

Advances in Child Welfare Policy/Research and Gaps in Knowledge: Opportunities for Social Work

SAFE STRONG SUPPORTIVE

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safe children | strong families | supportive communities

Outline

- I. One Question Survey**
- II. Advances in Child Welfare Policy & Practice**
- III. Research Gaps**

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II. Advances in Child Welfare Policy and Practice



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Policy Advances

- Fostering Connections to Success and Increasing Adoptions Act of 2008 (H.R. 6893/P.L. 110–351)
- Patient Protection and Affordable Care Act of 2010 (P.L. 111-148)
- Child Abuse CAPTA Reauthorization Act of 2010 ([P.L. 111-320](#))
- P.L. 112-34 amended Part B of Title IV of the Social Security Act in 2011

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Policy Advances (Cont.)

- Uninterrupted Scholars Act of 2013
- The Family First Prevention Services Act of 2018 (P.L. 115-123) **Evaluations can be claimed!** See www.familyfirstact.org
- Supreme court decision upholding ICWA on May 30, 2019
- CAPTA may be reauthorized soon.
- Will our next policy breakthrough be a funding overhaul to support more prevention strategies???
(Pecora, Whittaker, Barth, Borja & Vesniski, 2019, pp. 22-24)

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Policy-Driven Innovations

- **Personal tax deductions** for adoptions decreased the number of youth waiting
- **Adoption and guardianship subsidy laws** increased youth achieving legal permanency
- **Policies requiring frequent parent-child visitations** results in greater permanency
- **Greater flexibility in licensing regulations for relatives to serve as foster parents** helps minimize the trauma of foster care and facilitate reunification

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Policy-Driven Innovations (Cont.)

- **Requiring executive approval** of any GH or RT placement for children under 12 decreased the use of group care
- **Prohibit foster family placement changes** without notice to the family and other safeguards
- **Performance-based contracts** require EBPs or incentivize shortened lengths of stay in foster care (Pecora et al., 2019, p. 35)

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Sources of Information for What Works

- *Grand Challenges* paper series from the Academy in Social Work and Social Welfare
- Systematic reviews from the Campbell Collaboration and the Cochrane Library
- Evidence-based clearinghouses
- First person accounts from consumers (people with lived experience)

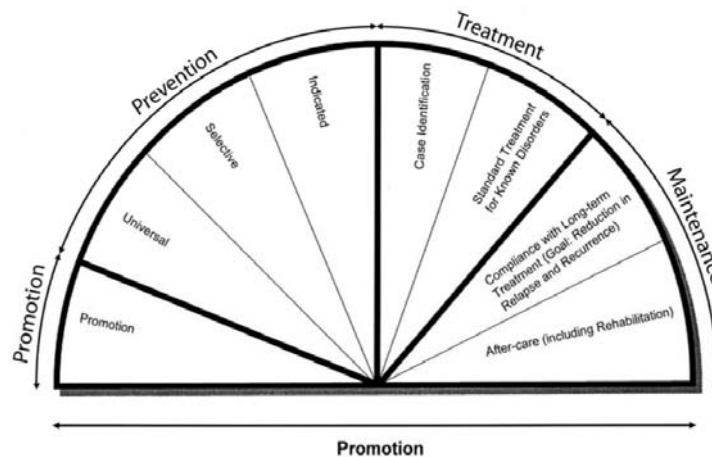
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Sources of Information (Cont.)

- Indigenous nations writings and storytelling
- Individual research studies
- Institute of Medicine/National Research Council reviews
- Textbooks

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Figure 1. The Most Current Prevention Continuum of Prevention and Intervention Services



Source: National Research Council and the Institute of Medicine. (2009). Preventing mental, emotional and behavioral disorders among young people: Progress and possibilities. Washington, D.C.: National Research Council and the Institute of Medicine of the National Academies.
http://www.nrc.edu/catalan.php?record_id=12450

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Universal Level Interventions

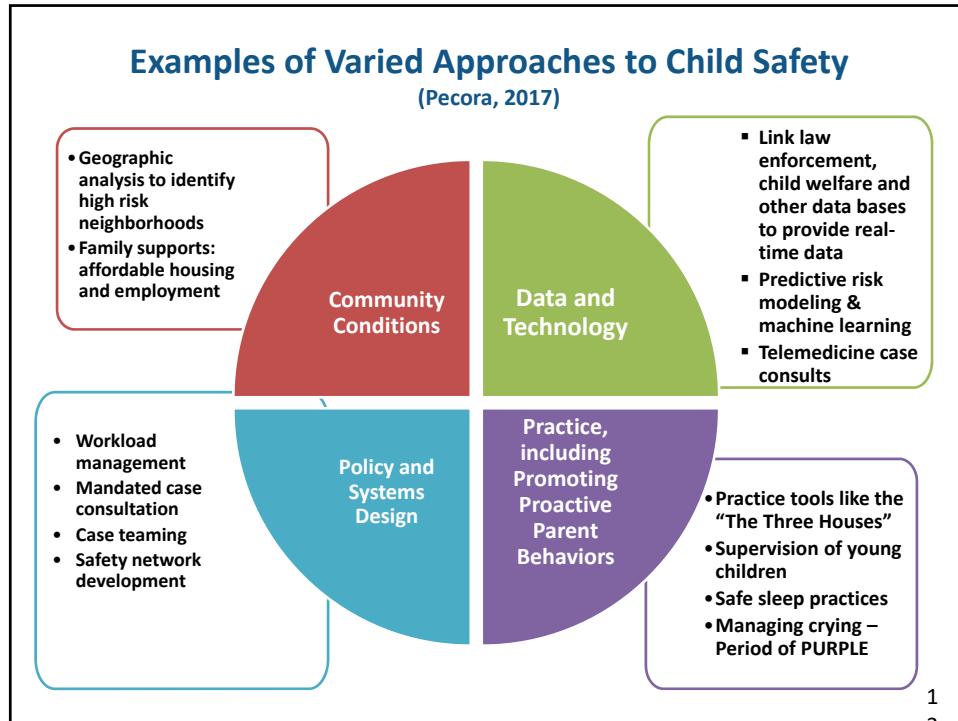
- **School-based programs offered to all children to teach social and emotional skills:** *Good Behavior Game, Aggression Replacement Training®*
- **School-based programs offered to all children to teach how to avoid substance abuse:** *Communities that Care (CTC), Project Toward No Drug Abuse (TND), Project ALERT*
- **CAN Prevention:** *Triple P—Positive Parenting Program – Level 1*

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Selective Level Prevention/Intervention

- Family Resource Centers
- Safe Haven Laws
- EITC and other income support programs
- Felony expungement
- Housing assistance, including legal advice
- Job training and placement

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Promote Proactive Parenting to Prevent Child Fatalities

Physical Abuse-related Deaths:

- *Nurse Family Partnership****

Sudden Infant Death Syndrome (SIDS) from using a non-supine infant sleeping position:

- *Back to Sleep Campaign***
- *Safe Sleep Campaign in Michigan**

Proactive Parenting to Prevent Child Severe Injury

Physical Abuse: Abusive Head Injuries Such as Shaken Baby Syndrome:

- *Healthy Start Program, Enhanced Model***
- *Hospital-based education programs.**
- *Fussy Baby Network® Colorado**
- *Kohl's Shaken Baby Syndrome Prevention Campaign**
- *The Period of PURPLE Crying® education campaigns**

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Preventing Physical Abuse that Required Hospitalization

- *Family Connects (Durham Connects) universal brief home visiting*** (emergency medical care use for infant injuries)
- *Nurse Family Partnership**** (emergency medical care use for childhood injuries)
- *Triple P—Positive Parenting Program**** (child hospitalizations or emergency-room visits for CAN injuries.)

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Indicated Level Prevention Strategies

Home-Visiting Programs:

- Healthy Families America
- Nurse Family Partnership
- SafeCare

Positive Indian Parenting Program from NICWA

Triple-P (levels 2-3)

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Case Identification and Standard Services Level

Examples:

- Family Finding
- Family Conferencing/FTDM
- Functional Family Therapy (FFT)
- Group Supervision
- KEEP (Keeping Foster and Kin Parents Supported and Trained)
- Kinship Navigators

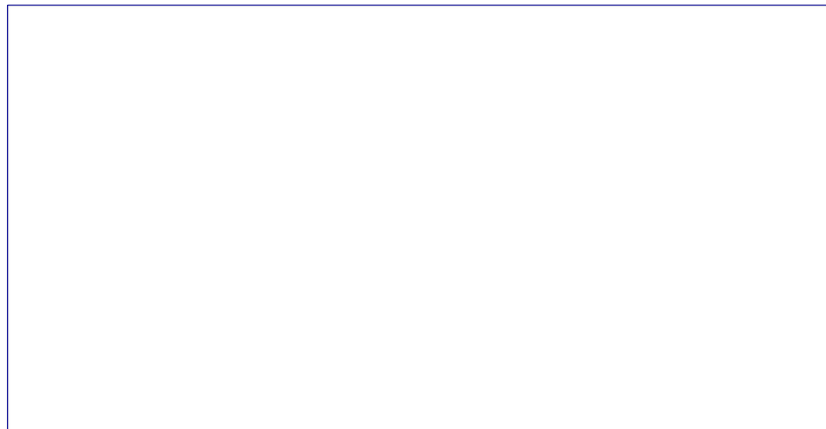
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Case Identification and Standard Services Level (Cont.)

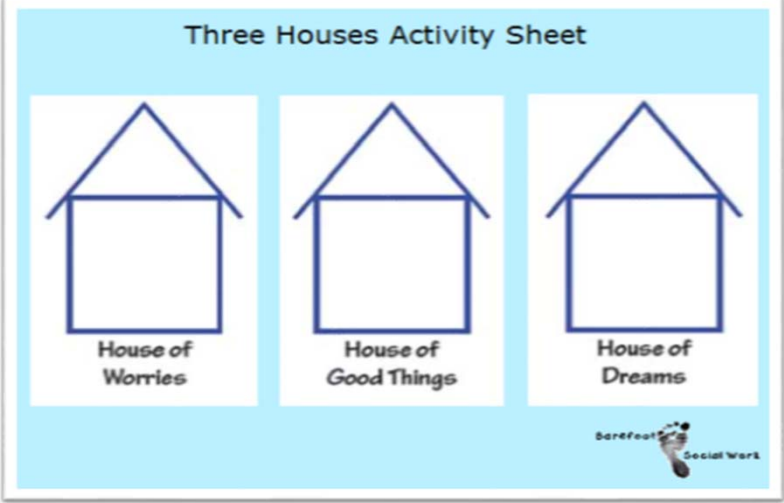
- Motivational Interviewing
- Multi-disciplinary teaming (Nurse-CPS teams in OK, BH and SA specialists)
- Safety Mapping and Three Houses
- Solution-based Casework
- Substance abuse treatment that is family-based and/or uses medically-assisted treatment (e.g., FIT in Florida)

Other Practice Strategies to Consider

Safety mapping techniques and tools:



Three Houses Activity Sheet



The graphic shows three simple line drawings of houses arranged horizontally. Each house has a square base and a triangular roof. Below each house is a label: 'House of Worries' under the first, 'House of Good Things' under the second, and 'House of Dreams' under the third. The entire graphic is set against a light blue background with a white border. In the bottom right corner of the graphic, there is a logo for 'barefoot Social Work' featuring a footprint icon.

House of Worries House of Good Things House of Dreams

barefoot Social Work

Weld, N. (2008). The three houses tool: building safety and positive change. In M. Calder (Ed.) *Contemporary risk assessment in safeguarding children*. Lyme Regis: Russell House Publishing.

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III. Research Gaps



Research Needs: CAN Prevention

- How can we refine income assistance programs beyond EITC to reduce high rates of child poverty in the U.S. (17.5%)?
- The National Academy of Sciences proposes to reduce child poverty by half through four major sets of expansions to safety net programs, which, if adopted, should also reduce rates of child maltreatment (See [A Roadmap to Reducing Child Poverty](#)).

Research Needs: CAN Prevention

- **Dr. William C. Bell highlights a 5 sector approach to strengthening communities.** Where is that already underway, and it just needs funding to reach a tipping point?
- **Geo-spatial risk modeling and community mobilization:** Who can support Dr. Daley's *Predict-Align-Prevent* model, that uses a 5 sector approach?
- **Improved management information systems for voluntary CW agencies.**

Research Needs: CAN Prevention

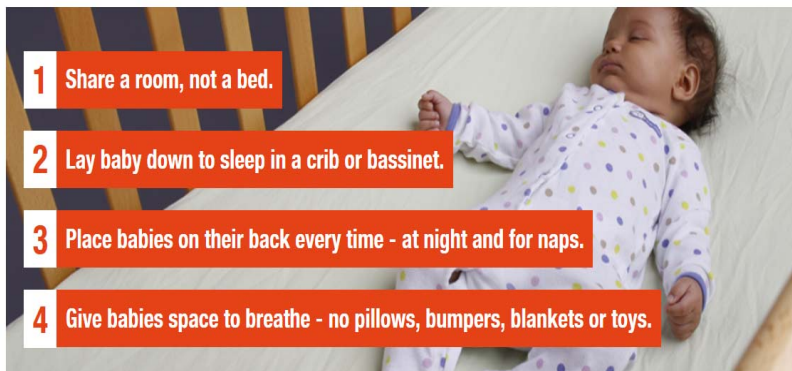
- **Family resource centers:** while promising, need to be evaluated more rigorously.
- **Home visiting services:** How can these services be less stigmatizing and delivered to everyone?
- **Safe sleeping:** How can we scale up the best of these strategies? LA & NYC exemplars.

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Los Angeles Safe Sleeping Ad Using a More Positive Approach
<http://safesleepforbaby.com/how-to-keep-your-baby.shtml>

How to Keep Your Baby Safe

Parents and caregivers can reduce the risk of infant death from suffocation by being aware of and following these safe sleeping practices.



Research Needs: Preventing CAN Recurrence

How can we improve mandatory reporting laws?

- Too many inappropriate cases are reported.
- Low risk but important cases are reported but then not responded to with a “warm line or help line” (They do not need a CPS hotline response.)
- Only 1 in 5 investigated cases are substantiated.

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Research Needs: Preventing CAN Recurrence

The practice science for CPS investigations is antiquated:

- How can we adopt the best *safety science* techniques from the airline, maritime, medical injury control, and nuclear power industries?
- How can we instill more of a *CQI safety culture* in CW agencies?

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Research Needs: Preventing CAN Recurrence

- **Child Sentinel injury detection and “information hand-offs”**: Needs refinement, scale-up, and policy to create sustainable funding.
- **Infants and children ages 0-3**: A special investigations and service protocol is needed that involves nurses and other specialists. Who can develop and scale this up?
- **What are core trauma-informed practice elements for CPS and ongoing child welfare?**

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Research Needs: Preventing CAN Recurrence

- **More open source interventions are needed** to add to *CBT+* (University of Maryland) and *Strive* (Partners for Our Children at UW-Seattle).
- Can we bring back **specialized public CW practice teams via FFPSA and other funding sources?** (e.g., home-based services in OR and UT)

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Research Needs: Foster Care

- **Kinship care:** How can we place 80% of children with relatives, family friends or tribal clan members?
- **FP Licensing Policy:** How can we mandate more streamlined and parent-friendly licensing processes so we do not continue to lose good FP applicants?
- **How can we increase worker retention rates** in all areas of CW and behavioral health?

Research Needs: Post-Permanency (I.e. Aftercare)

- **Maintenance:** What are cost-effective and non-intrusive family maintenance strategies?
- **Detection:** How can we be more vigilant to early warning signs that a reunified, guardianship or adoptive family is having difficulty?
- **Interventions:** What works to prevent FC re-entry? Roberts, Y.H., O'Brien, K., & Pecora, P.J. (2017). *Supporting Lifelong Families Ensuring Long-Lasting Permanency and Well-Being*. Seattle: Casey Family Programs. <https://www.casey.org/supporting-lifelong-families/>

For more information

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