervention, poverty and family stress, and trauma and resilience. Funding to support prevention and early intervention and to evaluate program effectiveness was also a priority. The current opioid crisis, and substance use more broadly, is a major concern. The field also needs guidance around decision making to better identify when children might remain in the home with family supports, rather than being removed to foster care.

Comments and feedback from participants also help us understand the information needs of the field. The responses indicate a preference for printable documents or websites that provide practice guides, program

examples, quick-reference material, and policy analysis. Audiovisual media and interactive tools also play a significant role.

With this feedback in mind, the Children's Bureau will meet with CANTASD, its other technical assistance providers, and its federal and non-federal partners, to discuss specific steps that might be taken to respond to the needs you raised up as priorities. We look forward to your continued engagement and feedback. Your up-front experience in working with children, families, communities, and the systems that support them is invaluable to us.

> **DO YOU WANT TO SHARE YOUR PERSPECTIVES ON THESE QUESTIONS WITH US?** *JOIN US ON SOCIAL MEDIA AT FACEBOOK.COM/CANTASD* and *TWITTER.COM/CANTASDCENTER*