Shifting Focus to Positive Outcomes in Child Protection

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Chapin Hall Center for Children
University of Chicago

Chapin Hall at the University of Chicago
Policy research that benefits children, families, and their communities
“Broadly, well-being refers to the way a person thinks and feels about themselves and others. It includes being able to adapt and deal with daily challenges (resilience and coping skills) while leading a fulfilling life. Hence, there is an emphasis on the behavioural and emotional strengths of children, as well as how they respond to adversity. Many of the characteristics or attributes of social and emotional well-being follow a developmental pathway, and age-appropriateness is therefore a key factor in measurement.”

( Denham et al. 2009; Humphrey et al. 2010).
Achieving Positive Outcomes by Increasing the Use of Available Evidence

The use of evidence-based or evidence-informed practices promotes the efficiency and effectiveness of funding due to the fact there is an increased chance the program will produce its desired result.
# Introducing KEEP into Child Welfare System

<table>
<thead>
<tr>
<th><strong>Who is served?</strong></th>
<th>Regular state hired foster and kinship parents caring for children 4-12 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Duration components</strong></td>
<td>16 weeks: (1) weekly foster/kinship parent support groups (90 min each); (2) weekly data collection on child behavior problems/progress</td>
</tr>
</tbody>
</table>
| **Staffing requirements** | For 3 groups up to 90 foster/kin families  
- Paraprofessional lead facilitator (1.0 FTE)  
- Co-facilitator (.75 FTE)  
- On-site supervisor (.10 FTE) |
| **Implementation Support** | 5-day training + weekly consultation until facilitator is certified |
| **Major Outcomes** | Reduced changes in placement, increased reunification, and positive parenting skills for foster/kinship parents |
Well-Being Thru SAFE BABIES Court 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)

Core Components:
1. Judicial Leadership
2. Local Community Coordinator
3. Active Court Teams Focus on the Big Picture
4. Targeting Infants and Toddlers in Out-of-Home Care
5. Placement and Concurrent Planning
6. Family Team Meetings Monthly to Review All Open Cases
7. Parent-Child Contact
8. Continuum of Mental Health Services
9. Training and Technical Assistance
10. Evaluation
Using Data/Evidence to Define Success

Data-Driven Loop

Gather Data

Interpret Data

Enact Change

Action Plan

Set Goals

Set Objectives

Client Data

Service Data

Outcome Data

Analysis Data

Discuss Data

Reflect on Data

Training if Needed

Implement Action

Assess Action

Develop Process

Develop Process.
Guiding Principles: Adoption and Safe Families Act 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
- The child welfare system must focus on results and accountability
- Innovative approaches are needed to achieve the goals of safety, permanency, and wellbeing
Taking Advantage of ASFA
Illinois 1997 to 2003

<table>
<thead>
<tr>
<th>Year</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>20,848</td>
</tr>
<tr>
<td>1991</td>
<td></td>
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<tr>
<td>1992</td>
<td></td>
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<td>2000</td>
<td></td>
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<tr>
<td>2001</td>
<td></td>
</tr>
<tr>
<td>2002</td>
<td>23,400</td>
</tr>
</tbody>
</table>
Key Policy Changes in Illinois

1. Performance-based contracting with NGOs:
   - Align performance incentives with ASFA
   - Reinvestment in high performer
   - Placement rotation system based on performance

2. Front-end realignment
   - Standardizing removal criteria

3. Subsidized Adoption and Guardianship
Impact of Child Maltreatment Remains Long After Removal from Biological Home

“Simply removing a child from a dangerous environment will not by itself undo the serious consequences or reverse the negative impacts of early fear learning. There is no doubt that children in harm’s way should be removed from a dangerous situation. However, simply moving a child out of immediate danger does not in itself reverse or eliminate the way that he or she has learned to be fearful. The child’s memory retains those learned links, and such thoughts and memories are sufficient to elicit ongoing fear and make a child anxious.”

ChapinHall

# Impact of Maltreatment on Child Well-being: Behavioral and Emotional Reactions

<table>
<thead>
<tr>
<th>Immediate Behavioral Reactions</th>
<th>Delayed Behavioral Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Startled reaction</td>
<td>Avoidance of event reminders</td>
</tr>
<tr>
<td>Restlessness</td>
<td>Social relationship disturbances</td>
</tr>
<tr>
<td>Sleep and appetite disturbances</td>
<td>Decreased activity level</td>
</tr>
<tr>
<td>Difficulty expressing oneself</td>
<td>Engagement in high-risk behaviors</td>
</tr>
<tr>
<td>Argumentative behavior</td>
<td>Increased use of alcohol, drugs, and tobacco</td>
</tr>
<tr>
<td>Withdrawal and apathy</td>
<td>Withdrawal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immediate Emotional Reactions</th>
<th>Delayed Emotional Reactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numbness and detachment</td>
<td>Irritability and/or hostility</td>
</tr>
<tr>
<td>Anxiety or severe fear</td>
<td>Depression</td>
</tr>
<tr>
<td>Guilt (including survivor guilt)</td>
<td>Mood swings, instability</td>
</tr>
<tr>
<td>Exhilaration as a result of surviving</td>
<td>Anxiety (e.g., phobia, generalized anxiety)</td>
</tr>
<tr>
<td>Anger</td>
<td>Fear of trauma recurrence</td>
</tr>
<tr>
<td>Sadness</td>
<td>Grief reactions</td>
</tr>
<tr>
<td>Helplessness</td>
<td>Shame</td>
</tr>
<tr>
<td>Feeling unreal; depersonalization</td>
<td>Feelings of fragility and/or vulnerability</td>
</tr>
<tr>
<td>Feeling out of control</td>
<td>Disorientation</td>
</tr>
<tr>
<td>Denial</td>
<td>Emotional detachment from anything that requires emotional reactions (e.g., significant and/or family relationships, conversations about self, discussion of traumatic events)</td>
</tr>
<tr>
<td>Constriction of feelings (reactions to them)</td>
<td></td>
</tr>
<tr>
<td>Feeling overwhelmed</td>
<td></td>
</tr>
</tbody>
</table>

Sources: Briere & Scott, 2006b; Foa, Stein, & McFarlane, 2006; Pietrzak, Goldstein, Southwick, & Grant, 2011.
# Impact of Maltreatment on Child Well-being: Physical and Cognitive Reactions

### Immediate Physical Reactions
- Nausea and/or gastrointestinal distress
- Sweating or shivering
- Faintness
- Muscle tremors or uncontrollable shaking
- Elevated heartbeat, respiration, and blood pressure
- Extreme fatigue or exhaustion
- Greater startle responses
- Depersonalization

### Delayed Physical Reactions
- Sleep disturbances, nightmares
- Somatization
- Appetite and digestive changes
- Lowered resistance to colds and infection
- Hyperarousal
- Elevated cortisol levels
- Persistent fatigue
- Long-term health effects including heart, liver, autoimmune, and pulmonary disease

### Immediate Cognitive Reactions
- Difficulty concentrating
- Rumination or racing thoughts
- Distortion of time and space
- Memory problems

### Delayed Cognitive Reactions
- Intrusive memories or flashbacks
- Reactivation of previous traumatic events
- Self-blame
- Preoccupation with event
- Difficulty making decisions
- Magical thinking: belief that certain behaviors will protect against future trauma
- Belief that feelings or memories are dangerous
- Generalization of triggers
- Suicidal thinking

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*Sources: Briere & Scott, 2006b; Foa, Stein, & McFarlane, 2006; Pietrzak, Goldstein, Southwick, & Grant, 2011.*
Learning from Past and Shifting Focus to Positive Child Outcomes (Well-being)

Lessons Learned from 1997-2003

• Focusing on **permanency benefits most children** and youth in care;
• Longer lengths of stay **exacerbate adverse childhood experiences** for all children who remain in care;
• Performance-based contacting, adoption and guardianship subsidies led to greater permanency and **financial savings, not well-being**;
• Older youth face **significant challenges** to achieve independence.

Goals for Lifetime Approach

• Address **interpersonal trauma**.
• Improved **independent living** skills/coping skills.
• Promote success in **school and community**.
• Focus on **building relationships**.
• Continue to seek **permanent families** for all.
Maltreatment Leaves Indelible Mark on the Way the Body and Brain Function

- Healthy body can restore itself quickly after a stressful incident (running for a late bus), but not long term stress.
- Chronic (toxic) stress causes the brain to secrete an excess of hormones, such as cortisol. Excess cortisol interferes with memory, retention, focus, and learning.
- As a result of experiencing ongoing traumatic stress, the part of the brain responsible for learning new things—can become impaired.
- An overload of stress can cause an imbalance in the functioning of the brain’s hemispheres.
- 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.
Re-Defining Success in Illinois

1. Redesign performance-based contracting to emphasize well-being outcomes in addition to permanency.
2. Enroll children 3 to 5 years of age in early education programs.
3. Implement new placement system to keep children in the same school they attended prior to substitute care.
4. Implement comprehensive assessment system and integrate use of CANS into every placement decision.
5. Train foster parents and case workers on trauma-informed care.
6. Re-design transitional living and independent living programs to prepare youth for transition to adulthood.
7. Create a child location unit that tracks all youth who run away.
8. Introduce evidence-based services to address trauma.
9. Establish a common outcome framework for residential treatment and group homes.
Obama Administration’s Approach to Evidence-based Policymaking

1. Select an important social problem that would make individual citizens and the nation better off.
2. Identify model programs relevant to the problem that have also been shown by randomized trials or other rigorous research to significantly reduce the problem.
3. Scale up evidence-based programs that attack the problem in accordance with the verified models.
4. Make the funds available to government or private entities with a track record of good performance to replicate the successful model programs and to develop new model programs.
5. Continuously evaluate the projects as they are implemented to ensure they are faithfully implementing the model program and producing good results.

Haskins & Baron, 2011
Defining Well-being: Key Outcomes Domains for Children and Youth

The framework identifies four basic domains of well being: (a) cognitive functioning, (b) physical health and development, (c) behavioral/emotional functioning, and (d) social functioning. Within each domain, the characteristics of healthy functioning related directly to how children and youth navigate their daily lives: how they engage in relationships, cope with challenges, and handle responsibilities.
Promoting Well-being in Child Welfare

Building the case for well-being
- Understanding the current policy/practice context
- Demonstrating what could be achieved by change
- Developing an accurate estimate of the cost of implementing change
- Gaining buy-in and creating momentum

Expanding capacity and support for well-being
- Attracting professionals with the right skills to move the agenda
- Fostering cooperation among those with shared interests
- Testing/piloting change and demonstrating outcomes
- Introducing change to larger systems

Making change everything
- Embedding change in measurement/accountability systems
- Ensuring continuous support and resources
- Anticipating problems
- Changing “down stream” business processes
- Documenting success
Developing Clear Federal Message

• Establish 4 Key Talking Points:
  – Child welfare has made significant progress since ASFA
  – Maltreatment leaves indelible marks on children’s lives
  – Well-being is part of federal policy in child welfare
  – Integrating safety, permanency and well-being is next

• Foreshadow changes to child welfare leaders:
  – What we intended to do
  – How we were doing it
  – What it looked like when we did it
  – How they could join movement

• Work across federal agencies with similar goals
Promoting Well-being Requires Rethinking Common Practices and Routines

1. Maltreatment investigations
2. Removals from biological home
3. Screening/assessment for physical and mental health concerns
4. Case planning
5. Caseworker visits to home where child is placed
6. Monitoring foster parents/relatives and child
7. Best interest recommendation & petition to termination of parental rights
8. Sibling placement and connections
9. Pre/post support for adoption and guardianship
10. Pre/post support for reunification
11. Case/transition planning for youth aging out of care
12. Placement disruptions, dissolutions or (un)anticipated moves
De-scaling What Doesn’t Work, Scaling Up What Does

- Evidence-Based Parenting Interventions
- Evidence-Based Trauma & Mental Health Interventions
- Trauma Screening & Functional Assessment

Leadership & Governance
Parenting Classes
Anger Management
Generic Counseling

INEFFECTIVE APPROACHES

RESEARCH-BASED APPROACHES

De-scaling what doesn’t work
Investing in what does
Intervention Must be Designed to Address Complex Profiles of Maltreated Children

**Title IV-E Waivers for Improved Outcomes**

- The Child and Family Services Improvement and Innovation Act of 2011 allowed HHS to **waive certain provisions** of titles IV-E and IV-B to carry out demonstration projects.

- Authorized HHS to approve up to **10 new demonstrations** in each of FYs 2012, 2013 and 2014.

- Unlike competitive discretionary grants, waiver demonstrations **do not provide additional funding**; they provide title IV-E agencies authority to spend existing resources more flexibly.

- Waiver demonstrations test **new approaches to service delivery** and financing structures, to improve outcomes for children and families in the child welfare system.

- Projects must be **cost-neutral** to the Federal government; must have a **rigorous evaluation**.
Promoting Positive Outcomes in Child Welfare

Regional Partnership Grants to Increase Well-Being and Improve Permanency Outcomes for Children Affected by Substance Abuse

Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System

Permanency Innovations Initiative

Title IV-E Child Welfare Demonstration Projects, Approved in FY 2012

Working with Children’s Bureau for Title IV-E Child Welfare Demonstration Projects, for FY 2013

10 new states: AZ, KY, ME, MD, NV, OK, OR, TX, WV, Port Gamble. Total of 31 states with demonstration waivers addressing positive outcomes/well-being.
Reduction in caseload ratios in public and private sectors from 20 cases per worker to 14 cases per worker.

2. Reduced disproportionate representation of African American children in the child welfare system declined from 69.3% to 60%.

3. Decreased number of youth “on run” decreased by 40% and number of days “on run” decreased by 50%.

4. Decreased late child protection investigations by 60%.

5. Reduced distance between home of origin and foster care placement reduced from 20 miles to 7.8 using new school placement strategy.

6. Reduced time in residential treatment by 20%.

7. Decreased child welfare population declined from 23,500 to 18,500 statewide.

8. Reduced trauma symptoms in 70% of children served.
Simple Rules for Moving Systems Towards Focus on Well-being Strategy

1. Have a simple vision. While you may want to integrate dozens issues or data points in your decision making process, try to emphasize strategies/metrics that drive the way system operates:

2. Think big, but start small. You can always add data, reports and dashboards to your work later, but it is critical to find the right outcome-driving metrics up front.

3. Build the right data foundation. Collect and integrate the administrative data from available sources – as multiple data sources can be more dynamic and powerful.

4. Look for other evidence that support and challenges how data is being interpreted. Use research evidence to test assumptions about which policies and practices are most likely produce greatest impact.

5. Plan and take action based on the best available information, then track data after implementation confirm success and need for mid-course corrections.

6. Continue to look for opportunities to streamline service delivery and management processes, improves decision making, and results.
Questions?