

Promoting the Well-Being of Children, Youth and Families in Child Welfare

There is a growing body of evidence indicating that while ensuring safety and achieving permanency are necessary to the well-being of children, they are not sufficient for children to achieve their full potential. The New York State Office of Children and Family Services (OCFS) is increasing its focus on child well-being and will be partnering with local departments of social services (including Youth Bureaus) and the OCFS-licensed voluntary agencies and programs to do the same. Increasing the focus on child well-being is not a move away from the child welfare and juvenile justice system's essential emphasis on safety and permanency; rather it is an integrated approach that is both timely and essential for children and youth being touched by child welfare and juvenile justice systems. A framework for well-being should not be thought of as a new child welfare or juvenile justice initiative, but rather the knitting together of assessments, interventions, actions and supports that is intentional and inclusive of a deeper understanding of the four basic domains of well-being.

As with safety and permanency, well-being is not just the responsibility of local departments of social services; rather, the entire community must play a role. Districts are encouraged to collaborate with community partners to promote well-being. This includes schools, mental health providers, faith-based communities, law enforcement and other community organizations. Community also means where the child is residing, be that at home, with relatives, in foster care, or residential care. Partnerships must include relatives, foster/adoptive parents, and voluntary agency staff in promoting well-being for the child and the family.

Defining Well-Being

As noted by the Administration on Children, Youth and Families (ACYF) in their April 2012 Information Memorandum, *Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services* (ACYF-CB-IM-12-04) there are four basic domains of child well-being:

- (a) Cognitive functioning and growth;
- (b) Physical health and development;
- (c) Behavioral/emotional functioning; and
- (d) Social functioning

Additionally, the interplay between a child's well-being and the parenting or caregiving environment is equally important. Attention must be paid to the family or caregiver's well-being as well in order to encourage healthy family relationships and attachment to a caring and reliable adult for these children. True engagement of parents that is strength-based and empowers the parent to share responsibility for the safety, permanency and well-being of their child is critical.

A child's connection to his or her family is paramount. Studies show that children who have positive relationships with caring adults and identify with family transition more successfully

into adulthood and experience greater well-being¹. Furthermore, research and professional experience also tell us that many youth will seek to connect with family at every opportunity, whether those relationships are positive or not². We must encourage out-of-home placement with relatives first and foremost, unless there is a compelling safety reason not to. We must be diligent in locating and engaging absent fathers and paternal relatives, and use family finding strategies when needed. We must be diligent in providing meaningful and sustainable training and ongoing support to those caregivers entrusted with the well-being of children and youth in their care.

As noted in Appendix A, the basis from which this work begins is a knowledgeable and effective workforce, coupled with safe, supportive, and responsive relationships that promote healing and recovery, and reinforce growing social and emotional skills. To this we add stress reducing and developmentally appropriate environments that provide security and promote positive outcomes; targeted social and emotional supports that teach coping skills and social skills; and lastly, intensive interventions based on assessments that drive individualized treatment plans with evidence based interventions.

Why Focus on Well-Being?

Data from our Child and Family Service Review (CFSR) clearly indicates that New York State has room for improvement in several areas that touch upon the well-being of the child and caregivers; namely recurrence, re-reporting, median length of time in care, and re-entry.

- **Rate of Recurrence:**
 - National Standard 5.4 percent
 - New York State 12.4 percent (as of September 2012)
 - Teens 24 percent
 - Pre-Teen 23.6 percent
 - School Age 22.3 percent
 - Infant Toddler 16.3 percent
 - Pre-school 13.8 percent
- **Family Re-reporting:**
 - As of December 2012, 43.6 percent of families reported during 2011 were reported again within 18 months.
- **Placement Type:**
 - In 2012, children placed in out-of-home care were placed:
 - 57 percent in Foster Boarding Homes
 - 26 percent in Kinship Foster Care
 - 17 percent in Residential Care

¹ Courtney, M., Dworksy, A., Lee, J& Rapp, M. (2009). Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 23 and 24. Chicago: Chapin Hall at the University of Chicago as cited in Wulzyn et.al. (2012).

² Collins, M.E., Paris, R., & Ward, R.I. (2008). The permanence of family ties: Implications for youth transitioning from foster care, *American Journal of Orthopsychiatry*, 78(1), 64-62.

- **Placement Stability:**
Of all children served in foster care during FY 2012 who were in care for less than 12 months, 90 percent had two or fewer placement settings.
- **Re-entry into foster care:**
As of 12/31/12, 16 percent of children who exited care in 2011 to family, relative, or KinGap re-enter care within one year.
 - 20 percent were children under age 1
 - 16 percent were teens (14-17)
- **Median Length of Stay:**
22.4 months - as noted in the May 8, 2013, New York State Child and Family Services Data Profile provided by the Administration for Children and Families for children in care on the last day of Federal Fiscal Year 2012.

Additionally, New York State's performance on the CFSR conducted in 2008 indicated that it was not in substantial conformity on the following well-being indicators:

- Needs and services of child, parents and foster parents;
- Child and Family involvement in case planning;
- Educational needs of the child;
- Mental health of the child.

While OCFS, as part of our Program Improvement Plan, implemented strategies to address our state's performance, it is clear that more work is needed to improve the well-being of children and caregivers in our state.

What is the impact of neglect and trauma on New York State's children?

Abuse and neglect have long lasting effects on children, their caregivers and our communities.

“In recent years there has been an upsurge of research into early brain development, including into the effects of maltreatment on the developing brain during infancy and early childhood. This research is starting to give clear indications that the brain's development can be physiologically altered by prolonged, severe or unpredictable stress – including maltreatment – during a child's early years. Such an alteration in the brain's development can in turn negatively affect the child's physical, cognitive, emotional and social growth.

Different parts of the brain develop by receiving stimulation that provokes activity in that region. Over time, the brain grows larger and denser, reaching nearly 90 percent of its adult size by the time a child is three years old. If stimulation and nurture are lacking – for example, if the parents or caregivers are hostile to or uninterested in the child – the development of the child's brain may be impaired. Since the brain adapts to its environment, it will adapt to a negative environment just as readily as it will to a positive one.

Chronic stress sensitizes neural pathways and overdevelops those regions of the brain involved in responses to anxiety and fear. It also often results in the underdevelopment of other neural pathways and other regions of the brain. The brains of children who experience the stress – in the

form of physical or sexual abuse or chronic neglect – will focus their resources on survival and responding to threats in the environment. This chronic stimulation of the brain’s response to fear means that particular regions of the brain will frequently be activated. These regions will therefore be likely to be overdeveloped at the expense of other regions that cannot be activated at the same time, such as those involved in complex thought. The end result may be that regions of the brain not connected to the fear response are not “available” to the child for learning.

The effects of experiences during infancy and early childhood on brain development create the basis for the expression of intelligence, emotions and personality. When these early experiences are primarily negative, children may develop emotional, behavioral and learning problems that persist throughout their lifetime, especially if targeted interventions are lacking. For instance, children who have experienced chronic abuse and neglect during their first few years may live in a persistent state of hyper-arousal or dissociation, anticipating a threat from every direction. Their ability to benefit from social, emotional and cognitive experiences may be impaired. To learn, and incorporate new information, whether from the classroom or a new social experience, the child’s brain must be in a state of “attentive calm” – one that the traumatized child rarely achieves. Children who have not been able to develop healthy attachments with their caregivers, and whose early emotional experiences, through their impact on the brain, have not laid the necessary groundwork for positive emotional development, may have a limited capacity for empathy. The ability to feel remorse and empathy are built on experience. In the extreme case, if a child feels no emotional attachment to any human being, that child cannot be expected to feel remorse for hurting or even killing someone.

Where maltreatment has already occurred, there is some evidence that intensive, early intervention can help minimize the long-term effects of this trauma on the development of the brain. However, while early intervention with maltreated children can minimize the effects of abuse and neglect, it is considerably more beneficial to prevent maltreatment before it occurs. The costs – both in human and economic terms – of trying to heal these children are much greater than the costs of preventing maltreatment and thereby promoting healthy development of the brain during the first few years of life.”³

As noted by in Jack Shonkoff’s work on the impact of maltreatment on the brain, “Studies show that experiences like abuse and exposure to violence can cause fear and chronic anxiety in children and these states trigger extreme, prolonged activation of the body’s stress response. Thus, stress-system overload can significantly diminish a child’s ability to learn and engage in typical social interactions across the lifespan.”

Shonkoff further notes, “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.

³ Adapted from: *In focus: understanding the effects of maltreatment on early brain development*. National Clearinghouse on Child Abuse and Neglect Information, Washington, DC , 2001. Available at: <http://nccanch.acf.hhs.gov/pubs/focus/earlybrain/index.cfm> (accessed 5 May 2006).

Science clearly shows that reducing fear responses requires active and evidenced-based treatment.⁴

There is no one treatment intervention appropriate for all children who experience trauma. However, there are evidence-supported and promising practices that share core principles of “culturally competent trauma-informed therapy that are appropriate for many children and their caregivers from diverse cultural groups. These core principles include:

- Engagement with the child, the family and the community;
- Sensitivity to the family’s cultural background when building a strong therapeutic relationship;
- Consideration of the impact of culture on system expression;
- Careful use of interpreters, when necessary;
- Understanding that differences in emotional expression exist among cultures;
- Assessment of the impact of cultural views on cognitive process or reframing;
- Construction of a coherent trauma narrative using culturally congruent methods; and
- Highlighting ways in which culture may be a source of resiliency and strength.⁵

New York’s Well-Being Agenda for Child Welfare

OCFS is recommending the following agenda to address well-being for children and families in child welfare:

- Provide training and support inclusive of children, youth, parents, kin, and foster and adoptive parents, caseworkers, supervisors, administrators, judges and the judicial system on the four domains of well-being.
 - Develop training using varying methods to educate staff and families on the four domains of well-being.
 - Work with Schools of Social Work to prepare future social workers to address well-being issues with children and families.
- Prevention of maltreatment and trauma to children beginning at infancy and throughout their lives.
 - Identification of protective factors within families and communities.
- Standardize the assessment of the developmental needs of children and youth who are receiving child welfare services.
 - Use of data to identify those most at risk and need of services.
 - Use of a standardized functional assessment such as Child Abuse and Neglect System-New York (CANS-NY).

⁴ National Scientific Council on the Developing Child (2010) Persistent Fear and Anxiety Can Affect Young Children’s Learning and Development: Working Paper No.9. <http://www.developingchild.net>.

⁵ De Arellano, M.A., Ko, S. J., Danielson, C.K. & Sprague, C.M. (2008). Trauma-Informed Interventions: Clinical and Research Evidence and Culture-Specific Information Project. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress

- Understand and respond to the needs of children and families affected by trauma.
 - Provide training to enhance the understanding and skills of those working with children and families including, birth parents/caretakers, caseworkers, supervisors, foster/adoptive parents, judges and judicial staff affected leading to better identification, assessment and treatment.

- Adopt strategies and implementing evidence-based, evidence-informed interventions, and promising practices to meet the needs of children and caregivers affected by trauma while in foster care.
 - Promote use of Family Engagement and strength-based approaches in working with youth and families to enhance their well-being.
 - Work with contracted providers to incorporate well-being strategies and measures into their practice models.

- Measure child and parent outcomes to assess the effectiveness of the assessments and interventions.
 - Incorporate the use of the CANS-NY assessment into the Family Assessment Service Plan to track individual child and parent outcomes.

- Assess the needs of foster/adoptive parents and kin caregivers in caring for children and youth exposed to trauma in order to help them better care for the children.
 - Implement an assessment tool to identify needs of foster/parents and kin providers.
 - Explore the implementation of Fostering Hope Foundation to support foster/adoptive parents working with traumatized children and youth.

Implementing the Well-Being Agenda

1. Provide training and support inclusive of children, youth, parents, kin, and foster and adoptive parents, caseworkers, supervisors and administrators on the four domains of well-being

Individuals working with children, as well as the children and families, need to have a better understanding of well-being and how well-being is integrated into the healthy development of children, and the role they each play in enhancing a child's well-being.

Activities

- Working with our training partners to develop training using varying methods such as webinars, webcasts, written materials to educate staff, including judges and the judiciary, as well as families, on the four domains of well-being.
- Incorporate well-being concepts into OCFS trainings as applicable.
- Work with the schools of social work on curriculum development related to child and family well-being as well as trauma informed care that will be used to educate college students studying in the field of social work.

2. Prevention of maltreatment and trauma to children beginning at infancy and throughout their lives

Families and communities must look for ways to mitigate risk and promote positive development for children. Working collaboratively, communities can work on providing families with the resources they need to parent healthy and happy children and reduce the risk of maltreatment. "Research studies support the common sense notion that when protective factors are established in a family, the likelihood of child abuse and neglect diminishes. Research also shows that these protective factors are also 'promotive' factors that build family strengths and a family environment that promotes optimal child and youth development. These factors include: parental resilience; social connections; concrete support in times of need; knowledge of parenting and child development; and social and emotional competence of children."⁶

Activities

- Incorporate the Protective and Promotive Factors into our framework of practice.
- Provide training on strategies to build Protective and Promotive Factors for children, youth and caregivers.
- Implement assessment tools and case planning process to include a focus on building protective factors for parents and children.
- Child welfare agencies provide leadership by bringing multi-agency responses together to develop a common understanding, a shared language and commitment to prevent child maltreatment.
- Continue to fund preventive services through local departments of social services and preventive agencies.

⁶ <http://www.csp.org/reform/strengthening-families/the-basics/protective-factors>

3. Meeting the developmental needs of children receiving services in child welfare

Many children who come into foster care have special needs, which include developmental delays as well as behavior issues. Others, due to family dynamics, lag behind their peers both cognitively, physically and socially. For all children in out-of-home care, we will look to provide an environment that allows each child to learn and grow, and to safely have life experiences that are as close to those of children who remain at home. We will provide services to youth that prepare them for adulthood and work to promote connections to caring adults upon exiting foster care.

Activities

- Provide training to caseworkers, supervisors and administrators, **judges and judicial staff** parents, and caregivers on promoting positive child development through a better understanding of typical child developmental milestones.
- Work with the New York State Developmental Disabilities Council to provide Person-Center Planning training to caseworker and supervisors aimed at improving their skills in meeting the future needs of children and youth with developmental disabilities.
- Identify and assess each child and family's needs through the use of a standardized functional screening/assessment tool.
- Partner with other state agencies (Office for People with Developmental Disabilities, Office of Mental Health, State Education Department, Office of Alcoholism and Substance Abuse Services) to coordinate and provide an array of services such as mental health, educational stability, drug and alcohol services, medical homes.
- Provide Bridges to Health Services to eligible children as warranted.

4. Understanding and responding to the needs of children and families affected by trauma

For many children who enter the New York State child welfare and juvenile justice systems, exposure to trauma is a common theme. Recent research has suggested that most of the adverse effects of maltreatment or other traumatic events experienced by a child are concentrated in the behavioral/emotional, social, and cognitive and physical domains. The problems that children develop in these areas have negative impacts that ripple across the lifespan, often effecting children's chances to succeed in school, work, relationships, adult functioning and self-sufficiency.

We recognize that trauma may also impact parents and caregivers, affecting their ability to adequately care for their children. Our work will also focus on caregivers, whether they are birth parents, foster/adoptive parents, or kinship caregivers, as they are the ones who must provide nurturing, supportive environments in which children can grow, heal, and thrive. We will explore providing protective factors that can mitigate risk and promote positive child and youth development and strengthen families.

Activities

- Provide training in trauma-informed care to caseworkers, supervisors, administrators, clinicians, foster/adoptive parents, kinship caregivers, birth parents, judges and judicial staff and community stakeholders.

- Identify and assess each child and parent for trauma-related impact using a standardized screening/assessment tool.
- Identify and implement evidence-based practice models to address trauma for children, youth and parents.
- Reduce the number of moves experienced by a child; including school moves.
- Keep siblings together whenever possible.
- Provide additional supports to foster parents caring for children affected by trauma.

5. Adopting strategies and implementing evidence-based and evidence-informed interventions to meet the needs of children and caregivers affected by trauma

Implementing protective services to children in high risk cases at the front of the system is critical to enhancing their overall well-being.

Activities

- Identify and assess each child and family's needs through the use of a standardized functional screening/assessment tool.
- Implement Family Engagement strategies that are culturally sensitive and promote family driven solutions. Strategies to include Family Meetings, Coached Family Visits, Family Assessment Response, and others.
- Implement interventions that are trauma-informed.
- Include in contracts with service providers outcome measures that address well-being indicators.
- Fund community-based programs that focus on child well-being in addition to safety and permanency.
- Greater coordination between child welfare and developmental partners, such as Early Intervention, Head Start, school districts, mental health, domestic violence advocates, and substance abuse provider.
- Greater coordination with medical and dental providers to enhance the child's overall physical health.

6. Measure child and parent outcomes to assess the effectiveness of the assessments and interventions

Data collection and analysis are essential in determining if assessments and subsequent interventions are making a difference in improving a child or parent's well-being. With funding for services being limited, it is important to know which services are producing better results. Suggest outcome measures are included in Appendix B.

Activities

- Work with our IT staff to incorporate the use of the CANS-NY assessment into the Family Assessment Service Plan to track individual child and parent outcomes.
- Provide training to caseworkers, supervisors and administrators on the use of CANS-NY.
- Develop reports that can be used by caseworkers, supervisors and administrators that monitor and track child and parent outcomes.

- Develop reports that can help measure effectiveness of interventions.

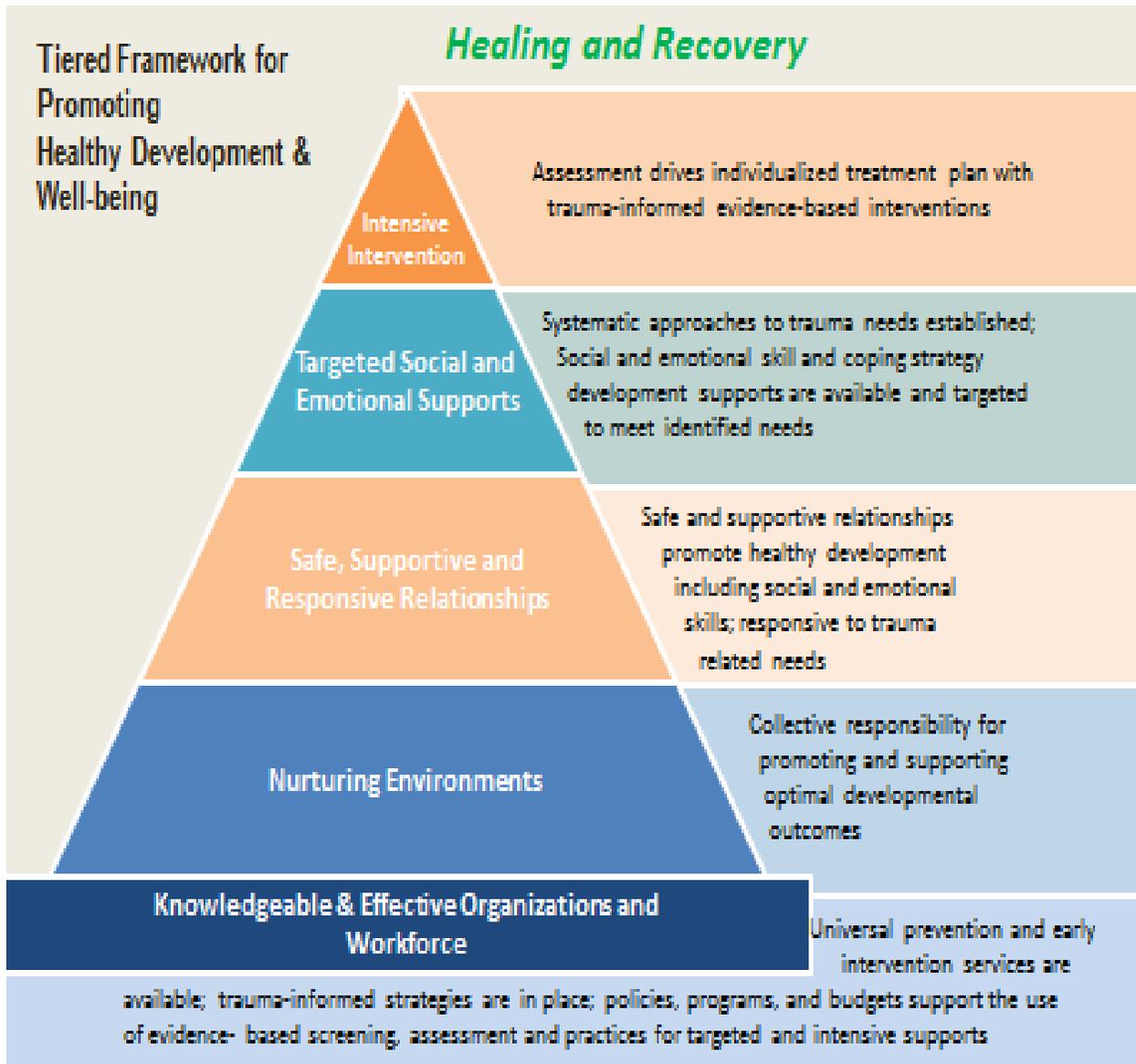
7. Assess the needs of foster/adoptive parents and kin caregivers in caring for children and youth exposed to trauma in order to help them better care for the children

Providing foster/adoptive parents and kin caregivers with the supports they need to care for these children will help maintain stability of placements and reduce the need for higher levels of care during crisis situations. Caregivers need to feel supported by caseworkers, and provided the training they need to help deal with challenging behaviors that many children coming into care present.

Activities

- Implement the use of a standardized caregiver assessment to determine the caregiver's capacity to care for a child and to identify what additional resources are needed by the caregivers.
- Provide training to help caregivers deal with challenging behaviors.
- Provide supports and services to caregivers.

Appendix A



Adapted from Technical Assistance Center on Social/Emotional Intervention for Children and the Center on the Social and Emotional Foundations for Early Learning

Appendix B

Well-Being Outcome Measures

Children are physically healthy

Obtaining and maintaining a healthy lifestyle begins at birth and continues throughout one's life. Health issues can affect all aspects of a child's life, including educational achievement, employability, housing etc. Outcome measures include:

- Increase the number of babies born full term and without drug exposure.
- Enhance a child or youth's ability to meet appropriate developmental milestones.
- Reduce the number of youth with alcohol/substance abuse or addictions.
- Improve the physical health of children and youth.
- Improve the healthy sexual development of youth.

Children are emotionally healthy

- Improve a child or youth's positive peer relationships.
- Reduce a child or youth's emotional or behavior issues.
- Reduce a child or youth's reliance on psychotropic medications.
- Reduce a child and youth's exposure to traumatic events.

Children are successful in school

Academic success is a predictor for future success. Children and youth who are successful in school are less likely to engage in risky behaviors that include: drug and alcohol misuse, sexual activity, and delinquency behaviors. Outcome measures include:

- Increase the enrollment in pre-school or early care and education program for young children.
- Enhance a child's performance to move them towards being on grade level.
- Reduction in a child or youth's absence from school.
- Increase a youth's likelihood of completing high school.
- Increase a youth's likelihood he/she will enter and complete college.
- Increase a youth's likelihood he/she will be enrolled in a vocational program if not attending college.

Children are Safe

Feeling safe and secure in one's environment lends itself to well-being. Exposure to abuse and neglect can be very traumatizing and can impact brain development and lead to behavior issues. Having stable and supportive caregivers is one of the most important environmental factors in promoting resiliency in children and youth. Outcome measures include:

- Reduce the likelihood a child or youth will experience abuse and neglect and any subsequent recurrences.

- Reduce the likelihood of children being subjected to abuse or neglect in out-of-home care.
- Increase the ability of families to safely maintain their children in their homes.
- Reduce the number of moves children experience in out-of-home placements.
- Enhance the ability of children to have strong and stable relationships with family.
- Reduce a youth's involvement with legal institutions.

Parent/Caregiver Involvement with Child

- Increase the caregiver's involvement in seeking and supporting care to address the child's needs.
- Increase the caregiver's ability to monitor and discipline the child/youth in all ways that are required.
- Increase the caregiver's knowledge about how best to advocate for their child.
- Increase caregiver's access to unpaid supports to help raise the child.
- Increase the caregiver's positive view of his/herself related to their cultural identity.

Parent/Caregiver Residency

- Caregiver is able to manage the household.
- Caregiver has stable housing.
- Household is safe and secure for caregiver and child.

Parent/Caregiver Health

- Increase caregiver's overall health.
- Reduction in the caregiver's developmental challenges.
- Reduction in the caregiver's mental health issues.
- Reduction in the caregiver's substance abuse issues.

Parent/Caregiver Legal Issues and English Proficiency

- Reduce the caregiver's involvement with legal issues.
- Increase the caregiver ability to speak and understand English well.