INTEGRATING SAFETY, PERMANENCY AND WELL-BEING SERIES

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INTEGRATING SAFETY, PERMANENCY AND WELL-BEING:

A view from the field

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

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Preface

This series of papers, *Integrating Safety, Permanency and Well-Being in Child Welfare*, describes how a more fully integrated and developmentally specific approach in child welfare could improve both child and system level outcomes. The papers were developed to further the national dialogue on how to more effectively integrate an emphasis on well-being into the goal of achieving safety, permanency and well-being for every child.

The overview, *Integrating Safety, Permanency and Well-Being: A View from the Field* (Wilson), provides a look at the evolution of the child welfare system from the 1970s forward to include the more recent emphasis on integrating well-being more robustly into the work of child welfare.

The first paper, *A Comprehensive Framework for Nurturing the Well-Being of Children and Adolescents* (Biglan), provides a framework for considering the domains and indicators of well-being. It identifies the normal developmental trajectory for children and adolescents and provides examples of evidence-based interventions to use when a child's healthy development has been impacted by maltreatment.

The second paper, *Screening, Assessing, Monitoring Outcomes and Using Evidence-based Practices to Improve the Well-Being of Children in Foster Care* (Conradi, Landsverk and Wotring), describes a process for delivering trauma screening, functional and clinical assessment, evidence-based interventions and the use of progress monitoring in order to better achieve well-being outcomes.

The third paper, *A Case Example of the Administration on Children, Youth and Families' Well-Being Framework: KIPP* (Akin, Bryson, McDonald, and Wilson), presents a case study of the Kansas Intensive Permanency Project and describes how it has implemented many of the core aspects of a well-being framework.

These papers are an invitation for further thinking, discussion and action regarding the integration of well-being into the work of child welfare. Rather than being a prescriptive end point, the papers build developmentally on the Administration on Children, Youth and Families' 2012 information memorandum *Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services* and encourage new and innovative next steps on the journey to support healthy development and well-being.

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Disclaimer

Reflection

As our response to abuse and neglect of children has evolved over 50 years, child welfare across the United States has undergone a fundamental transformation. Today, the forces shaping the future of child welfare are shifting in a way that not only will produce change, but may bring dramatic improvement to the lives of children and families touched by the system. Alignment of vision, science, management, and leadership is taking place and is reshaping the culture of child welfare at all levels across the country.

At the heart of the change is the full integration of the three federal child welfare goals established by Congress in 1997 in the Adoption and Safe Families Act: safety, permanency, and well-being. An emphasis on safety and permanence is not new. These two goals have been at the center of child welfare practice since the 1970s. It is an understanding of the need to address children's social and emotional well-being emerging in research and practice that is driving the transformation.

For this author, the meaningful integration of social and emotional needs of children with safety and permanence is revolutionary. I began working in child welfare in 1972 in rural Florida and continued in Memphis, Tennessee, as a child protective services intake worker. At that time, my primary goal was clear: physically protect children and keep them safe. I knew the stakes were high. If I did not perform my job, a child could be seriously injured or die. My colleagues and I took this responsibility seriously. We had few tools at our disposal. We could remove children from dangerous environments and send parents to general mental health providers or parenting classes. In the absence of empirical evidence, child welfare systems operated in good faith to assure the best interests of the child.

Some might argue that, due to this this single-minded focus on physical protection that resulted in removing children from maltreating caregivers, we resorted to placing children in foster care far too often. As a result, the foster care population rose steadily. By 1998 there were more than 550,000 children in out-of-home care (AFCARS, 1998).

As the foster care population grew, children experienced frequent moves, loss of connections with siblings and parents, changes in schools, and little predictability. The system bulged at the seams. Murmuring concerns in the 1970's about the role and effectiveness of child welfare increased in volume and spawned a national debate.

Child welfare leaders and their critics increasingly recognized that foster care alone was an insufficient response to abuse and neglect. We needed to do more. Children needed a permanent family either with their original caregivers or formed through adoption and guardianship. At this time, the overriding tension inherent in child welfare was born: balancing a child's physical safety with the child's fundamental need to grow up in a family environment. Foster care was perceived as a temporary solution and permanency became the central child welfare focus.

The mission of child welfare grew more complex: keep children safe, keep them at home, and, if that was not possible, place them for adoption or guardianship. In the age of aggressive permanency planning, reducing the number of children in foster care became the dominant metric of success. Implicit in this shift was the notion that foster care itself was less than ideal and diminishing children's prospects for the future. Advocates and former foster youth effectively and accurately depicted the shortcomings of a system that relied primarily on substitute care during a vulnerable child's formative years. These efforts combined with increasingly sophisticated perma-

nency practices led to a decrease in the use out-of-home placement and increased efforts to move children who were in foster care to permanency quickly. Successful child welfare systems were considered to be those that reduced the number of children in state custody.

Financial concerns also played a role. As the foster care rolls grew in the nineteen-eighties, child welfare expenses ballooned. The field sought practices that contained costs by constraining the population's growth without compromising the safety of children. The emphasis on permanency and shrinking the size of the out-of-home population led to a dramatic reduction in the number of children in foster care. This began in the 1990s and gained momentum in the year 2000 and beyond. Between 1998 and 2012, the number of children in foster care dropped by a dramatic 27 percent nationwide (AFCARS, 2012).

This decline was driven in part by federal legislation emphasizing permanency as a child welfare priority. *The Adoption and Safe Families Act of 1997* went further, though, than holding states accountable for children's safety and permanency. It also required a focus on well-being. While few appreciated the implications in 1997, the role of child welfare was exponentially expanded. This new focus meant that it was no longer good enough to achieve physical safety and secure a permanent placement. Child welfare was obligated to address the well-being of children. No one was quite sure what this meant. Some suggested that care was adequate as long as foster children went to school, saw a doctor when they were sick, visited a dentist each year, and received mental health services. Others suggested that achieving safety and permanency amounted to meeting a child's well-being needs.

At this point, the application of science and data began to play a role in shaping the philosophy and practice of child welfare. Those studying children who had been in foster care discovered that reunification did not necessarily yield better outcomes. Children returning home, in many cases, appeared to fare worse in school and function less successfully in society than those who were not reunified. Those children were more likely to be arrested and to exhibit behavior problems (Taussig, Clyman, & Landsverk, 2001; Bellamy, 2008). Research also indicated that placing children in permanent adoptive homes was not a panacea. Children placed for adoption require mental health services at largely undiminished rates years after placement (Simmel, et al., 2007). Clearly, something more than physical safety and a permanent home was needed.

It was time to consider the concept of well-being—its parameters, nuances, and, most importantly, its application to children who have experienced significant trauma. The Administration on Children, Youth, and Families began to articulate a vision of social and emotional well-being. If fulfilled, children served by the child welfare system would have improved lives. This vision of social and emotional well-being went beyond simple metrics of doctor visits or school attendance and posed a challenge: what can we do to build children's capacity to function in a complex world and negotiate the challenges of life?

During this same period, we began to more fully appreciate the vital importance of the first years of life and the value of intervening early in a child's development. This was matched with a growing understanding of the impact of traumatic stress on the body and the brain, especially for young children (Perry, et al, 1995; Pynoos, et al, 1997; van der Kolk, 1997; Shonkoff & Garner, 2012).

Another movement was underway in child welfare at this time. Child welfare leaders began to ask the question, "What evidence do we have that what we do really works?" Learning from a similar movement in medicine a decade earlier, systems began to introduce evidence-based practices

designed to achieve positive impacts on the lives of the children and families into child welfare services. In the space of less than ten years, evidence-based practices moved from the university laboratory into the mainstream of child welfare and mental health systems. This offered frontline workers new tools to achieve safety, permanency and well-being nationwide. We could have only dreamt of this opportunity in the 1970s.

The interaction between the three goals is mutually compatible and synergistic. Few can question the logic that a child better able to regulate emotions and successfully navigate complex social interactions and who can build and maintain positive relationships with adults will have more opportunities for successful permanent placement. There also is a decreased risk for maltreatment. The three goals of safety, permanency and well-being are intertwined and jointly reinforce one another.

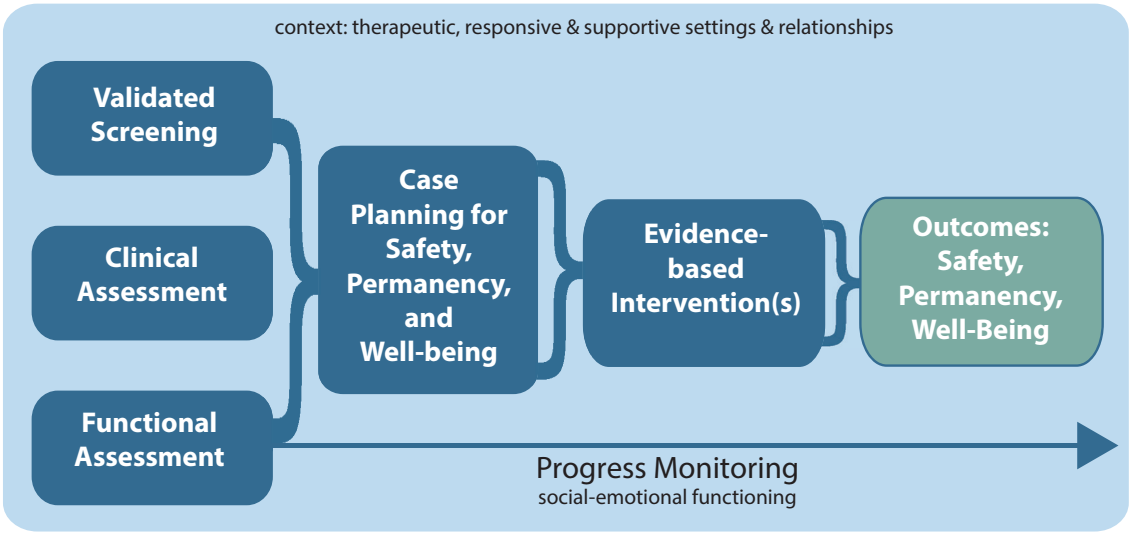
Child welfare systems that take advantage of emerging opportunities to improve outcomes for vulnerable children will require new approaches and capacity. This reflection provides an introduction to three papers that describe ways to better integrate safety, permanency, and well-being and demonstrate how these approaches can make a difference for children and families.

Three Papers

The first paper, by Anthony Biglan, presents a framework for understanding and achieving well-being for children and youth, including those who have experienced trauma. Guided by such a framework, child welfare and its complementary systems can ensure children and families get the right intervention, at the right time, and with the right support to change their developmental and life trajectories for the better.

In the second paper of this series, John Landsverk and colleagues explore essential steps in this process, outlining the embedding of screening and assessment in a comprehensive, evidence-based/evidence-informed service delivery system. (See Figure 1 below.) Child welfare needs a screening and assessment system that identifies the social and emotional needs of children, just as it needs a safety and risk assessment system. Identification of trauma symptoms, mental health concerns, and functional needs can then be linked to comprehensive and trauma-informed mental health assessment to identify a child's strengths and needs, which then leads to the selection of an evidence-based or evidence-informed intervention best suited to that child and family to achieve better outcomes.

Figure 1



However, it is clear that having evidence-based practices available is not enough. The practices must fit the unique needs of the community. To determine what practices are needed, it is important to use data to develop a multidimensional profile of the population to inform strategic decisions. This information can drive the purchase of services that will have the greatest positive impact on the social and emotional needs of the children served, enhancing their safety and creating opportunities for real permanence. In the final paper, Becci Akin and colleagues discuss one state's experience in mining multiple data sources to guide the selection of an evidence-based intervention to address long-term foster care.

The three papers in this series mark a moment in child welfare's evolution, articulating how systems can better integrate safety, permanency, and well-being to achieve dramatically improved outcomes for children, youth, and families. As the past has shown, building a better system is an ongoing journey and there is always progress to be made. Research will continue to deepen our understanding of children and families and encourage innovations. We owe it to our young people, our society, and ourselves to keep moving forward.