



CW360°

a comprehensive look at a prevalent child welfare issue

Safety

Permanency

Well-Being

*Attending to Well-Being in Child Welfare
Spring 2014*

From the Editors

A predominant theme throughout all issues of *CW360°* is one of well-being. We have covered different aspects of well-being over the past five years across various issues, including disability, trauma, developmental practice approaches, permanency, relationships, and secondary trauma. In this, the tenth issue of *CW360°*, we cover the full spectrum of well-being issues. While we recognize that there continues to be a philosophical discourse as to whether or not—or in which ways—well-being falls within child welfare's scope of practice, we believe it is critical to bring those discussions to the forefront. As segments of the field take more purposeful approaches in both practice and policy to addressing issues of well-being, practitioners and administrators struggle with how to interpret and integrate research, policies, and practices focused on child well-being.

In recent years, through the leadership of Bryan Samuels and the Administration on Children, Youth and Families (ACYF), child welfare professionals have started to come together to define concepts, frameworks, roles, and responsibilities related to child well-being in the field of child welfare. As we have come to better understand the impact of trauma on our work and moved toward implementing trauma-informed systems of care, we recognize that if we only attend to safety and permanency we leave the lifelong impacts of trauma unattended. Working with children and youth is inclusive of all aspects of their lives, not just the safety and security of their bodies but also their minds and spirits.

This issue of *CW360°* is dedicated to exploring holistic views of well-being with a strong emphasis on addressing unresolved trauma as a key to better outcomes for children, youth, and families. Throughout this publication you will find research, policy, and practice strategies that reflect the emerging aspects of this work today.

As in previous editions, the preparation for this issue of *CW360°* began with an extensive literature review and exploration of best practices in the field. Then, CASCW staff and editors engaged with individuals who emerged as leaders in or who had a unique contribution to the issue's topic. One challenge to framing the topic of well-being



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Register for CASCW's 15th annual free child welfare conference

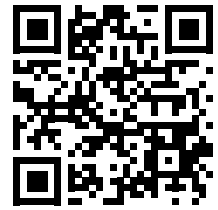
Registration available through Monday, April 28, 2014

Attending to Well-Being in Child Welfare

May 6, 2014: 8:30 a.m. - 4:00 p.m.

North Star Ballroom, St. Paul Student Center,
University of Minnesota

Attend the conference in person, by individual web stream at a personal computer, or by group web stream at an off-site location. Off-site participants are encouraged to email, Tweet, or Facebook questions during the program.



For more information and to register, please follow this link:

<http://z.umn.edu/wellbeingcw>

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is the variety of ways in which well-being is defined. This comes after decades of including 'well-being' in practice and performance goals yet failing to define or hold ourselves accountable to achieving meaningful outcomes in this area.

CW360° is divided into three sections: overview, practice, and perspectives. In the overview section, articles focus on exploring frameworks of well-being and ways in which we define and measure well-being concepts, including cultural considerations. The practice section highlights evidence-informed and promising practices in the field. Lastly, the perspectives section presents articles from a variety of child welfare stakeholders highlighting innovative examples of practice implementation, organizational change, and the personal impact of addressing the whole child.

We have provided you with information and tools throughout this publication that will help you apply the research, practice, and perspectives to your own work settings and identify opportunities to apply this new learning. **Please refer to the discussion guide at the end of the publication to help start discussions with workers and administrators at your agency.** Additionally, we have removed the reference section from the printed editions of *CW360°* in order to

make more space for additional content. You can find a full listing of the citations in PDF format on our website at <http://z.umn.edu/2014cw360>.

Another way to join the conversation on this topic, as well as other challenging questions facing the child welfare system today, is through our Child Welfare Video Wall (<http://z.umn.edu/videowall>). Several child welfare stakeholders have recorded their thoughts about what well-being means to them. Take a look through some of their videos and then take 90 seconds to record your own reflections and ideas!

We invite readers to join CASCW staff and *CW360°* contributors Bryan Samuels, Terry Cross, Amelia Frank-Meyer, and Nathan and Christy Hough for our full-day conference on child well-being on **May 6, 2014**, beginning at **9:00 AM**. A panel including local and national experts on child well-being will react and interact with our keynote speakers on localized impact and application of their work. The conference can be viewed via web stream from any location. *The conference will also be archived and available for viewing after its conclusion.* To access registration information or the web stream archive of the event, visit the conference webpage at <http://z.umn.edu/wellbeingcw>.

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Well-Being: Federal Attention and Implications

Bryan Samuels & Clare Anderson

Well-being is core to a healthy, happy, and productive life. The well-being trajectory starts early and is intertwined with child development. Emerging science shows how adverse childhood experiences, trauma, and toxic stress derail healthy development and impact health (Centers for Disease Control and Prevention, 2013) and overall functioning throughout the lifespan (O'Connor, Finkbiner, & Watson, 2012). This issue of CW360° explores the concept of well-being as it relates to the needs of children served by the child welfare system as these children often experience significant adversity before and after they become involved with child welfare (Stambaugh et al., 2013). In this article, we provide an overview of federal policy and recent activity related to well-being along with implications for using a well-being framework in child welfare.

Federal Policy and Action Focused on Well-Being

For more than two decades, Congress has made the well-being of children known to child welfare an important component of its legislative agenda. Statutory requirements, both large and small, have directed child

In addition to Congressional legislation, special attention is being given to well-being at the Federal level. The Administration on Children, Youth and Families (ACYF) and its Children's Bureau are elevating the importance of well-being in their approach to improving child welfare outcomes. An organizing framework is guiding the field's understanding of well-being and its relationship to child development (i.e. "Promoting the Social and Emotional Well-being of Children and Youth Receiving Child Welfare Services" [Samuels, 2012a]), multiple discretionary grant opportunities and programs are being directed toward addressing well-being needs (e.g. "Initiative to Improve Access to Needs-Driven, Evidence-Based/ Evidence-informed Mental and Behavioral Health Services in Child Welfare" [ACYF, 2012]), and significant policy levers include well-being as a priority (i.e. "Child Welfare Demonstration Projects for Fiscal Years (FYs) 2012–2014" [Samuels, 2012b]). For more information on what is currently being undertaken at the federal level, please see Associate Commissioner of the Children's Bureau Joo Yeun Chang's article in this issue.

Well-being is now being more fully integrated with the safety and permanency

healthy child development. These frameworks provide a new way to understand which services and supports should be provided (i.e. evidence-based interventions that help a child get back on target developmentally) and to what end (i.e. measurable improvements in developmental functioning).

Meeting children's developmental needs, particularly those in the social and emotional domains, are fundamental to the work in child welfare. It is now clear that focusing on safety and permanency is necessary but not sufficient in addressing the developmental impacts of trauma and adversity. Recent advances in brain and developmental science show that it is these profound impacts that impede both short- and long-term functioning across the well-being domains. (For more on this topic, see Semanchin Jones & LaLiberte and Anda & Kovan, both in this issue).

Addressing Mental Health and Physical Health Needs – Service Use and Costs

Two new resources, when read together, provide important data on the usage and expense of both health and mental health services for children in foster care as covered by Medicaid. The Department of Health and Human Services Substance Abuse and Mental Health Services Administration's (SAMHSA) "Diagnoses and Health Care Utilization of Children Who are in Foster Care and Covered by Medicaid" (Center for Mental Health Services & Center for Substance Abuse Treatment, 2013) and the Center for Health Care Strategies' "Examining Children's Behavioral Health Utilization and Expenditures" (Pires et al., 2013) show that expenses for this population of children are driven predominately by their mental and behavioral health needs, and their health care costs are higher as well. The CHCS analysis also considers the quality of services and found that more often than not, all children in Medicaid with mental/behavioral health needs received "usual care" rather than a promising or evidence-based intervention.

These analyses help us understand the connection between the trauma experienced by children who have been maltreated and are in foster care, their resulting mental and behavioral health needs, the current approaches undertaken to address these needs and the associated costs, as well as the opportunities to reconsider whether children are receiving quality care.

Well-being is now being more fully integrated with the safety and permanency pillars of child welfare, and this is driving action and innovation both federally and across the states.

welfare to attend to the well-being needs of children. At times this has been an explicit directive such as in the Adoption and Safe Families Act (1997), which identifies safety, permanency, and "well-being" as equal goals. Other legislation requires action to address the emotional, educational, or social needs of children such as the Child and Family Services Improvement and Innovation Act of 2011 (i.e. State plans to address monitoring and treatment of emotional trauma associated with a child's maltreatment and removal from home). Even the founding piece of legislation, the Child Abuse Prevention and Treatment Act, has been amended over time to include "supporting and enhancing interagency collaboration...to address the health needs, including mental health needs, of children identified as victims of child abuse or neglect, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports" (2010).

pillars of child welfare, and this is driving action and innovation both federally and across the states.

Child Development and Well-Being Framework

The framework identified above, released in 2012 by ACYF, defines an actionable well-being approach (Samuels, 2012a). It identifies four basic domains of well-being: cognitive functioning, physical health and development, behavioral/emotional functioning, and social functioning. Each of these domains includes measurable indicators that vary by age or developmental stage. This framework is strikingly similar to the one developed by Anthony Biglan and colleagues as part of the Promise Neighborhoods Research Consortium, which is based on 30 years of research (see Biglan, in this issue). In both frameworks, core domains of well-being are linked with measurable indicators of

Intervening More Effectively and Implications of Using a Well-Being Framework

Understanding trauma's impact on children's social and emotional functioning and health is an important place to start when considering how best to intervene and get children back on track developmentally. ACYF is providing significant resources and technical support to increase the use of valid and reliable trauma screening tools and tools that assess developmental functioning as these provide invaluable information about children's needs. Once a child's, or a group of children's, needs are identified, evidence-based interventions appropriate to age can be selected and implemented. It is also possible to use the assessment tools during or after the intervention to measure whether or not a child is returning to healthy functioning across the well-being domains and indicators. This evidence-based approach can provide not only a higher return on the fiscal investment but also improved outcomes (Lee et al., 2012; The California Evidence-Based Clearinghouse for Child Welfare, 2013). Secretary Sebelius' blog post of July 2013, "Helping Victims of Childhood Trauma Heal and Recover," announced the release of guidance from ACYF, SAMHSA, and the Centers for

Medicare and Medicaid Services (CMS) on improving service delivery to include the use of screening, assessment, and evidence-based interventions (Sheldon, Tavenner, & Hyde, 2013).

Well-being deserves equal attention and resources as safety and permanency have received over the past two decades. This issue of CW360° provides many examples of the emphasis now being placed on well-being. While more collective effort is needed to fully realize the potential of this approach, much work has already begun. Federal leadership,

innovations in states, organizations, and philanthropy, and a growing body of research and evidence all point toward a new landscape that emphasizes the importance of healthy development and well-being.

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Presidential Budget for FY2015

The Presidential Budget for FY 2015 includes an allocation for a new Medicaid demonstration project that would help states provide evidence-based psychosocial interventions to children and youth in foster care. Such interventions would work to reduce reliance on psychotropic medications and improve outcomes for children and youth in foster care. This budget request comes at a time of increased scrutiny and calls for oversight regarding psychotropic medication use among children and youth in foster care, as research has shown that this population is prescribed one or more psychotropic medications at a disproportionate rate. For more information on the Presidential Budget, please visit: <http://z.umn.edu/presbudget>



Defining and Measuring Child Well-Being

Annette Semanchin Jones, PhD & Traci LaLiberte, PhD

The content of this article was modified from a technical report written for Anu Family Services, 2013.

In child welfare, states and jurisdictions are charged with the federal mandate of providing safety, permanency, and well-being for all children who come to the attention of child protective systems. States are held accountable to these mandates through the Administration of Children, Youth and Families' (ACYF) ongoing Child and Family Services Review (CFSR) process.

The CFSR requires states to achieve the following three outcomes related to child well-being: (1) families have enhanced capacity to provide for their children's needs, (2) children receive appropriate services to meet their educational needs, and (3) children receive adequate services to meet their physical and mental health needs (Children's Bureau, 2012). Although these guidelines offer some hints for how to define and interpret the goal of "child well-being," the definition remains vague.

Defining Child Well-Being

The literature on defining child well-being in child welfare offers several different theoretical frameworks (Jenson & Fraser, 2011).

Attachment theories focus on the relationship between the child and primary caregiver as key to healthy development and subsequent child well-being (Mennen & O'Keefe, 2005). Ecological theories of development focus more on the importance of a child's environment, including parents, families, and parents' networks, as impacting a child's development (Bronfenbrenner, 1979). Social capital theory recognizes the assets gained from the sharing of information, emotional and concrete support, and development of supporting social norms as also critically important for healthy child development (Coleman, 1988). There is a growing body of literature in child welfare that highlights the importance of the new science and findings on the impact of trauma and adverse childhood experiences on brain development (Perry, 2002; National Scientific Council on the Developing Child, 2005).

In addition to the academic literature, indigenous knowledge and practice have defined child well-being for centuries. Approximately 30 years ago, the National Indian Child Welfare Association (NICWA), under the direction of Terry Cross, developed the Relational Worldview model to reflect Native thought and belief on the concepts of balance and health and their relationship



to well-being. Four domains make up this model: Context, Mental, Physical, and Spiritual (see Cross in this issue).

Using elements of developmental theories and under the direction of former Commissioner Bryan Samuels, the ACYF adapted a framework (from Lou, Anthony,

of child welfare considers structures to define and shape practice, policy, and research in the area of child well-being. The first is The Framework for Well-Being for Older Youth in Foster Care (see Langford in this issue). The Youth Transition Funders Group (YTFG), under the leadership of Barbara

Just as definitions and frameworks of child well-being are varied and inconsistent, the current measures of child well-being also vary widely.

Stone, Vu, & Austin, 2008) that identifies four basic domains of well-being: (1) cognitive functioning, (2) physical health and development, (3) behavioral/emotional functioning, and (4) social functioning. In their recent publications on promoting and achieving child well-being, the ACYF prioritizes social and emotional well-being in part because there are resources, policies, and effective practices currently available to child welfare agencies that can be leveraged to improve child functioning in these domains (Samuels, 2012).

Two additional well-being frameworks warrant significant consideration as the field

Hanson Langford and Sue Badeau, tapped the expertise of the YTFG Foster Care Work Group to develop a Focus of Investment Agenda covering the domains identified by ACYF. The six domains of this framework are Intellectual Potential, Social Development, Mental Wellness, Physical Health, Safety and Permanency, and Economic Success. In addition, YTFG notes that for each youth's well-being there is a community context to be assessed and considered.

The second framework of well-being was developed by Mary Jo Kreitzer at the Center for Spirituality and Healing (CSH). This framework encompasses aspects of the other

frameworks previously discussed and assumes a holistic approach to child well-being. The CSH well-being wheel is also comprised of six domains: Health, Relationships, Security, Purpose, Community, and Environment (see Kreitzer in this issue).

Measuring Child Well-Being

Just as definitions and frameworks of child well-being are varied and inconsistent, the current measures of child well-being also vary widely. There is little agreement in the research literature on how to best measure child well-being. Pollard and Lee (2003) conducted a comprehensive literature review on defining and measuring child well-being, and they also found both multidimensional single scale measures as well as the use of multiple separate measures. They caution that the use of multiple separate measures has significant limitations in that these instruments may focus on only some domains of child well-being and so may not adequately measure the concept of well-being in its entirety. Other scholars also suggest that there is a real need for a multi-dimensional measure

encouraging community participation; and promoting cultural and ethnic identity development (Center for Child and Family Well-being, 2010).

Other critiques in the literature note a lack of measures of child well-being that reflect the child or youth perspective. Anthony and Stone (2010), in their recent study, also found that the relational aspects of parental and peer involvement were more effective in predicting later well-being in adolescence. When asked, youth also noted the importance of relationships in how they defined their own well-being (Fattore, Mason, & Watson, 2009). In an effort to better understand youth's perspectives, one qualitative study asked children/youth what would be important to them in defining well-being. They found that relationships with others and their own agency and control in the various domains were identified as most important to their well-being (Fattore et al., 2009). Also noted by youth in this study were safety and economic security, physical environments, physical health, and social and moral responsibility (Fattore et al., 2009). In

and development, behavioral/emotional functioning, and social functioning, as well as the relevance of personal characteristics and environmental/community supports, do indeed touch upon most of the domains noted by other scholars and researchers.

However, spirituality and environment as a context are not sufficiently addressed in the ACYF framework and yet they are noted in other frameworks and the larger body of literature on well-being. CSH includes spirituality or "purpose" and defines it as having an aim or direction that gives life meaning, hopefulness, sense of identity, and religiosity. Likewise, the Relational Worldview dedicates a quarter of its framework to this critical aspect of well-being. Each of these frameworks also highlights environmental context, which consists of an understanding of an inter-dependent planet, the need for toxin-free physical surroundings, and that access to nature nourishes the body, mind, and spirit.

As the field of child welfare moves forward in improving practice and services to support the achievement of child well-being, a number of factors should be considered. First, multi-dimensional, strengths-based measures which focus on protective factors rather than exclusively on deficits need to become integrated into everyday practice. Second, further dedication of resources is needed to explore the development of a global measure of child well-being. Third, policy makers and practitioners need to pay more attention to spirituality and environmental context as integral parts of child well-being. Finally, definition and measurement of child well-being must include the child and youth perspective.

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In looking at accurately assessing well-being, it is important to consider how the perspective of the child or youth might inform the overall measurement process.

of child well-being, proposing that a multi-faceted, global approach is a better predictor and more robust indicator of well-being than measures that focus on specific domains (Anthony & Stone, 2010).

Another current limitation noted in the literature is the need for more positive indicators. Often, aggregated measures of well-being focus on risk factors such as poverty, high school dropout, and infant deaths; individual indicators often focus on the presence of problems, such as the presence of anxiety, depression, or behavior problems (Lippman, 2005; Pollard & Lee, 2003). Some scholars recommend focusing on protective factors and desired outcomes rather than the deficits (Jenson & Fraser, 2011; Harper Browne & Notkin, 2012; Lippman, 2005).

The Strengthening Families initiative focuses on promoting the following protective factors in both children and families: nurturing and attachment; knowledge of parenting and child development; parental resilience; social connections; concrete supports for parents; and social and emotional competence of children (FRIENDS, 2012). Other factors that have been measured when looking at child well-being include building youth capacity in areas such as music, art, mechanical, and athletics (Lippman, 2005);

looking at accurately assessing well-being, it is important to consider how the perspective of the child or youth might inform the overall measurement process. This, however, is made more difficult when considering children and youth of all ages across the developmental age span.

Samuels (2012) and the ACYF stress the importance of functional assessment, which includes a more holistic and effective assessment of children's well-being, including multiple domains of social and emotional functioning. They also stress the importance of using standardized and evidence-based tools to assess the impact of trauma on children in child welfare that can both (1) estimate the prevalence of trauma symptoms and/or traumatic experiences and (2) identify children who may require further assessment and intervention.

Summary of Well-Being Discussion

The current federal guidelines and initiatives of the ACYF promoting child well-being provide a solid foundation in creating common language and understanding of how we define child well-being in child welfare. In looking at the larger literature on child well-being, it seems that the ACYF domains of cognitive functioning, physical health

For more information on the child well-being models and frameworks discussed in this article, view our Resources list at the end of this publication.

The Relational Worldview and Child Well-Being

Terry L. Cross, MSW, ACSW, LCSW

Different cultures have different ways of understanding the world based on fundamental differences in the ways that we understand and interpret information. As human beings we all have thoughts. We organize those thoughts into ideas, concepts, and constructs from which paradigms emerge. Taken all together, in the context of a collective group's understanding, a cultural worldview takes shape. In the most basic definition a worldview is a fundamental process that we as human beings employ to attempt to make sense of the world.

In Western industrialized societies the predominant worldview is linear. The world is understood predominately via linear cause and effect relationships. Human behavior is understood in this worldview by segmenting and reducing human experience into its smallest parts.

Indigenous societies tend to understand the world more holistically. Cause and effect are still relevant but rather than splitting the world up into its smallest parts, the world is understood through understanding patterns, cycles, and the dynamics of many complex interactions. Human behavior and experience is understood as a balance among mind, body, spirit, and the world around us. This understanding of the world has been described as the "Relational Worldview" (Cross, 1998). In essence, all things are related to all other things and the relationships between them produce what we experience as our perception of the world.



By developing some understanding of the model the worker may be able to better see how child well-being is supported in a culture with different values, kinship structures, and problem solving strategies.

The Relational Worldview Model

Discussion of the Relational Worldview Model must be grounded in some fundamental recognition of the relationship between culture and helping practices. There are no social work or psychological theories or practices that are not culturally based. Every practice is grounded in the cultural

well as many others. In contrast to the linear model that tends to segment, the relational model is equally focused on the relationships across the various areas of functioning. Regardless of the developmental stage, well-being can be understood as a balance among four quadrants including mind, body, spirit, and context (Hodge, Limb, & Cross, 2009). The linear worldview has made possible a deep understanding of many narrow aspects of child well-being. However, understanding of the whole child is limited in the linear model with its tendency to specialize. In the relational model each of the four quadrants is interdependent with the other quadrants. It is assumed that conditions in any one of the four areas will influence all of the other quadrants. It is also assumed that the dynamics between and among the quadrants are constant, cyclical, and complex. Well-being can be seen in this model as the sum total, at a moment in time, of these complex interactions.

The age-old linear question, "Is personality the result of nature or nurture?" (Collins, Maccoby, Steinberg, Hetherington, & Bornstein, 2000), that is often posed in first year psychology is irrelevant in the relational worldview where nature and nurture are inter-dependent influences. But the relational model goes beyond these two concepts and assumes that development is also influenced by the spiritual nature of the human experience. Native American cultures tend to be grounded in an understanding that we are "spiritual beings on a physical journey" (Renfrey & Dionne, 2001). Where Western psychology tends to avoid spirituality, the relational model embraces it in the sense of an acceptance of unknowable forces that

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Balance across the quadrants accounts for the resilience that can be seen in individuals who survive and even thrive despite great adversity.

The National Indian Child Welfare Association (NICWA) has used this culturally based worldview to develop a model to guide social work practice with individuals and families and applies its principles to its work in organizational and community development. This brief article is designed to provide the reader with one example of how the model can help non-Indians better understand culture as a resource for working with American Indian children and families in the child welfare system. Specifically, this article examines how understanding the Relational Worldview model can give a child welfare worker a more holistic and culturally grounded perspective into child well-being.

worldview of its developer (Blackstock, 2010). Our worldview tends to limit the range of our insights about the world to the explanations in which we have been deeply schooled. One of the values in stepping outside of our own worldview is that we can, as helpers, make better assessments about what behavior means and better understand the resources that families have to deal with their own challenges.

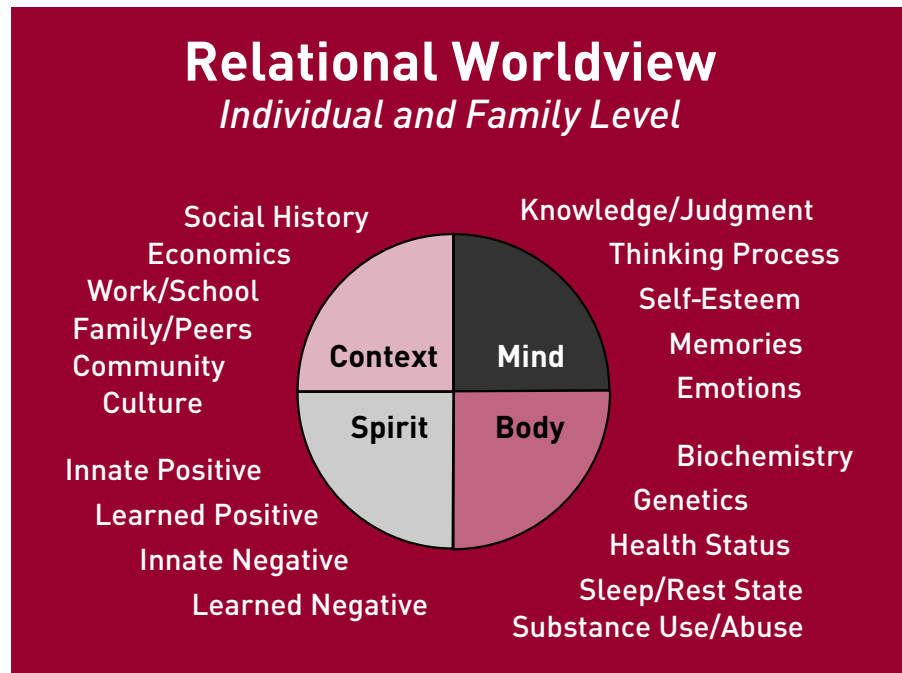
Generally, concepts of child well-being are understood across the developmental spectrum from birth to young adulthood by segmenting our understanding of child development into finite areas of functioning, including cognitive, social, and emotional, as

influence all of creation in both positive and negative ways. This quadrant can be understood as the spiritual nature of human experience as opposed to religious beliefs or practices.

Balance across the quadrants accounts for the resilience that can be seen in individuals who survive and even thrive despite great adversity. It can also help explain the negative impact of adverse childhood experiences on health outcomes later in life (Felitti et al., 1998). In a recent national survey of Native American youth ages 18-24, the investigators identified several protective factors that positively influence outcomes even when adverse experiences are also present. Eight protective factors were identified including having relationships with supportive adults, being part of a positive peer group, participating in school activities, having family resources, having a spiritual or religious connection, having a connection with tribal elders, learning a tribal language, and perceiving their community to be safe and strong. The presence of these factors was associated with lower rates of depression and lower incidence of delinquent behavior (Harding, 2012).

These findings illustrate the interdependence of the four quadrants. The context, e.g. relationships with adults, elders, family, peers, and school, significantly influence emotion and behavior. The spirit, e.g. having cultural ties and spiritual connections, likewise is related to more positive outcomes with regard to emotions. These influences were present even when the youth had experienced a high number of adverse childhood experiences. The greater the number of protective factors present, the greater their positive influences. This illustrates the relational power of balance across the quadrants. It also illustrates that it is possible to positively influence child well-being with approaches that are not based on direct linear cause and effect relationships.

The findings are not unique. In a review of the literature conducted by researchers at Portland State University, as part of the project to measure the effectiveness of culturally based services, they found that positive cultural identity is associated with lower rates of drug and alcohol use, better school outcomes, better health outcomes, better psychological health including higher self-esteem, as well as reduced rates of suicide (Friesen et al., 2010). Likewise spirituality was found to be associated with improved school outcomes, lower rates of suicide, and better psychological health. Reduced perceptions of discrimination were found to be associated with lower rates of depression, suicide, and gang involvement (Friesen et al., 2010).



Practice Implications

The implications of these findings for American Indian and Alaska Native children in the child welfare system are many. Most children enter the child welfare system already having multiple adverse childhood experiences and thus are vulnerable to a variety of negative outcomes well into their adulthood. However, the good news is that the negative outcomes associated with these adverse experiences can be mitigated through intentional application of protective childhood experiences. For an American Indian child this means that a positive cultural identity, relationships with their tribal elders, and being connected with their birth family, community, and any spiritual practices will likely contribute to their life-long well-being. Case plans that focus only on the reduction of adverse conditions will likely fall short of the goal of addressing child well-being.

Child welfare agencies run the risk of compounding the impact of the adverse conditions when we neglect to engage and foster the rich resources that families, extended family, culture, and community have to offer children. While it is absolutely necessary for case plans to directly address safety issues, the standard linear approaches, for example requiring neglecting families to attend parenting classes, are not likely to bring the best results in isolation. Rather, fostering conditions in the family that reduce threats of harm by increasing known protective factors are more likely to bring lasting change than linear approaches alone. This approach is intentionally strengths-based. Case plans can include goals that increase the positive cultural identity of both the children and the

parents. Services can foster connections with caring adults, positive peers, and the families' own spiritual community. Helping parents to take the initiative to build protective childhood experiences for their children can put them in the role of protecting their own child's well-being.

"Positive Indian Parenting" (Northwest Indian Child Welfare Institute, 1987; NICWA, 2007), a parenting curriculum (and a cultural best practice) for American Indian and Alaska Native parents, is based on the Relational Worldview Model. It helps parents develop a sense of positive cultural identity for parenting, examines the contextual issues that have influenced parenting skills, and connects parents with the cultural and spiritual nature of parenting. It is one example of a culturally based resource that can be used to help American Indian and Alaska Native families engage the cultural resources around them to support the well-being of their children.

In conclusion, the Relational Worldview Model can be used as an organizing framework to better understand child well-being and the importance of intentional engagement of known protective factors to improve outcomes for children and families. This approach can be applied by professionals in case plans or by the family in their own parenting to achieve a more holistic, strengths-based, and culturally specific approach to child welfare.

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Cross-System Challenges With a Well-Being Focus in Child Welfare: On the Way to Fixing What's Broken

JooYeun Chang, JD

Safety, permanency and well-being have long been accepted as equal and reciprocally-related goals in child welfare. Children with unaddressed mental health needs are more likely to experience placement disruptions, more likely to be in long-term foster care, and more likely to be placed in higher levels of care. It's therefore clear that achieving permanency and maintaining physical and psychological safety is difficult without addressing the physical, cognitive, behavioral/emotional, and social well-being of children and youth in care. Likewise, outside the support of safe and stable care-giving relationships, only the most

collaborations within HHS to address childhood trauma and its effects. Over the past three years, ACYF, SAMHSA, CMS, and other federal agencies have worked together to develop and communicate a common message about the importance of well-being and to work together to support states as they attempt to identify treatment needs early, increase access to effective treatments, and reduce the inappropriate use of psychotropic medications.

The need to enhance interagency and cross-system collaboration is also highlighted in lessons being learned from two ACYF well-being oriented initiatives: our trauma-focused discretionary grants and our work

partnerships are proving critical in these grants:

Instrument selection. Choosing instruments to screen for mental health/behavioral health and/or trauma-related treatment needs and to measure changes in symptoms and developmental functioning over time cannot be done in a vacuum. Children involved in child welfare may be screened and assessed in multiple settings. Grantees continue to work across agencies and systems to streamline screening and assessment, reduce duplication, and to enhance communication across systems. Most importantly, it is critical that instrument selection be coordinated between child welfare and mental health agencies so information can be shared and progress tracked as children are referred for treatment. But coordinating instrument choice has proven to be quite a challenge as each system has its own preferences and needs.

Data systems and information sharing. Integrated, interoperable data and information sharing systems are needed in order to track movement between systems and to ensure that everyone providing services to children and their families has the information needed for good case planning, intervention, and outcomes monitoring. For instance, child welfare administrative data and information from Mental Health and Medicaid databases is needed to get a full picture of a child's social history, strengths, service needs and usage, medical history (including psychotropic medication use), symptoms, and developmental functioning. Yet, while the technology exists to seamlessly integrate data from multiple sources, serious barriers to data sharing exist. Among these are difficulty obtaining formal data sharing agreements due to privacy concerns, liability and risk management issues, data ownership questions, and costs associated with data system development.

Funding of services. Putting interventions in place to ensure that mental health/behavioral health needs, including those that result from exposure to interpersonal trauma, are identified early and ensuring access to treatments that work can have costs that traditional child welfare and Medicaid funds do not cover. Even with the help of federal funding (e.g., discretionary grants, IV-E waivers, etc.), planning for long-term fidelity and sustainability can be a challenge. Many grantees are learning that they need to partner with their state Medicaid agency or Managed Care Organizations

We are learning that successfully integrating safety, permanency, and well-being in child welfare practice requires an enhanced level of partnership between those individuals and organizations involved in the lives of children and families.

resilient youngsters are likely to grow and mature along developmentally-appropriate trajectories.

Despite the obviously important role safety, permanency, and well-being play in supporting one another, well-being has historically not been given equal emphasis in child welfare practice and policy. Increased recognition, at both the federal level and from the field, of the critical role of toxic stress, adverse life events, and trauma has driven action to re-balance child welfare's three foundational pillars (see Samuels & Anderson in this issue). However, perhaps because well-being is a multi-dimensional construct that necessarily crosses fields, we are learning that successfully integrating safety, permanency, and well-being in child welfare practice requires an enhanced level of partnership between those individuals and organizations involved in the lives of children and families.

Keeping kids safe and moving toward permanency requires successful coordination, at both the case and policy levels, among multiple child-serving systems (e.g., child welfare, law enforcement, judicial, healthcare, and education). With good cross-system collaboration, it's possible to achieve advances in safety and permanency in the context of our currently siloed agency environment. Adding well-being to the mix appears to demand an even greater level of cross-system and interagency partnership.

This need was anticipated at the federal level and is reflected in fruitful interagency

supporting the successful transition of older youth to adulthood.

Trauma-Focused Discretionary Grants

ACYF's three cohorts of trauma-focused discretionary grants provide a glimpse into these complex cross-system coordination and collaboration challenges. These grants (awarded in 2011, 2012, and 2013) were designed to learn what it takes to create trauma-informed state and local child welfare systems that improve access to effective services for children and youth with mental health, behavioral health and trauma-related treatment needs (see Pfennig in this issue). Although the three grant clusters differ to some extent in their goals, key elements found in some or all projects include implementation of:

- universal screening for all children in child welfare;
- ongoing functional assessment and outcomes monitoring;
- measurement-driven case planning and referral;
- trauma-informed/trauma-focused evidence based treatments for those with assessed treatment needs; and
- a trauma-sensitive workforce.

Here are just some of some of the areas in which strong interagency and cross-system

in new ways to maximize existing funding resources and to creatively cover remaining funding gaps. Given a relative absence historically of strong cross-system partnerships between child welfare and Medicaid this involves establishing new relationships and developing common language and goals. But without these very critical partnerships, the long-term success of these projects may be jeopardized.

As a result of the need for intense interagency coordination, grantees are adopting innovative partnership approaches. In many cases, grantees have developed highly collaborative methods of implementation oversight involving active engagement of representatives at multiple levels within key partnering organizations. Some have incorporated structured group learning and decision-making strategies into their implementation processes to further intra- and interagency communication and to promote joint problem-solving. And some states have gone further to facilitate interagency partnering by providing oversight over multiple well-being related initiatives under the same interagency umbrella body. Importantly, across all three cohorts many grantees have recognized the importance of family and youth participation in decision-making and have developed mechanisms to actively engage the youth and family in project oversight.

Older Youth Transitioning to Adulthood

A second example of an ACYF well-being focused initiative where the need for enhanced cross-system collaboration is clear are projects focused on older youth transitioning out of child welfare into adulthood. Nowhere else is the need for enhanced cross-system coordination as evident as when working in support of young people who are often involved in multiple complex systems – often without help. Youth in foster care and young adults formerly in foster care are a diverse group. Some are in placement, some are on the streets, some attend college, many are young parents, and some have severe mental health issues. Most transition-age youth are already served by multiple service providers. In addition, many are eligible and are served by other Federal programs including:

- Workforce Investment Act (Department of Labor)
- Federal housing supports (Housing and Urban Development)
- Social Security Administration
- Department of Education
- Temporary Assistance for Needy Families



- Transitional Living Programs (for young adults not in foster care)
- Food Stamps

Without enhanced collaboration and coordination to facilitate easy navigation between systems, these youth are likely to become lost, overwhelmed, and unable to take advantage of the resources that may be at their disposal.

In conclusion, while the need to break down barriers and build bridges between

child-serving systems is not new, it is imperative that we do so if we are to re-integrate the three goals of safety, permanency, and well-being by imbuing state and local child welfare with a well-being orientation.

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The Child Indicators Movement

Asher Ben-Arieh, PhD

The use of indicators to study the well-being of children is not new. For example, pioneering “State of the Child” reports were published as early as the 1940s with the purpose of raising awareness of the need to monitor how children are faring (Ben-Arieh & Goerge, 2001). Nevertheless, the child indicators movement’s substantial origins are in the “social indicators movement” of the 1960s (Aborn, 1985; Land, 2000), which aimed to monitor social conditions and determine the societal impact of specific programs.

Currently indicators of children’s well-being are used by advocacy groups, policymakers, researchers, the media, and

influence. In interacting with the different systems and subsystems, children and their families encounter barriers and facilitators, which are in fact indicators of well-being. The consideration of the influence of barriers and facilitators on outcomes at different systemic levels has had an immense impact on the child indicators movement and its development (Bradshaw, Hoscher, & Richardson, 2007).

Children’s rights as human rights. The UN Convention on the Rights of the Child (CRC) is based on four principles: *nondiscrimination, the best interest of the child, survival and development, and respecting the view of the child* (Santos Pais, 1999). The CRC placed children on the agenda and called

views of childhood (Casas, González, Figuer, & Coenders, 2004). The child indicators movement, which traditionally was based on aggregate statistics, is blooming as new indicators capturing children’s own accounts of their lives are being utilized. Finally, the emergence of administrative data in the “era of information” has contributed to the evolution of the child indicators movement.

Recent Changes in the Child Indicators Movement

Throughout its development the child indicators movement saw a number of changes and shifts. A fundamental shift occurred when the focus of the field moved from child survival to child well-being, focusing on quality of life rather than bare minimums (Casas, 2000). The field also recognized that the absence of problems or failures does not necessarily indicate proper growth and success; thus, new indicators that hold societies accountable for more than the safe warehousing of children and youth were developed (Moore, Lippman, & Brown, 2004).

Another change occurred when scholars began including new domains (e.g. children’s life skills, their civic involvement and participation, and children’s culture) as opposed to just traditional domains (those defined either by profession or by a social service) (Ben-Arieh, 2000).

Future Perspectives

The child indicators movement is clearly growing and on the move. The number of “State of the Child” reports alone has more than doubled since the 1980s (Ben-Arieh, 2006). Although the field has indeed changed dramatically, we are still in the midst of the process. The continuation of these trends will eventually lead to the creation of a new role for children in measuring and monitoring their own well-being. In a field that looks beyond survival and to the full range of child well-being, including children and their own perspectives, would be a natural evolution (Ben-Arieh, 2005).

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Children’s present life, development, and future life chances must be reconciled in conceptualizations of well-being by looking both into the conditions today and their contribution for the future.

service providers for various purposes (e.g. to describe life conditions, to monitor child outcomes, or to set goals). Data gleaned from indicators of children’s well-being help create impactful social policies that promote children’s well-being. The development and monitoring of child indicators is a rapidly growing field (Ben-Arieh, 2006) for a number of reasons.

A Growing Policy Demand

The call for research and indicators with a bigger impact on policy development and accountability has grown louder. In an effort to develop better policy-oriented indicators, both indicators and data collection efforts are regularly examined, strengthened, and updated. New indicators in new areas are often added; for example, in the 2011 America’s Children report, a new indicator on teen immunizations was added for the purpose of tracking newly recommended vaccines for teens (Federal Interagency Forum on Child and Family Statistics, 2011).

“New” Normative and Theoretical Approaches

Three approaches stand out as contributing to the rapid development of the child indicators movement.

The ecology of child development. The ecological model of human development (Bronfenbrenner & Morris, 1998) conceptualizes child development on the basis of four concentric circles of environmental

for more data to measure well-being. It also called for indicators that not only monitor the implementation of children’s rights but also cover new areas of interest, such as children’s civic, political, social, economic, and cultural rights (Bradshaw et al., 2007).

The “new” sociology of childhood. The discourse on child well-being is also one of well-being and well-becoming (Frones, 2007). In contrast to the immediacy of well-being, well-becoming focuses on the future (i.e., preparing children to be productive and happy adults). Accepting the arguments of Qvortrup (1999) and others to concentrate on the well-being of children does not deny the relevance of a child’s development toward adulthood; however, children’s present life, development, and future life chances must be reconciled in conceptualizations of well-being by looking both into the conditions today and their contribution for the future.

New Methodological Developments

Additionally, three recent methodological advancements are crucial for understanding the development of the child indicators movement. First, understanding the need to look on the child as the unit of observation (Jensen & Saporiti, 1992) has led to incorporating child-centered indicators—ones that begin from the child and move outward—separating, at least for measurement purposes, the child from his or her family (Ben-Arieh et al., 2001). Studies have also made it clear that there is a need for both objective and subjective

Impacts of Using Data to Report on Child Well-Being

Sinead Hanafin, PhD

While the protection of vulnerable children continues to be an over-riding concern of legislators, policymakers, practitioners and the public, there is also a recognition that children's lives must be understood and described in a broad and comprehensive way that reflects their overall well-being. This has resulted in a strong movement in the area of children's well-being and alongside that, an increasing focus on its measurement through the development of child well-being indicator sets.

Approaches to developing child well-being indicator sets tend to be data-driven, policy-driven, and/or theory-driven (Hanafin & Brooks, 2005; Ben-Arieh et al., 2001; Niemeijer, 2002; Rigby & Kohler, 2002). In developing a national set of child well-being indicators in Ireland, these three approaches were combined for the purpose of providing a framework to improve understanding

and indicator areas (especially subjective well-being); lack of comprehensiveness when reporting on the indicator area; and lack of availability of some data over different time periods.

2. **Quality of the data available**, particularly in respect of the extent to which the data source provides national coverage; the timeliness of the data; comparability of the information between different geographical areas; and the level of certainty regarding the accuracy of the information.
3. **Harmonisation of variables**, especially in respect of demographic considerations such as social class and geographic classifications and the application of international or national measures. A lack of harmonisation of variables is problematic because it limits opportunities for comparison and even a minor

- benchmarking progress across different groups and regions, nationally and internationally
- highlighting policy issues
- describing, monitoring, and setting goals
- assigning accountability
- an explicit signal that children are important in the community
- an impetus and focus for improvements in data about children's lives.

For example, the first report in Ireland highlighted high levels of alcohol usage among Irish teenagers compared with their international peers resulting in a strong policy focus on the area, including a national consultation with children and young people. Other reports have highlighted challenges around bullying and school absences, all of which help to inform both public and policy debates in the area. More recent reports have included information about children's Body Mass Index and the findings highlight the increasing problems around nutrition and physical activity under consideration by the Taskforce on Obesity. Future reports are likely to include data at a geographically disaggregated level, thus informing local initiatives.

The impact of reporting on children's lives inevitably leads to improvements in data. In Ireland, the development of a national set of child well-being indicators and State of the Nation's Children reports led to several significant improvements in survey, administrative, and census data. We built on our experiences in developing a national set of child well-being indicators and reporting on children's lives to develop a strategic approach to data and research around children's lives in Ireland (Department of Children and Youth Affairs, 2011) and these publications can be accessed at: <http://bit.ly/19M7xL7>

In conclusion, it is important to recognise that while indicator sets can be very helpful in raising awareness, informing debate, and improving understandings of children's lives, there are limitations. Responses to findings are unlikely to be possible simply on the basis of the information identified in the State of the Nation's Report and more considered understandings are required to facilitate the development of new policies.

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The first report in Ireland highlighted high levels of alcohol usage among Irish teenagers compared with their international peers resulting in a strong policy focus on the area, including a national consultation with children and young people.

of children's lives, predominantly through the publication of the State of the Nation's Children reports. The development was underpinned by a broad theoretical understanding of children's lives and the inclusion of the views of children (Hanafin & Brooks, 2009a). It was also informed by the work of Moore (1997) who identified a number of criteria for reporting on children's lives. These include: comprehensiveness; inclusive of all ages; positive and negative dimensions of children's lives; reflective of social goals; objective and subjective measures; and the measures should take account of well-being and well-becoming.

Since 2006, the indicator set has been used to present biennial State of the Nation's Children reports (Office of the Minister for Children and Youth Affairs, 2007, 2008, 2010) and through that a number of challenges in reporting on children's well-being have emerged. These challenges (Hanafin & Brooks, 2009b) relate to the:

1. **Availability of data**, where key issues arising included an absence of any data in respect to some areas of children's lives; an unequal distribution in the availability of data across different age groups (particularly the middle childhood period)

definitional difference can create this problem. In Ireland, for example, the first trimester of pregnancy is defined as up to 12 weeks compared with the World Health Organisation which defines it as up to 14 weeks. This minor difference means that comparisons cannot be made across this variable.

4. **Issues arising on how the report should be compiled**, including recognising the importance of taking a partnership approach with key stakeholders; balancing an ambition to produce the best possible report while recognising the limitations of the data; acknowledging challenges and deficits arising; and presenting the data in a way that is accessible, unbiased, and that does not compromise the credibility and value of the report.

The Impact of Reporting on Children's Well-Being

There are a number of positive impacts in reporting on children's lives on a regular basis and these include:

- providing an understanding of the well-being of children that is valid and reliable
- tracking changes over time

The Educational Well-Being of Children Involved in Child Protection

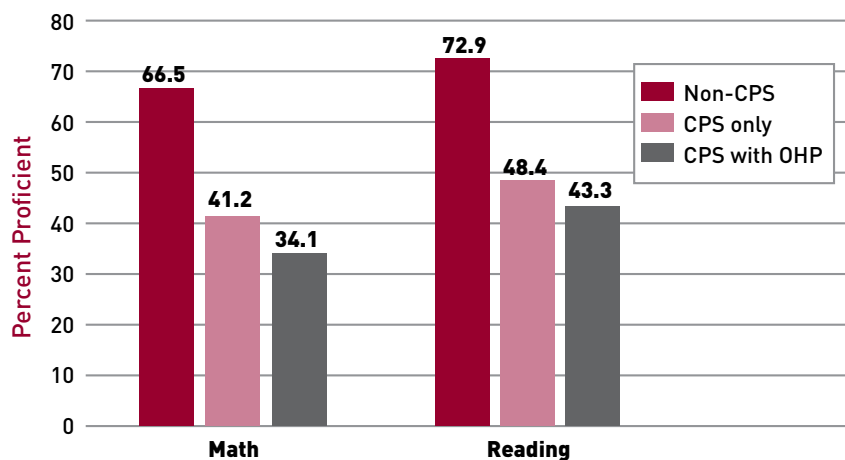
Kristine Piescher, PhD & Traci LaLiberte, PhD

Over time, researchers, practitioners, and policymakers have recognized that children and youth who experience maltreatment also have a greater likelihood of experiencing negative outcomes in a variety of areas, including child well-being (Courtney et al., 2011; Fantuzzo, Perlman, & Dobbins, 2011; Kortenkamp & Ehrle, 2002). Accordingly, the fields of child welfare and education have increasingly been focused on understanding educational outcomes for children and youth served by the child protection system (CPS), as educational attainment is directly linked to child and later adult well-being (Larson, 2006; Pecora et al., 2006). Driving forces in the growing area of inquiry related to education have included the Fostering Connections Act of 2008 (PL110-351), the Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study), numerous state and local legislative charges, and federal funding to support improved system response for children and youth involved with CPS.

Research has demonstrated that in addition to experiencing maltreatment, children and youth who are involved in CPS face a myriad of other challenges which put them at risk of experiencing poor academic outcomes. These challenges (e.g., poverty, instability, domestic and interpersonal violence, poor parental psychological well-being, and substance abuse) are consistent with risk factors identified in research that examines the achievement gap for children and youth in the general population (English, 1998; Kiesel, Piescher, & Edleson, 2013). The association of race with educational outcomes has also played a key role in research and is especially important to consider in the context of the disproportionality that is evident in both the child welfare system and the achievement gap. Although researchers have come to a general consensus that children and youth in CPS face academic challenges and experience poorer outcomes than the general population, more work remains to better describe how those challenges and outcomes came to be.

In an effort to better understand well-being in terms of educational outcomes for children and youth involved in Minnesota's child protection system, researchers at the University of Minnesota's School of Social Work conducted a preliminary study using the Minnesota Linking Information for Kids project (Minn-LInK), which linked administrative data from the State SACWIS system with data from the Minnesota Department of Education (MDE). Research

Figure 1. Minnesota Comprehensive Assessment-II Proficiency by Group



questions were developed to determine whether an achievement gap existed for children and youth with a history of CPS involvement and if so, whether deeper involvement in CPS was related to a widening of the achievement gap, as outcomes likely differ for children and youth depending on the level at which they were involved in the system.

Findings of the study revealed that an achievement gap did in fact exist for children and youth in Minnesota's child protection system. As can be seen in Figure 1, the majority of children and youth without a CPS history were proficient on Minnesota's standardized tests of achievement (Minnesota Comprehensive Assessment-II; MCA-II). However, children and youth with CPS involvement underperformed on these tests. In fact, less than half of all children with CPS involvement reached proficiency on either the math or reading assessment. Proficiency rates for children and youth with CPS involvement leading to an out-of-home placement (OHP) were even lower than proficiency rates of children and youth without an OHP. These patterns generally held across racial and ethnic groups. However, differences associated with OHP for CPS-involved children and youth became non-significant when race was included in analyses.

In sum, what these findings suggest is that the educational well-being of children and youth involved in CPS is not at the same level as that of their non-CPS-involved peers. In fact, there is a significant achievement gap for children and youth involved in CPS as compared to children and youth without CPS involvement. This is not to suggest that CPS involvement itself is the cause of

poor academic achievement; rather, CPS involvement may be an indicator of the convergence of substantial child and family factors that put children and youth at risk of poor educational achievement (e.g., poverty, instability, trauma, etc.). These risk factors may be compounded if children live in environments and attend schools in which resources are insufficient to attend to their unique circumstances and meet their educational needs.

These findings imply that waiting for an out-of-home placement to occur is too late to attend to children and youth's educational needs. The achievement gap is present at the point at which CPS becomes involved with the child's family. Therefore, developing early assessment strategies and tools for employment within the CPS process to detect academic challenges and devoting resources to meet children's needs is imperative if the achievement gap is to be closed for children and youth in CPS.

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The Developmental Impact of Adverse Childhood Experiences Across the Life Course

Nikki Kovan, PhD & Rob Anda, PhD

The current scientific consensus suggests that the origins of many major health and social problems can, in large part, be found in the experiences of childhood (Anda et al., 2006; Shonkoff, Boyce, & McEwen, 2009). Understanding early development and how childhood experiences provide the foundation for healthy brain development is critical for promoting positive adaptation, health, and well-being (Anda & Brown, 2007; Shonkoff et al., 2009).

Infants are born with nearly all of the neurons, or brain cells, they will ever need, but a vast amount of brain development occurs after birth and well into early adult life. Responsive and predictable care promotes healthy brain development and functioning through the strengthening of adaptive connections, while experiences of adversity and neglect can disrupt and derail development of both the structure and functions of the brain (National Scientific Council on the Developing Child, 2005/2014), and can have implications for well-being and health throughout the life course.

The Adverse Childhood Experiences (ACE) study has been critical in demonstrating the impact of early adversity over the life course. The key concept underlying the ACE study is that stressful or traumatic childhood experiences such as abuse, neglect, witnessing domestic violence, or growing up with alcohol or other substance abuse, mental illness, parental discord, or crime in the home (which we termed adverse childhood experiences—or ACEs) are a common pathway to social, emotional, and cognitive impairments that lead to increased risk of unhealthy behaviors, risk of violence or re-victimization, disease, disability, and premature mortality (Figure 1; Anda, Butchart, Felitti, & Brown, 2010).

The study compared health and social histories of 17,421 adult Health Plan members of Kaiser Permanente (68% of the eligible participants) to their experiences in childhood (Anda et al., 1999; Felitti et al., 1998). It assessed 10 categories of childhood adversity and found that in the primarily middle class, well-educated study cohort, nearly two-thirds (64%) had at least one ACE (Dong et al., 2004). Thus, individual ACEs are common and highly interrelated; people who had one ACE tended to have others (Dong et al., 2004).

The ACE Score was developed to assess the cumulative impact of childhood adversity on development and therefore, its impact on a variety of health and social priorities in our

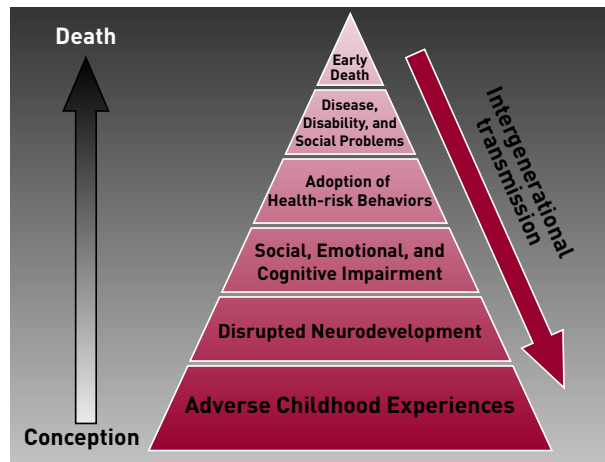
country. The main finding was that the ACE Score is strongly related to many common health and social problems in the U.S., from leading causes of death such as heart and lung disease; to risk factors for poor health such as smoking and alcohol abuse; to poor mental health (Anda et al., 2010). And the probability of having such problems increased as the ACE Score increased. For example, when compared to participants with an ACE score of 0, participants who had a score of 4 or more were 3.6 times more likely to feel depressed, 7.2 times more likely to be an alcoholic, and 5.5 times greater risk of perpetrating intimate partner violence (Anda et al., 2006).

This array of problems that arise from ACEs and the tendency for ACEs to co-occur calls for an integrated perspective on the origins of health and social problems throughout the lifespan. This perspective may improve our understanding of many seemingly unrelated health and social problems that tend to be identified and treated as categorically separate issues in Western society. In practical terms, both the systems and the people who work with children and adults who have experienced an ACE should use an integrated systems approach that 1) recognizes the inter-relatedness of ACEs and other risks (e.g. poverty) and 2) provides supports, services, and treatment that are comprehensive, including not only the individual but the context and environment in which the person lives.

There are strategies and factors that can promote healing and resilience to ACEs. First, intervening as early as possible, when brains are most amenable to change, is the best strategy to get healthy development back on track. This highlights the critical nature of adhering to the mandate through the Child Abuse and Prevention and Treatment Act (CAPTA), that all children, birth to three, receive a referral to Part C Early Intervention Services through the Individuals with Disabilities Education Act (IDEA) (Child Welfare Information Gateway, 2013).

Because ACEs are often transmitted from one generation to the next and tend to affect more than one member of the family, treatment and intervention efforts should

Figure 1. ACE Pyramid



be directed toward children, their parents, and other adults that interact with them. For example, the creation of safe, stable, and nurturing relationships can protect children from the consequences of adversity and promote healing after experiencing such trauma as the disruption of an attachment relationship (Sroufe, Egeland, Carlson, & Collins, 2005). For adults who have ACEs and may be transmitting them to future generations, access to a strong social support network may reduce the health risks associated with ACEs and help break the cycle of adversity (Porter, 2013). Finally, because most changes to the brain result from repeated exposure to the activated stress response, it is usually not enough to have just brief, short-term interventions when major disruptions to development have occurred.

Although the ACE research highlights the need for greater attention to prevention efforts, it is important to recognize that exposure to ACEs does not mean that any individual will have the problems associated with them. ACEs create risk, but ACEs are not destiny.

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Creating Effective Organizational Social Contexts

Anthony Hemmelgarn, PhD & Charles Glisson, PhD

Effective mental health and social services require providers to be responsive to myriad stakeholders; address complex federal, state, and funder requirements; and work with the highly complex problems facing clients and families. The individual service provider's ability and motivation to meet these challenges is markedly influenced by the organizational social context in which the provider works. This means that improving service quality and client well-being among children in the child welfare system depends in part on an organization's capacity to create an effective social context (Glisson, 2009; Hemmelgarn, Glisson, & James, 2006).

An organization's social context includes its organizational culture, defined as the expectations and priorities in the organization (e.g., proficiency), and its organizational climate, defined as the effect of the work environment effect on the service providers' personal well-being and functioning (e.g., stress). Our research over the past three decades in hundreds of organizations across the nation has produced a standardized measure of Organizational Social Context (OSC) that assesses both culture and climate on multiple dimensions. These dimensions are used to create culture and climate profiles with national norms that reflect the strengths and weaknesses of the organization's social context. The best culture profiles are characterized by flexibility, openness to change, a focus on results, and the expectation that the clients' needs will be placed first. The best climate profiles are characterized by work environments that service providers experience as engaged, functional, and low in stress. These culture and climate profiles predict staff turnover, job satisfaction and commitment, service quality, and, most importantly, improvement in client well-being in multiple studies, including two nationwide studies (Glisson, 2010; Glisson, Green, & Williams, 2012). Clients of child welfare agencies operating in effective organizational social contexts receive care from engaged, highly-skilled child welfare workers who remain focused on client relationships, client needs, and client improvement while using the most effective strategies possible for reaching success.

Conversely, "worst" cultures and climates are experienced by staff at work settings where they have little discretion over client and work decisions. They know it is best to "not make waves" and they follow directives from upper leadership with minimal input. Despite often stated expectations, they feel minimal pressure to hone their skills to

become highly proficient as they perceive the true focus of their work as following authoritarian or bureaucratic rules. Their perception is that things will never change and they often minimally implement new innovations (e.g., EBPs), seeing innovations as "just one more thing" that shall pass. Staff experience minimal engagement with clients, lowered support from coworkers and their organization, and multiple competing demands being placed upon them. Accompanied by feelings of emotional exhaustion and overload, front-line providers in these contexts are less able to fully engage

of EBPs (Glisson et al. 2010), improve staff work attitudes such as job satisfaction and commitment, substantially decrease turnover, and improve service quality and subsequent outcomes for clients in both child welfare and mental health service organizations (Glisson, Dukes, & Green, 2006).

The ARC organizational intervention incorporates three strategies to improve social contexts. First, ARC embeds five principles of effective organizations: 1) mission-driven vs. rule-driven, 2) results-oriented vs. process-oriented, 3) improvement-directed vs. status quo, 4) relationship-centered vs.

Improving service quality and client well-being among children in the child welfare system depends in part on an organization's capacity to create an effective social context.

with clients, to put forth the energy and tenacity needed to meet the complex needs of their clients and work setting, or to commit their time and energy to new practices, ideas, or innovations. Clients receiving services from child welfare workers in agencies with poor cultures and climates suffer from emotionally exhausted, burned-out workers who find it difficult to be available, responsive, and invested in facing the client's challenging path to well-being. And client well-being may continue to deteriorate as the necessary time, energy, and use of highly effective practice strategies that will lead to improvement are supplanted by child welfare workers focusing on meeting bureaucratic demands of their agency. Acquiring additional skills seems senseless to workers given their current feelings of overload and additional belief that high quality care isn't recognized anyway – forever limiting the potential for growth, development, and improved quality of care.

The good news is that our research has demonstrated that a wide range of cultures and climates across human service organizations exist. Moreover, organizational social contexts can be improved and services benefits typically follow. Our Availability, Responsiveness and Continuity (ARC) organizational intervention has been successful in changing organizational social contexts and improving service quality and outcomes in multiple randomized controlled trials (Glisson et al., 2012; Glisson, Hemmelgarn, Green, & Williams, 2013). Furthermore, the ARC intervention has been able to enhance the effectiveness

person-centered, and 5) participation-based vs. authority-based. Second, ARC provides the organizational tools (e.g., team decision-making) that enable service providers to identify and address service barriers. Finally, ARC introduces mental models (e.g., psychological safety) that are necessary for the organization to improve both its social context and the services it provides (Glisson, 2008). For more on the ARC organizational intervention, see the Resources list.

In summary, the evidence to date is that organizational social context can be accurately assessed and is a key factor in the quality and outcomes of services. Moreover, organizational social context can be improved and must be addressed if efforts to implement new programs and practices are to be successful. Client well-being depends on it.

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A Three-Branch Approach to Improving Well-Being Outcomes for Kids in Foster Care

Alexandra Cawthorne & Meghan Wills

State child welfare systems increasingly are making the well-being of children in their care a priority. The shift toward a focus on well-being is grounded in a growing body of research that shows the long-term damage of the trauma that maltreatment can inflict on children. Children in foster care face significant challenges in the domains of social and emotional well-being. States are leveraging existing resources, policies, and practices to address those challenges and improve child functioning and outcomes.

The Three-Branch Institute on Child Social and Emotional Well-Being

The National Governors Association Center for Best Practices (NGA Center) launched a two-year opportunity beginning in May 2013 for a small group of states to identify changes in policy and practice that will measurably improve the well-being of children in foster care. The NGA Center developed the project in collaboration with Casey Family Programs, the National Conference of State Legislatures, the National Council of Juvenile and Family Court Judges, and the National Center for State Courts. In 2011-2012, those organizations hosted a different three-branch institute designed to improve outcomes for adolescents in foster care. Participating states reported tangible changes, including a reduction in the number of adolescents in foster care, new executive orders, legislation, and judicial training.

The Three-Branch Institute on Child Social and Emotional Well-Being (the Institute) aims to align the work of state executive, legislative, and judicial branches to improve social and emotional well-being outcomes for children in foster care. The NGA Center and its partnering organizations

are providing technical assistance and support to teams of high-level state officials representing the three branches in seven states: **Connecticut, Illinois, Kansas, New Mexico, Virginia, West Virginia, and Wisconsin.** Each state team is developing a coordinated plan of action across the three branches to help its child welfare program ensure that every child being served by the system is in a safe and supportive environment that promotes his or her well-being.

Strategies for Addressing the Well-Being of Children in Foster Care

States participating in the Institute are promoting well-being in various ways. Action plans in each state build upon existing efforts in each branch that, when collectively implemented, will have a measurable effect on well-being outcomes. For example, **Connecticut** is coordinating ongoing work in the areas of housing, mental health, and permanency. The aim of the plan is to connect legislation, grant work, judicial training, and changes to policy and practices in the three focus areas.

Illinois and **Kansas** are taking a similar approach of aligning and coordinating work already underway in each state. Illinois's goals include improving the educational attainment of foster youth and better preparing them for the transition out of foster care. The state plans to implement screening tools that assess the health and education needs of children entering or exiting care. Kansas is leveraging the redesign of its child welfare agency's front-end services as an opportunity to promote well-being. To reduce out-of-home placements, Kansas introduced differential response, which allows child welfare professionals to refer certain families whose children are determined to be at low risk of maltreatment to community resources and supports.

West Virginia also is focused on safely reducing the reliance on out-of-home placement for children who have experienced abuse and neglect. The state plans to reduce the incidence of drug-addicted infants placed in foster care and aims to establish a process to provide appropriate resources to families of drug-addicted infants, especially in the child's home community.

New Mexico and **Wisconsin** are implementing strategies to address trauma. One of New Mexico's goals is to strengthen collaboration between child welfare and Medicaid systems to ensure that all children in foster care receive trauma assessments and appropriate Medicaid-covered services. Wisconsin is expanding a community-level pilot project that will integrate childhood trauma research into practices and policies of all child-serving systems. The state also plans to include trauma-informed care principles in training and education for professionals who serve children and families, including frontline staff, family court judges, and others.

Virginia also is focused on improving behavioral and mental health services, especially strategies to ensure that psychiatric drugs are effectively used for children in foster care. One of Virginia's goals is to ensure that all children receive medical examinations and mental health evaluations before starting new psychotropic medications. Virginia's child welfare and Medicaid agencies also are collaborating to transition children in foster care from fee-for-service to managed care.

Anticipated Outcomes of the Three-Branch Institute

States participating in the Institute are developing ideas and testing three branch strategies to improve well-being for children in foster care and their families, and those ideas and strategies will inform the work of all states that want to increase their focus on well-being. The Institute also will help build a better understanding of how the three branches of government can work together to achieve the interrelated goals of the child welfare system—safety, permanency, and well-being.

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Creating a Coalition to Foster Family Well-Being

Anthony Biglan, PhD

Child welfare practitioners may often wonder if they are out there doing this alone, without much help from the rest of society. What child welfare practitioners do to improve nurturance in families may have benefits far beyond the reduction of abuse and neglect in that family. A family that is transformed from being a place with much conflict and coercion to being one that nurtures child and adolescent development can prevent the long-term development of problems as diverse as antisocial behavior, drug abuse, academic failure, teenage pregnancy, depression, and inter-generational poverty (Biglan, Flay, Embry, & Sandler, 2012).

But sometimes it seems that the various practices, policymaking, research, and communities working on each of these problems get little support and have little connection with the groups working on the other problems. For example, how much more successful could child welfare work be if policies were enacted that reduced family poverty or provided greater support for preventive interventions for families?

The evidence is overwhelming regarding the most common and costly problems we face as a society. Most psychological, behavioral, and health problems begin in childhood or adolescence (National Research Council [NRC] & Institute of Medicine [IOM], 2009). These problems are highly

inter-related. For example, in a study conducted by my colleagues and me of more than 20,000 eighth-grade students in Oregon, we found that young people who reported any one of the following problems were 3.5 to 8.5 times more likely to have each of the other problems: antisocial behavior, risky sexual behavior, substance use, or depression (Boles, Biglan, & Smolkowski, 2006). Finally and most importantly, constellations of multiple problems stem from a common set of environmental conditions.

My work on multiple problem behaviors (e.g., Biglan, Brennan, Foster, & Holder, 2004), helping high-poverty neighborhoods improve development (Komro, Flay, Biglan, & the Promise Neighborhoods Research Consortium, 2011), and pinpointing the key ingredients of effective preventive interventions (Biglan et al., 2012) convinces me that we need to forge a broad coalition of organizations that works to increase the prevalence of nurturing families. If we could get all of the organizations working on each of the individual problems noted above to devote a tiny part of their resources to this over-arching goal, we might begin to forge the alliances that would ensure that the efforts of other organizations would support the efforts of child welfare practitioners.

Nurturance can usefully be defined in terms of four facets. First, a nurturing

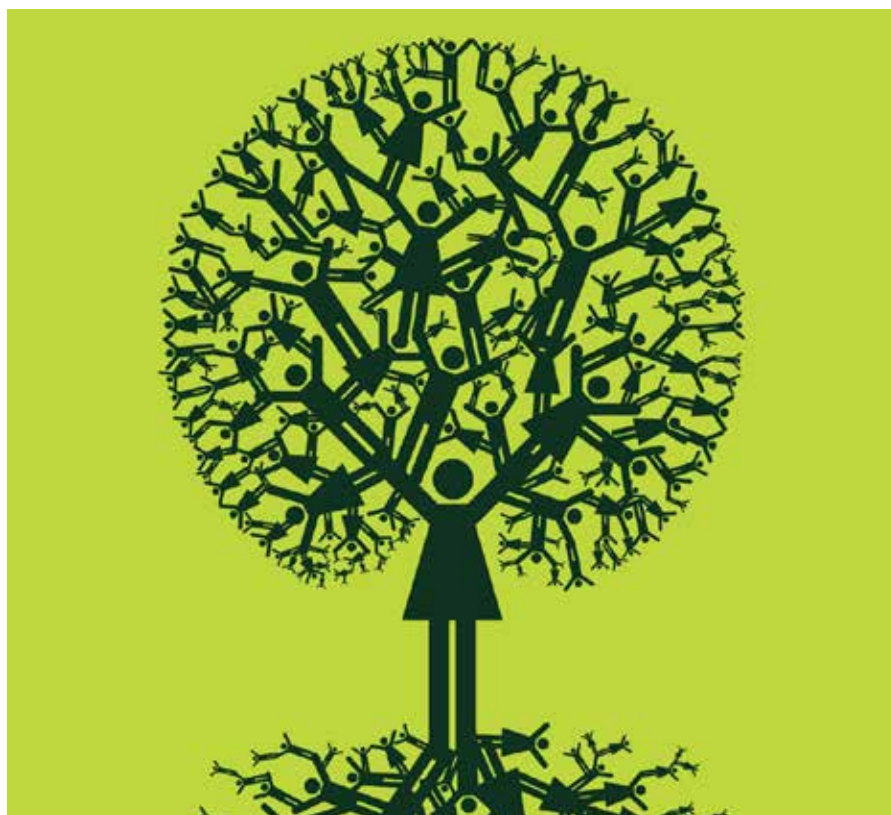
environment minimizes toxic conditions, including social conditions such as conflict and coercion (Dishion & Snyder, in press) and biological conditions such as high levels of omega six in the diet (Hibbeln, Ferguson, & Blasbalg, 2006). Second, people in these environments teach, promote, and richly reinforce prosocial behavior and values. Third, nurturing environments limit influences and opportunities to engage in problem behavior, including marketing of cigarettes and alcohol and the formation of deviant peer groups. Fourth, these environments promote psychologically flexible or mindful pursuit of valued action, even when thoughts and feelings seem to get in the way of valued action (Biglan, Hayes, & Pistorello, 2008).

Imagine that a broad coalition of human service, policymaking, research, and advocacy organizations joined together to educate the public and advocate for policies, programs, and practices that would increase the prevalence of nurturing families. The Collective Impact movement is encouraging such efforts around the nation (Kania & Kramer, 2011). Such coalitions can identify, articulate, and advocate for policies that reduce major stressors on families, including, most especially, poverty. For example, if the minimum wage was higher and indexed to inflation, how might that impact the work of child welfare practitioners? What if the earned income tax credit were more generous and used by every person who was eligible? What if affordable housing was available to every family? There are numerous policies that could ensure that child welfare practice was more effectively integrated with and supported by the efforts of organizations working in mental health treatment, substance abuse treatment, and criminal justice.

In a sense, we need to encourage everyone who is working to improve the well-being of families to look up from their work on specific and very important problems and put a bit of energy into getting everyone to see that the quality of our families is the common pathway either to multiple problems or to young people who have all the skills, interests, values, and health habits to lead productive lives in caring relationships with others (NRC & IOM, 2009).

That is the goal I have set for myself. To learn more about these issues or to get involved, please visit www.nurturingenvironments.org.

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ACF 2012 Trauma Grants: An Overview

Joyce Pfennig, PhD

In 2012, the Administration on Children, Youth and Families (ACYF) awarded nine federal grants under the “Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare.” These five-year discretionary grants are a key component of the ACYF’s strategy to build child welfare’s capacity to address the effects of trauma and improve the well-being of children, youth, and families (see Samuels & Anderson and Chang, both in this issue).

The goal of these demonstration grants is to develop innovative approaches to screen all children in child welfare for mental and behavioral health needs and to ensure that those needing services (especially those with trauma-related treatment needs) have access to services that work. Data from screening and ongoing assessment will be used to tailor the service array by scaling up effective interventions and de-scaling services that aren’t producing positive outcomes. Evaluations will measure key well-being and adoption outcomes, including costs. It is hoped that implementation evaluation results will reveal what it takes to effectively embed these interventions in child welfare services.

Some grantees are implementing system changes at the state level; others are beginning work in a portion of the state with plans to later expand statewide. All grantees are working to achieve the same broad goals. Below are some of the unique approaches:

integrates other transformative practice changes taking place in the District: both within the agency (e.g., practice changes through this grant and a Title IV-E Waiver) and within the larger child-serving system (e.g., the System of Care being implemented under the Department of Behavioral Health). Implementation of the same screening, assessment, and evidence-informed trauma-focused treatment approaches in both child welfare and behavioral health lays a common foundation and further integrates service delivery across agencies.

- **Franklin County Children Services** (Ohio) is enhancing an existing co-location model to provide greater capacity and a more structured process for trauma screening, behavioral health assessment, and referral. They have established partnerships at various policy-making and action levels and have used a collaborative group learning approach with behavioral health providers to assess capacity, readiness, and fit in order to design an approach that fits the county’s needs.
- **New York University** is developing an electronic database to enter, track, and display screening and assessment data for use at the case and administrative levels across child welfare and mental health service providers. To further integrate services across systems, they are also implementing the same evidence-

awareness, and skills into organizational culture.

- **Rady Children’s Hospital – San Diego** (Chadwick Center) is leveraging an already existing statewide effort to implement screening, assessment, and service array re-configuration using a collaborative group learning approach. More intensive consultation and support will be provided to a selection of pilot counties, and lessons learned will then be translated across the state by the end of the project. The project will explore integrating universal screening into the Structured Decision-Making process already in use in most California counties and will work to increase case-related information sharing between child welfare and mental health providers.
- **Tulane University**, in partnership with the state’s child welfare agency, has created nine different area advisory boards of local stakeholders to facilitate implementation of universal screening, ongoing assessment of treatment progress, and evidence-based trauma treatments in each of Louisiana’s nine regions. They are also developing an information video to further inform and engage stakeholders.
- The **University of Washington**, in collaboration with the Department of Social and Health Services, is focusing on enhancing communication between the child welfare and mental health systems to support case planning and progress monitoring. The project is also actively incorporating perspectives from veteran parents, foster parents, and alumni of foster care into all project activities.
- **Western Michigan University** is using a collaborative group learning approach with group-defined metrics to measure progress with child welfare staff, community mental health clinicians, and other key community organizations. Secondary Traumatic Stress (STS) Teams identify and address STS, and Critical Response Teams within the child welfare agency will be trained to respond to stress among staff following critical incidents. The project uses resiliency-based case planning tools and protocols, and newly-formed collaborations between community mental health, and child welfare will provide ongoing exchange of case-related information.

The goal of these demonstration grants is to develop innovative approaches to screen all children in child welfare for mental and behavioral health needs and to ensure that those needing services... have access to services that work.

- In addition to scaling up two evidence-based treatments, **Dartmouth** is implementing a customized web-based screening and assessment system that will allow children and families to complete mental health assessment measures online. The data platform will allow child welfare and mental health staff at different levels (frontline to high level administrators) to track progress at the individual/family level and aggregate level. New Hampshire’s Division of Children, Youth and Families oversees both child protection and juvenile justice services so all interventions are being implemented for both populations.
- The **District of Columbia Child and Family Services Administration** (CFSA) created a governance structure that

informed, trauma-focused intervention in both child welfare and mental health. A structured organizational decision-making approach is being used to help plan services that are both effective and fit the needs of the two initial target communities: the Bronx and Ulster County.

- The **Oklahoma Department of Human Services** capitalizes on solid, already-existing partnerships with the other state agencies that jointly fund and administer Medicaid and public mental health. The project aims to mutually support other statewide performance improvement plans while implementing a trauma-informed systems approach to infuse knowledge,

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Connecticut's Cross-System Approach to Heal Traumatized Children and Promote Well-Being

Marilyn E. Cloud, LCSW, ACSW, Jason Lang, PhD, Cindy A. Crusto, PhD, Christian M. Connell, PhD, & Emily Melnick, MA

The Connecticut Department of Children and Families (DCF) is enhancing practice to assure that traumatized children and families who are known to the child welfare system receive trauma-informed care and trauma-focused evidence-based treatment. The long-term goals are to minimize the effects of trauma exposure, provide early and effective intervention for traumatized children, improve collaboration between child welfare and mental health services, and improve overall health and well-being of children exposed to trauma. Trauma-informed care is one of DCF's core strategies within the Strengthening Families Practice Model. A five-year grant awarded in 2011 by the Administration for Children and Families further supports efforts to create a trauma-informed child welfare agency. This grant

established the Connecticut Collaborative on Effective Practices for Trauma (CONCEPT), which is a partnership between DCF, the Child Health and Development Institute (CHDI; The CONCEPT Coordinating Center), and The Consultation Center at Yale (Evaluators). The scope of work involves transforming culture, practices, policies, and procedures through (1) workforce development, (2) standardized trauma screening and referral, (3) and dissemination of evidence-based treatments within community settings.

Workforce Development. During 2013, more than 1,400 DCF social workers, supervisors, managers, and administrators completed the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit (CWTTT; see Resources

in this issue). Following training, DCF staff developed action plans to identify strategies for implementing training materials. A Trauma-Informed Practice Guide has been developed to inform child welfare practice across the agency. Relevant child welfare practice guides are being revised to assure a trauma-informed approach. "Trauma Champions" at each work site serve as local peer ambassadors to continue trauma education and promote best practices using a "trauma lens." Trauma-informed supervision will further advance the transfer of learning. The CWTTT, which is now integrated within the state's training academy, is a pre-service training requirement for new hires.

Trauma Screening. A multi-disciplinary work group representing DCF staff, behavioral health specialists, trauma experts, and family

Evaluating Connecticut's Efforts to Heal Traumatized Children and Promote Well-Being

Christian M. Connell, PhD, Cindy A. Crusto, PhD, and Emily Melnick, MA

Child Welfare Workforce Development

- 487 managers and supervisors and 1,012 frontline staff completed training in 2013.
- Preliminary longitudinal data show significant gains in trauma-related knowledge and practices using previously published measures (Kramer, Sigel, Conners-Burrow, Savaroy, & Tempel, 2013; Conners-Burrow et al., 2013). Effects largely maintained at follow-up for managers and supervisors (similar effects observed in post-tests for frontline staff not depicted here).
- Manager and supervisor reports of post-training action plan development and implementation indicate moderate success and some benefits to agency; highlight potential barriers to action (e.g., competing demands on time).
- A key unanticipated finding was the critical need to address the stress that frontline staff, supervisors, and managers experience as a result of working with individuals experiencing trauma (secondary traumatic stress).

Evidence-Based Treatments

- Two cohorts of 13 sites initiated TF-CBT Learning Collaborative Teams (6 in 2012, 7 in 2013).
- Preliminary results from first cohort show significant improvements in ratings of trauma-related agency policies and practices, and in personal practice using the Trauma Informed System Change Instrument (Richardson, Coryn, Henry, Black-Pond, & Unrau, 2012).
- Qualitative data reinforced benefits of team-based approach to improve cross-system communication, collaboration, and understanding—particularly between DCF and community provider staff.

Figure 1. Toolkit Participation Effects (Managers & Supervisors, N=196)

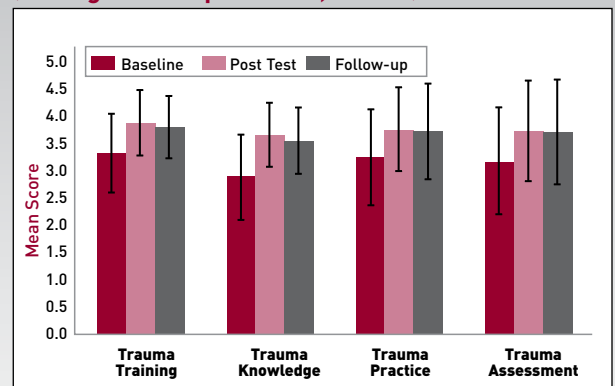
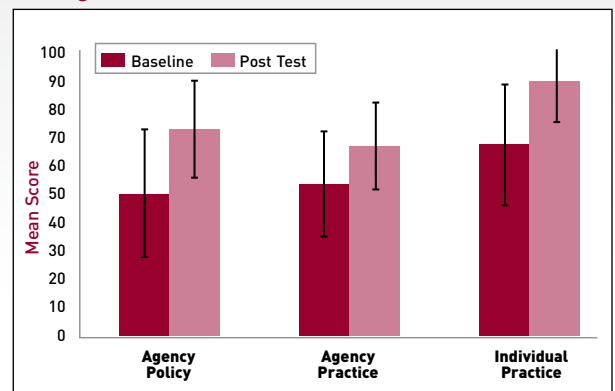


Figure 2. Learning Collaborative Participant Ratings (N=56)



partners spent 18 months developing a standardized trauma screening tool, The Connecticut Trauma Screen, and a behavioral health referral form. The goals of trauma screening are to inform case planning and the worker's interactions with the family, and to identify and refer children for trauma-specific assessment and treatment, when indicated. The Connecticut Trauma Screen captures trauma history exposure and traumatic stress symptoms, and integrates information from child and caregiver interviews, case record review, and collateral information. Future plans are to integrate trauma screening within the state's automated child welfare information system to ensure that screening recommendations are electronically populated into case plans and monitored until behavioral health needs are met.

Evidence-Based Treatments. Between 2007 and 2010, DCF and CHDI used learning collaboratives to disseminate Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) to 16 community-based outpatient children's psychiatric clinics. The model focuses on adoption of TF-CBT by bringing together teams of clinicians, supervisors, senior leaders, and family partners from multiple clinics to learn the evidence-based treatment and to implement operational supports and structures to ensure sustainability. The nine-month implementation process includes three in-person training sessions, follow-up consultation activities, and opportunities to practice new skills and share collective experiences, challenges, and progress.

Beginning in 2012, CONCEPT further expanded the use of learning collaboratives to train an additional 13 clinic providers together with teams of social workers, supervisors, senior leaders, and managers from each of eight locally aligned DCF area offices. Historically, limited communication and poor coordination between child welfare and behavioral health systems have been identified as factors contributing to children's limited access to and failure to complete effective treatment. There has been a lack of knowledge and limited understanding of each system's mandates, perspectives, policies, and procedures.

The CONCEPT learning collaboratives emphasize child welfare and behavioral health collaboration. They provide a forum for joint team-building activities such as exploring attitudes, beliefs, and issues of trust across disciplines; mapping each organization's processes and points of intersection of care; sharing goal setting/case planning/treatment planning; and establishing protocols for communication over time and across experiences. It promotes a sense of collective responsibility and enables participants to

identify barriers to treatment and seek effective, timely solutions. There are separate clinical, child welfare, and family partner learning tracks. Clinicians learn the TF-CBT model and enroll/treat children and their caregivers, while DCF staff pilot the Connecticut Trauma Screen and refer children for trauma assessments and TF-CBT. All staff learns about the benefits of evidence-based treatment versus "treatment as usual." Family partners share their ideas for family engagement as well as strategies to promote the treatment such as creating a trauma brochure for families.

Responding effectively to childhood trauma and promoting child well-being requires new system-wide ways of thinking and delivering services. By collaborating with community partners to effectuate an integrated, trauma-informed plan of care, we can more effectively attend to child well-being and improve overall health, functioning, and permanency outcomes of children in child welfare.

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Promoting Youth Well-Being: An Organizational Shift

Amelia Franck Meyer, MS, MSW, LISW, APSW & Crystal S. Peterson, MSSW, APSW

Anu as a Permanence-Driven Organization

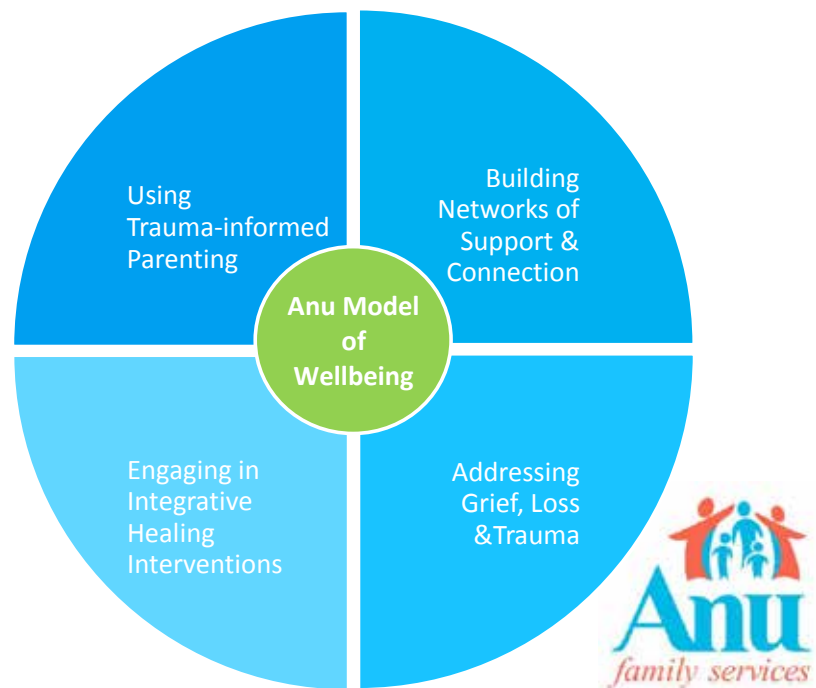
Anu Family Services is a 22-year-old non-profit child welfare agency operating in Wisconsin and Minnesota. With founding roots as an early provider of Treatment Foster Care (TFC), Anu became passionately committed to increasing youth rates of discharge to permanence. In 2006, through a partnership with the Otto Bremer Foundation and the University of Minnesota's Center for Advanced Studies in Child Welfare (CASCW), Anu was able to conduct literature reviews, analyze practice strategies based on current best practice, pilot evidence-informed models, and develop interventions that moved the discharge to permanence rate from 38% in 2006 to 70% in the last half of FY13.

Anu believes that it could reach 80% - 90% discharge to permanence rates if it was fully funded to implement its models with fidelity; however, in the current funding climate, fully funded models are unlikely to happen. This environmental reality—coupled with emerging indicators that show that youth who are placed in out-of-home care may not have better outcomes than those who remained at home in at-risk situations—presented a dilemma and some questions for Anu. If the youth are no better off, then what are we missing? Do we continue to focus solely on permanence, or do we broaden our efforts beyond permanence to ask, “Are the youth okay, and how do we know?”

Moving Toward Well-Being

The emerging evidence that achieving permanence may not provide all of the healing that we had hoped furthered Anu's passion to begin looking at models that could provide that healing and promote youth well-being. Among these models was the Present Moment Parenting approach (Feigal, 2011) utilized by the Center for the Challenging Child (CCC) which uses Parent Coaches to teach trauma-informed parenting techniques that focus on the whole child. Anu partnered with CCC and began training all of its Permanence Specialists (TFC Social Workers) and Treatment Foster Parents in this trauma-informed parenting model. Through this work, Anu began to conceptualize “Healing Homes” which were better prepared to understand and to parent in a trauma-informed way. The Bremer Foundation funded Anu to explore the development of Healing Homes and Healing Parents and to redefine the purpose and approach of traditional foster care through partnerships with healers who were

Figure 1. Well-Being Model



attuned to trauma such as yoga instructors, acupuncturists, therapists, etc.

Further study into child well-being and healing led Anu to connect with the University of Minnesota's Center for Spirituality and Healing (CSH) through a 2012 Wellbeing Lecture Series on “The Science of Positivity” presented by Dr.

Making the Shift

At Anu, we strongly believe in Kotter's (1996) theory that “a sense of urgency” and other resources are required to fuel any initiative. The real-life experiences of our youth and the growing industry-wide consensus that the children seem to be getting worse, not better, was all we needed to drive our sense of

The emerging evidence that achieving permanence may not provide all of the healing that we had hoped furthered Anu's passion to begin looking at models that could provide that healing and promote youth well-being.

Barbara Fredrickson. Dr. Frederickson's (2009) research on positivity provided the clinical explanation for the success of the Present Moment Parenting Model and propelled Anu's relationship with CSH. Through this relationship, and in conjunction with CASCW, Anu has worked with CSH to adapt their work and research on adult well-being to that of youth well-being. Anu, CSH and CASCW continue to work in partnership to develop tools to define and measure youth well-being, in addition to developing interventions that promote well-being. While this conceptual work continued to develop and evolve, so did the interventions in our homes and in our practice.

urgency. Fortunately a grant from the Bremer Foundation provided the fuel Anu needed to launch our well-being initiative.

The first use of this funding allowed Anu to dedicate a 1.0 FTE position, divided between two staff positions. The Integrative Practices Coordinator focused on the internal shift toward well-being by leading the culture change, training of staff and foster homes, and adaptation of internal practices. The Director of Partnerships for Wellbeing focused on the external shifts toward well-being and the development of resources, relationships, and partnerships external to the organization and the recruitment of Healing Parents. It was clear, however, that this level of change

would have to include everyone within the organization.

A core group of staff was brought together to form a Wellbeing Work Group to drive becoming a well-being-focused organization. Group membership included agency specialists in the areas of Present Moment Parenting, foster parent and staff

In a time of dwindling foster family resources, this wasn't an easy loss to accept. We decided we needed to be brave and let go of families who were more punitively-focused or who were not able to parent in a trauma-informed way. At Anu, we operate according to a mantra that "once we know better, we must do better" and continuing to allow the "old

and how do we know?" In addition, Anu is implementing and evaluating integrative and regulatory healing interventions that may be more effective in healing trauma such as Equine Assisted Therapy, MBSR (Mindfulness Based Stress Reduction), EMDR (Eye Movement Desensitization and Reprocessing), yoga, meditation, etc. To augment this evaluation, literature reviews of integrative well-being interventions have been completed by CSH for adults, while a literature review for children has been completed for Anu by CASCW. These are available by contacting the authors.

As a permanence-driven organization, we had to challenge our focus on permanence and accept the fact that without well-being, permanence was not enough.

education, outreach and foster parent recruitment, partnership development, permanency supervision, permanency outcomes, continuous quality improvement, and marketing. This group secured a corporate in-kind donation of professionally managed focus groups, developed definitions, established an impact statement, and created a model of well-being and healing that continued to evolve to the current Anu Model of Wellbeing (Figure 1). By creating this Model of Wellbeing, the focus could turn toward how to infuse and operationalize the model, develop partnerships, and provide training, both internally and externally. It was important to the workgroup, and is part of Anu's culture, to share what we learned to advance not only our practice, but also the entire field of child welfare.

To operationalize this new model of Healing Homes, we worked to create a diagram of what happens to youth in out-of-home care that results in re-victimization of youth; to create an "Old Toolbox" and a "New Toolbox" of interventions; and to develop a comparison of "Old Ways" and "New Ways" of intervening with our youth. These tools and diagrams were then shared with staff and foster parents for implementation in their daily work.

Through this initial workgroup and process we also learned some "hard truths" that we also needed to address from philosophical and practice levels. As a permanence-driven organization, we had to challenge our focus on permanence and accept the fact that without well-being, permanence was not enough. We realized we would now need to more closely assess whether the goal of permanence was advancing each individual child's well-being and if not, to shift interventions and practice to promote well-being in addition to permanence.

Another "hard truth" was that we might actually lose some families in this transition from a traditional, treatment-focused approach to a well-being-focused approach.

ways" of treatment foster parenting and potentially re-victimizing traumatized youth was no longer an option.

Future Directions

Our next challenge in our well-being work is to develop effective measures of child well-being because current measures of well-being, such as school attendance, are inadequate to answer the questions, "Are the youth okay,

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A Social Worker's Perspective

Heidi Mayer, MSW, APSW

In my unique combined role as a supervisor who also carries a small caseload, the organizational shift to well-being has completely changed the way I do foster care. The old ways of providing foster care focused on child behaviors, where social workers would ask foster parents questions like "Is the youth behaving?" and "Are they going to school?" If the answers were "yes," then the child was doing "well" and was rewarded. If the answers were "no," we used consequences and we increased therapy.

This shift to well-being moved our focus from the "what" to the "why." We educated ourselves in grief, loss, trauma, and how to promote healing. I found the key to achieving this shift in practice has been twofold.

First, we introduced this information in small doses. We found that our more traditional foster parents would more openly accept information through specific conversations surrounding the youth. We would offer education about trauma, wellness, and healing and gently point out when an old approach was creeping in. There wasn't a sudden moment where foster parents became "magical healing parents;" the shift was gradual and continues to evolve.

Our staff also benefited from small doses of information in the form of weekly emails, micro-training sessions, and consultation. It was common after a consultation about Equine Therapy, for example, for TFC Permanence Specialists to then seek those services for kids on their caseload. We created opportunities to introduce the education and resources. It eventually became infused into our practice.

Second, we relied on our solid relationship with staff and foster parents who trusted that if I was asking them to do something differently, there was a good reason. As we see more and more examples of how youth are healing with this approach, workers are more deeply embracing the shift to the "why." This helps to develop a more compassionate approach and to better understand the techniques we need to use to heal the underlying trauma our youth have experienced.

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Connected by 25: A Plan for Investing in the Social, Emotional, and Physical Well-Being of Older Youth in Foster Care

Barbara Hanson Langford, MPP & Sue Badeau, BA

To be healthy and well, youth need to be able to successfully interact within their community, develop and maintain relationships, understand and express emotions in an effective way, and be able to make healthy life choices. Older youth currently in or transitioning from foster care often experience lower levels of social, emotional, and physical well-being than their peers. These social and emotional challenges affect their abilities to develop cognitive skills and also make it difficult for them to develop a strong sense of self, regulate emotions, manage stress, make decisions, and plan for the future. These challenges can also impede a young person's abilities to interact with others, to negotiate social situations, and to form and sustain healthy relationships.

The Youth Transition Funder Group's Foster Care Work Group (FCWG) developed a working definition of well-being that encompasses standard domains of human development in the context of both child welfare goals and positive community supports. This definition is grounded in a "normalcy" standard—that is, youth transitioning from foster care need and deserve the same opportunities, experiences, and high expectations as all other youth in the community. At the same time, it is necessary to recognize the unique challenges these youth face. The FCWG's vision for the well-being of youth transitioning from foster care reflects this duality:

Youth and young adults who have experienced foster care have lifelong personal, family, and community connections that help them to navigate life's ups and downs in a healthy and effective way, to deal with problems, to meet their needs, to see opportunity in the future and to realize success.

A Framework for Well-Being

The FCWG developed a framework for well-being for youth transitioning from foster care that encompasses three broad areas: (1) social, emotional, and physical well-being; (2) safety and permanency; and (3) economic success (see Figure 1). All three of these areas are undergirded and strengthened within a strong community context. Attention to each domain is necessary for youth to effectively make the transition to adulthood. Below is a brief description of the definition of success in each of the domains.

Figure 1. Well-Being Framework for Older Youth in Foster Care



Social, Emotional, and Physical Well-Being

Social, emotional, and physical well-being includes cognitive functioning, social and emotional wellness, mental health and wellness, and physical health.

Cognitive functioning. Youth should have the opportunity and support needed to maximize intellectual ability and functioning. Youth need to be continually immersed in rich, stimulating learning environments—both inside and outside of traditional educational venues. Beyond such exposure, youth need support to pursue activities that spark their interest through both formal and informal channels.

Social support and emotional wellness. Youth should have the opportunity and support needed to cultivate a strong and resilient self-identity, to develop supportive and nurturing relationships with the ability to recognize when a relationship is unhealthy, and to feel hopeful about life and the future. Additionally, youth need to be supported in discovering and expressing their own spirituality and/or spiritual identity.

Mental health and wellness. Youth should have the opportunity and support needed to manage mental health and wellness. Mental health and wellness begins with ensuring

that all youth have the information and skills needed to manage the naturally occurring mental distresses they will face in adult life. Furthermore, health insurance that provides mental health coverage and access to an array of services and resources is an essential element in youth's abilities to successfully manage their mental health and wellness.

Physical health. Youth should have the opportunity and support needed to maximize their physical health, strength, and functioning. As they grow and develop, youth need information about all aspects of physical health, including nutrition, exercise and fitness, disease prevention, and sexual and reproductive health. This knowledge will increase the likelihood that they will continue to engage in healthy behaviors well into adulthood. Youth who are connected to a primary care physician and medical home are best equipped to make informed lifestyle and health care decisions and effectively utilize appropriate resources.

Safety and Permanency

Youth should have the opportunity and support needed to ensure that they are physically and psychologically safe and free from abuse or neglect. While youth are in foster care, ensuring safety is the responsibility

of the child welfare system, and as youth approach their transition to adulthood they need to learn how to manage and maintain their own safety. This includes recognizing the signs and triggers in their lives that make them feel unsafe and developing a set of tools to help them. In addition, youth need to understand how to assess situations and the risks associated with various behaviors so they can take appropriate precautions and make informed choices related to risky behaviors.

Additionally, well-being in this domain begins with recognition that permanence is more than placement, and youth need lasting adult connections long after they need child welfare placements. Youth should feel connected to a supportive family network while also having access to the tangible and intangible benefits afforded by legal connection to a family—not only in childhood but also in adulthood. Genuine permanence extends beyond the bonds of a single family relationship to include a sense of belonging to one's culture and community.

Economic Success

Economic success encompasses educational attainment, employment, and housing. Educational opportunities begin early in life with access throughout the school years to academic settings, educational options, and individualized remedial or special education assessments and plans that are developmentally sound, linguistically and culturally competent, and include high expectations for all youth. School stability should be a high priority for all children and youth in foster care. Youth should also have support for exploring a broad range of post-secondary options.

Early exposure to a broad range of career options, necessary educational requirements to achieve career goals, and opportunities to gain work experience through volunteer service, internships, and/or part-time employment are necessary precursors to successful employment and career development. Youth also need opportunities to obtain all necessary documents required for entering and succeeding in the workforce and support in gaining financial management skills.

Finally, acquiring safe, stable, and affordable housing requires support to develop a credit history and obtain sufficient funds for a down payment or deposit on housing and utilities, as well as skills to navigate the housing market, landlord relations, and related challenges.

Community Context

Communities can support or thwart and undermine well-being goals. Youth

transitioning from foster care should have opportunities to live in communities that are safe, healthy, and inclusive environments for living, working, and recreation. Communities should also provide cultural opportunities, support for healthy parenting and caregiving, and opportunities for civic engagement.

Investment Strategies

The FCWG recommends five sets of priority investment strategies intended to improve the well-being outcomes for youth ages 14 to 25 experiencing and transitioning from foster care. These recommended investments are in: 1) innovative and evidence-informed practice; 2) policy and advocacy; 3) community supports and opportunities; 4) cross-systems collaboration; and 5) research, demonstration, and evaluation. Meaningful youth

engagement should remain a centerpiece of these investment strategies.

Through coordinated investments in these five areas, funders can improve social, emotional, and physical well-being outcomes for older youth experiencing and transitioning from foster care. And by doing so, these investments can also contribute to improvements in interrelated outcomes of permanency and economic success as well.

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Queen of Peace Center's Family EMPOWERment Project: An Innovative Program for Fostering Well-Being in Infants and Young Children of Mothers With Addictions

Debra Zand, PhD, Rosalie Dickens, Lara Pennington, MSW, Jerri Michael, BS, Donna McNamara, & Katherine Pierce, PhD

Childhood experiences construct the social, emotional, and cognitive scaffolding of a person's life. Each year, the lives of millions of children are impacted by parental substance abuse (SA) with 8.3 million children in the United States living with at least one SA parent (Substance Abuse and Mental Health Services Administration, 2008). Of these children, 27.5% are between the ages of 0 and 5. These children are significantly more likely to be abused/neglected than other children (U.S. Department of Health and Human Services, 2009). Considerable research has linked parental SA to diminished parental functioning, as well as suboptimal developmental outcomes. Children of SA parents are at higher risk for diminished IQ and lower levels of social-emotional functioning than their same aged peers (Niccols et al., 2012). Across studies, relative to non-substance abusing parents, SA parents report lower levels of parental competence and less knowledge of child development (Borelli, Goshin, Joestl, Clark, & Byrne, 2010; Velez et al., 2004). Effective interventions are desperately needed to reduce the risk of abuse and neglect, and promote the well-being of these children.

Queen of Peace Center's (QOPC) Family EMPOWERment Project (FEP) is a family-centered, multi-leveled, residential treatment program for pregnant/postpartum women (ages 18–55 years) addicted to substances and their children (ages 0–4), which focuses on the capacity within mothers and their children to heal, grow, and experience well-being. Concentrating on promotion as well as prevention, program staff intervene at the individual and family levels to reduce the likelihood of child maltreatment and foster child well-being by: 1) increasing parental capacity, and 2) optimizing child development.

Early examination of data collected for FEP reveals that a significant number of women have serious mental illness (40% depression, 38% bipolar), experience current suicidal ideation (30%), and have very poor social supports (27%). The number of children that need further assessment/monitoring in terms of developmental milestone achievement are as follows: communication (30%), gross motor (20%), fine motor (30%), problem-solving (20%), personal care (30%), and mental health (60%).



Service Model

The FEP's direct service model is guided by the Strengthening Families Protective Factors Framework (SFPFF) (Center for the Study of Social Policy, 2012). The SFPFF provides a research-supported strategy for increasing parental strengths, enhancing child well-being, and reducing child abuse/neglect through the promotion of five protective factors: parental resilience, social connections, knowledge of parenting/child development, acquisition of concrete/instrumental support, and social and emotional competence of children. Descriptions of how these protective factors are operationalized within the program are provided below.

Increasing Parental Capacity

Within a home-like residential setting, the FEP employs multiple strategies to address the five protective factors specified by the SFPFF, including the promotion of parental self-efficacy, self-sufficiency, personal agency, problem solving, and parent-child attachment. Both traditional substance abuse treatments, as well as a range of programs and evidence-based practices are available to the women, including individual, group, and family psychotherapies, dual-diagnosis treatment, life-skills training, peer recovery supports, parent and family education, intensive case management, and step-down services. Additionally, all women with infants

and young children are required to participate in Nurturing Parenting (Cowen, 2001; Devall, 2004), an evidence-based, family strengthening group intervention designed to: 1) teach age-appropriate expectations and neurological development of children, 2) develop empathy and self-worth; 3) enhance parent-child attachment; 4) utilize nurturing, non-violent strategies/techniques in establishing family discipline; and 5) empower parents to utilize their personal power to make healthy choices. Women, their children, and families participate in Celebrate Families! (CF!), a parenting program designed to achieve three primary goals: (1) break the cycle of substance abuse and dependency within families, (2) decrease substance use and reduce substance use relapse, and (3) facilitate successful family reunification (The National Registry of Evidence-Based Programs & Practices, 2008).

Enhancing Positive Developmental Trajectories

For infants and toddlers, fostering well-being is synonymous with promoting positive developmental trajectories. Upon entering the program all infants and young children are assigned a case manager and counselor, referred to a medical home as needed, and screened for developmental delays using the

Supportive Housing as a Meaningful Solution to Family and Child Homelessness

Richard A. Hooks Wayman, Ben Van Hunnik, & Kelby Grovender

On February 20, 2014, 216 families (with 459 children) slept in publicly funded emergency shelters in Hennepin County—more than 323 of those children were diverted to a shelter catering to adults with histories of long-term homelessness and addiction challenges because of lack of beds at local family shelters (G. Dorfman, personal communication, February 21, 2014). Family and child homelessness is a social crisis in America. The National Alliance to End Homelessness (2014) reported that in a single night in January 2013, there were 222,197 people in families who were homeless (36 percent of all homeless people counted). The Wilder Research Center's survey of Minnesota's homeless families in 2012 noted that children with parents made up 35 percent of the homeless population; children and youth in general comprised 46 percent of the homeless population (Wilder Research, 2013).

Being homeless has a negative impact on child well-being. Homeless children have a higher probability for involvement in the child protection and welfare services given their histories of family violence, social isolation, exposure to dangerous living conditions, and exposure to trauma. Once homeless, children show high rates of negative academic experiences, including absenteeism, high rates of mobility (school instability), grade repetition, special education services, and poor academic progress. (For more on this, please see the summary of research in Hong & Piescher, 2012.)

An Evidence-Informed Model

Hearth Connection is a data-driven intermediary nonprofit organization dedicated to ending homelessness in Minnesota. Hearth Connection acts as the administrator of regional service collaboratives focused on the delivery of supportive housing for people experiencing long-term homelessness. Organization staff and collaborative stakeholders believe that permanent supportive housing can not only end long-term homelessness among families but achieve positive outcomes in child well-being.

Permanent supportive housing focuses on households with significant barriers to housing stability, pairing intensive supportive services with rental subsidies to ensure participating families achieve safe and stable housing. The structure of permanent supportive housing can be either a single site with in-house services or scattered site

programs where services are provided by mobile teams.

Hearth Connection developed a service model to meet the unique needs of people with significant challenges and long histories of homelessness. Services are built upon the following principles:

- **Housing First:** Fast access to housing and services that is not contingent upon specific outcomes before offering housing.
- **Trauma-Informed:** Being aware of the possibility of past traumatic experiences, recognizing the presence of trauma symptoms, and acknowledging the role that trauma has played in the lives of participants.
- **Harm Reduction:** Reducing the negative consequences associated with high-risk behaviors (such as chemical abuse) by addressing the conditions and motivations for these behaviors.
- **Strengths-Based Services:** Focusing on an individual's strengths and assets, and recognizing that everyone has the ability to be resilient.

Organization staff and collaborative stakeholders believe that permanent supportive housing can not only end long-term homelessness among families but achieve positive outcomes in child well-being.

Possible services include case management, medical and psychiatric care, housekeeping, home health assistance, medication and appointment reminders, addiction treatment, meal programs, and life coaching.

Supportive Housing programs working with families will often have staff primarily dedicated to child-focused services. An array of well-being oriented services will be offered through case management services with children including: advocacy, access to child care, mental health assessment, counseling, assistance in finding employment or educational programs, health and dental care management (including assistance in meeting appointments and medication compliance), tenancy support, and transportation.

Impacting Child Well-Being

Each year, Hearth Connection's collaborative network of providers serves more than 240 families and more than 478 formerly homeless children in Minnesota. Of these families, over 96 percent achieve housing

stability in less than six months, despite the finding that, on average, Hearth Connection family participants have experienced more than five years of homelessness before entering the program.

As a data-driven organization, Hearth Connection captures case note documentation on child well-being and measures progress within several individual functional domains based upon the Arizona Self-Sufficiency matrix. The latest review of data reveals that homeless families experienced a 30 percent improvement in the areas of child care and child education.

However, despite agency outcome data and evaluation, little is known about children's experiences of homelessness and access to supportive housing as it relates to child well-being over time. In 2011, Hearth Connection partnered with the University of Minnesota's Center for Advanced Studies in Child Welfare to better understand the impact of supportive housing services on homeless children's well-being over time (Hong & Piescher, 2012). The study found that homeless children living in supportive

housing fared better in terms of decreased rates in accepted child protection reports and out-of-home placements as well as decreased school mobility, compared to a comparison group of homeless children not receiving supportive housing.

Creating Systems for Meaningful Intervention

Supportive housing is not the only method or model available to communities to end family and child homelessness. Hearth Connection recommends that communities develop assessment tools that would assist in targeting homeless families toward one of three intervention models: (a) early intervention and secondary prevention services; (b) rapid-rehousing assistance; and (c) permanent supportive housing.

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What Makes the Difference? Factors Associated With Achieving Well-Being When Children Have Experienced Complex Trauma

Jane Gilgun, PhD, LICSW

When Ian was five, his father died of cancer. Shortly after, Ian's sister's husband murdered his toddler son and accused Ian of the murder. Ian confessed to a police investigator: He thought he had killed his nephew because he once hit him with a toy. The husband was convicted of the murder and is serving a 25-year sentence. His sister, with whom Ian had a secure attachment, moved out of his home. Ian has no other siblings.

Ian's mother, Marie, didn't believe in talking about problems. She was confident that Ian would forget about these events. When Ian was eight, he sexually abused

A key component in achieving well-being for children who have experienced complex trauma is to identify and address the resulting issues of hurt, grief, and loss while bolstering protective capacities.

Know-Nothing Assessments

An emerging principle of assessment is for case providers to assume they know nothing about the families. They believe and act as if the families are the experts on their own lives. Therefore, they encourage every family member to talk about their situations and sometimes, if this suits family members' styles,

Application

Martha took a know-nothing approach when she began to work on the case. She took time to develop relationships with Marie and Ian and to understand the kinds of trauma that Ian had experienced, the contexts of the trauma, and the responses of Marie and other persons important to Ian. She saw that in some ways, Marie and Ian were connected and had a secure relationship. On the other hand, Marie did not understand emotional development and was dismissive in that regard. Martha was patient and yet gently persistent with Marie when Marie was reluctant to engage in services.

A key component in achieving well-being for children who have experienced complex trauma is to identify and address the resulting issues of hurt, grief, and loss while bolstering protective capacities.

the three-year-old daughter of his daycare provider, who lived next door. His sexual acting out raised questions about whether his sister's husband, a registered sex offender, had sexually abused Ian years earlier. To Ian's case manager, Martha, his sexual acting out indicated that Ian had not received the help he required to cope with, adapt to, and overcome the effects of the complex traumas he had experienced earlier in his life.

With Martha's guidance, Marie eventually gave permission for Ian to participate in sex abuse-specific therapy as well as family and individual therapy. They also sought psychoeducation for grief and loss, and for sexual development and child sexual abuse. Son and mother learned to talk about feelings and emotion-laden topics with each other.

The outcome so far has been good. Ian graduated from high school and is studying computer programming at a technical college while working part-time. He has had the same girlfriend for two years and spends time with friends who are also attending college and who, like Ian, engage in pro-social activities. Ian's life would have been much different without the services of the case manager and the eventual cooperation of his mother.

Complex Trauma

Complex trauma is composed of a series of adverse events that children, young people, and adults experience over time. Examples of trauma are those that Ian experienced as well as physical abuse, emotional abuse, multiple care providers, frequent moves, war, forced migration, and witnessing violence.

to have them draw, use objects such as toy figures, or do role plays to illustrate the issues they want to bring to the attention of service providers.

In doing a know-nothing assessment, service providers seek to identify

- the traumas that each family member has experienced,
- the contexts in which the traumas occurred,
- the responses of significant others to the traumas,
- beliefs underlying how significant others think they are supposed to respond to trauma,
- quality of adult attachment: secure, preoccupied, dismissive, and disorganized, and
- if the children are provided resources that help them cope.

Protective Factors

Outcomes of complex trauma can be dire and stand in the way of establishing well-being in the absence of resources. Resources become protective factors when children are able to use them to cope with, adapt to, and overcome the effects of traumas. Secure relationships with parents who help children process the trauma is a key protective factor that leads to resilience. The provision of competent social services can also be a factor in resilience. Since secure attachment relationships are key, assessment for quality of attachments is essential in cases of complex trauma (see Resources in this issue).

Discussion

Ian's story is an example of how social services can promote child well-being by providing the resources that children and families need to cope with, adapt to, and overcome complex trauma. Through decades of research, practice experience, and teaching, I have identified the following elements that are characteristic of cases of complex trauma that are associated with moving along the continuum to achieve well-being.

- Consistent, long-term social service provision characterized by relationships of trust;
- Parents willing to do whatever it takes to help their children cope with complex trauma—this includes parents being willing to have their children engage in social services, to engage in social services themselves, and to deal with their own traumas and belief systems that may have contributed to the children's trauma;
- Children and young people willing to engage in services; and
- Competent service providers who understand and who have the resources that are responsive to the issues that children and families experience.

Ironically, these are simple and probably self-evident statements of what contributes to child well-being. Yet my research, my practice experience, and the practice experiences of social work colleagues provide evidence that such services to children who experience complex trauma are rare and exceptional.

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Practical Ways to Promote Well-Being Among Traumatized Children in the Child Welfare System

Sharon Webb-Jackson, BSW

As a protective services investigator at a trauma-informed agency, safety and well-being are the primary concerns at the time of initial contact with the family. What is discussed is critical in identifying the safety factors which determines the child's ability to remain with their family and the family's ability to care for their child. Family members may be anxious, guarded, and not always forthcoming with information to ensure safety and well-being. Often engagement is the key to begin an assessment process. It is my job to talk openly about my role in a manner that creates a partnership. A practical way of working with the family is utilizing the six Principles of Partners in Change from the Connecticut Department of Children and Family's Cross Cutting Themes of the Family Strength Practice Model:

1. Everyone desires respect
2. Everyone needs to be heard
3. Everyone has strengths
4. Judgments can wait
5. Partners share power
6. Partnership is a process

These principles are the foundation in the beginning of working with the family. They are not directly discussed with the family, but when applied, contribute to building a relationship and learning about the family's strengths and problems.

At my agency we also utilize a trauma screen, which serves as a powerful and meaningful point of engagement. It is an important step in more fully understanding and helping to address complex issues that may have trauma at their core. The screen can help children and families explore, process, and heal from traumatic life experiences and thus have a positive impact on child well-being. It can serve as a gateway to begin the collaboration with other community agencies, especially behavioral health providers.

Case Example

Michael, a 13-year-old male, his mother, and siblings were referred to CPS due to a dangerous altercation that occurred in the home between Michael and his siblings. Michael's behaviors included fighting, threatening his siblings with sharp objects, aggression, suicidal thoughts, and multiple hospitalizations. He was being bullied at school. Michael had witnessed domestic violence between his mother and a former boyfriend. Although Michael had received



individual behavioral health treatment for five years, and his mother had been very compliant with services, his behaviors continued to escalate.

The behavioral health provider felt Michael needed foster care services as his mother could no longer provide a safe environment. An initial safety plan was developed as Michael's mother did not want her child to be removed. At my follow-up meeting, she expressed that Michael needed another service provider as treatment was not helping Michael. This initial engagement phase with Michael's mother was the onset of the two of us building a trusting relationship with one another. I provided her with information about the trauma screening tool. I explained that the trauma screening tool discusses traumatic events that could have occurred such as domestic violence. I explained that by allowing Michael to participate in the screening process, I could better assess his needs and the events that were causing him to be so aggressive in the home and community. As I worked with Michael's mother, she began to trust my judgment. We developed a partnership as we were both concerned about Michael. She provided significant information about the traumatic events her family had endured. She revealed being in a domestic violent relationship for several years, with Michael witnessing the events in the home. I engaged Michael's mother to help me develop a trusting relationship with her son.

When I met with Michael and administered the trauma screening tool, he provided similar information as his mother. Michael did not make a disclosure of any additional traumatic events. However, at the end of the conversation, I expressed that his mother was concerned about his unsafe behaviors, and she wanted to know what he was thinking. During that weekend, Michael disclosed to his mother that he had been sexually abused by her former violent boyfriend. After the disclosure and the arrest of the perpetrator, Michael stated that "a weight had been lifted." Michael's behaviors began to de-escalate in the home. He was referred for Trauma-Focused Cognitive Behavioral Therapy. Foster care services were averted.

Final Thought

Encouraging Michael and his mother to talk about traumatic events helped them to understand the effects these events have on behavior and overall well-being. One of the most important things we as child welfare workers can do is talk and partner with children and caregivers to determine how we can best help their families and attend to their well-being.

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New Mexico's Well-Being Checklists: Practical Tools for Addressing Well-Being

Beth Ann Gillia, JD, MA

Federal and New Mexico law recognize three critical goals for young people in foster care: safety, permanency, and well-being (42 U.S.C. §629A(a)(2)(B); NMSA 1978, §32A-1-3). It has been relatively easy to conceptualize and create performance indicators to measure whether, when, and how safety and permanency were achieved. Well-being, on the other hand, has been harder to define and more difficult to capture in discrete outcome measures. In an effort to build consensus about the meaning of well-being and to create tools that would help everyone in the child welfare system address well-being, New Mexico's Court Improvement Project (2012, 2011) developed two documents in the early 2000s: a booklet, *Ensuring the Well-Being of Children in Foster Care: What's Needed and What You Can Do About It* and a *Child Protection Best Practices Bulletin*. The Bulletin included a series of well-being checklists. In many ways, these tools anticipated what would be covered by the Administration on Children, Youth and Families' 2012 Information Memorandum on social and emotional well-being (Samuels, 2012a).

When considering the meaning of well-being for children in care, New Mexico started with the well-being outcomes used in the federal Child and Family Services Review (CFSR) process: (1) families have enhanced capacity to provide for children's needs; (2) children receive services to meet their educational needs; and (3) children receive services to meet their physical and mental health needs.

We also considered the best information available from the National Resource Center for Foster Care and Permanency Planning, the National Council of Juvenile and Family Court Judges, the American Academy of Pediatrics, the Child Welfare League of America, and the American Academy of Child and Adolescent Psychiatry. Each of these groups emphasized the importance of individually assessing the physical, mental and emotional health, and educational and developmental needs of maltreated children.

From this broad view, our approach to enhancing well-being coalesced. We decided, for example, to include preserving connections, as well as the transition to adulthood, in addition to the outcomes identified in the CFSR. Building on the idea that individual assessments were critical to informed case planning and decision-making, our tools focused on process, rather than outcomes. And, we embraced the idea that our tools should encourage all stakeholders—



judges, attorneys, case workers, CASA volunteers, service providers, and others—to take affirmative steps to ensure that children's well-being needs were being addressed.

By asking a series of concrete questions, the tools were designed to prompt everyone in the child welfare system to gather sufficient, high quality information through timely family centered meetings, mediation, and court hearings; medical, dental and vision exams (for example, EPSDT screenings); mental health assessments; and developmental and educational assessments.

Understanding a family's history, strengths, resources, and needs would then promote informed case-planning decisions about:

- placement,
- family time (visitation with parents, siblings, extended family),
- preserving important familial, community, and cultural connections for a child,
- enhancing parental capacity through services for parenting skills, substance abuse, domestic violence and mental health),
- appropriate psychotropic medication use,
- services needed to help a child meet developmental milestones and prepare to transition from foster care to independent adulthood,
- appropriate medical, dental and vision care, and
- appropriate educational services in the appropriate school setting (special education, early childhood programming, speech or occupational therapy, tutoring, etc.).

The checklists' questions and their answers would determine what additional information was needed and would help inform the steps to be taken next for a child and family.

Since their publication, the checklists have been (and continue to be) distributed broadly across the state's child welfare system. They are available on several websites and are used in cross-training programs when relevant. Though we have not measured how often, when, and by whom the checklists are used, the practices and principles promoted by the Bulletin and the checklists are now reflected in other practices and documents. For example, in 2006, the New Mexico Supreme Court adopted performance standards for parents' counsel, attorneys for older youth, and guardians ad litem that require each to attend to well-being as they gather information, plan their cases, and advocate in court (by focusing, for example, on requesting assessments and needed services for mental and physical health, visitation, education, recreational and social services, and many other things).

A decade after being written, the tools retain remarkable vitality and relevance. They have accomplished three important things:

- They have encouraged stakeholders to adopt a more holistic view of children and their needs, providing a broad framework for understanding that a child's education, culture, and social, emotional, and physical health are inter-related, as well as related to safety and permanency.
- They have clarified that everyone has a role in promoting a child's well-being, not only the caseworker, CASA volunteer, guardian ad litem, and attorney for older youth.
- They recognized that the well-being of children is tied to the well-being of parents.

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Cooperative Adoption

Peter Kenny

Having a permanent family supports overall child well-being among those involved in the child welfare system—belonging to a family provides a sense of security to children as well as the opportunity to develop long-term relationships with people who care about them. In certain circumstances, state cooperative adoption laws can address the issue of ensuring timely permanence for children in foster care while expanding children's access to caring support networks. Cooperative adoption involves a voluntary termination of parental rights (TPR) for birth parents and a legally enforceable post-adoption contact agreement between birth and adoptive parents. In cases where the child has a positive relationship with his birth parents, the pre-adoptive and birth parents trust one another, and all believe it is in the child's best interest to maintain the child's relationship with his birth parents, closed adoptions make no sense at all.

Cooperative adoption is an appropriate solution for children in foster care when it is coordinated with the child's well-being in mind. It is most effective when 1) the birth parents and pre-adoptive parents know each other and are willing to enter into a post-adoption agreement; 2) the birth parents realize that they are unable to care for their children but they do not wish to sever all contact with the child for life; and 3) a



Benefits to Cooperative Adoptions

There are benefits to cooperative adoptions for all parties involved, particularly for the children. Lifelong connections and the presence of caring adults in a child's life work to promote the child's social and emotional well-being. A cooperative adoption can ensure that children maintain ties to their families of

relationship might involve and can work that into the post-adoption contact agreement. The adoption is also final.

Cooperative vs. Open Adoption

Cooperative and open adoptions are not the same. Open adoption does not in itself give the birth parent any legal rights of continuing contact or visitation, though it does recognize the child's need for personal information. In both cooperative and open adoptions children will have the opportunity to work through their questions with their biological parents face to face in real time.

Lori Ross, an adoptive parent, wrote about what social networking has done for openness in adoption:

"With Myspace, Facebook, and constant internet access, it finally clicked that there is no such thing as closed adoption anymore. Twelve years ago, it might have been hard for my kids' birth parents to track us down. But even then, it wasn't hard for many of our foster and adoptive kids to find their birth parents when they made a choice to do so, particularly if they were older than toddlers when they came into care. Now it's not even a contest. We can find anyone we want to find by clicking a few buttons on the computer – and our kids can find them faster than we parents can."

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Cooperative adoption is an appropriate solution for children in foster care when it is coordinated with the child's well-being in mind.

permanency solution has not been reached in the allotted time under federal timelines but the situation does not provide grounds for involuntary TPRs.

Once a cooperative adoption becomes a child's planned permanency outcome, the pre-adoptive parents and birth parents usually go through a process of mediation and negotiation to determine how the post-adoption contact agreement will be structured. The cooperative adoption is then formalized in a court proceeding.

More than half the states currently have statutes that allow written and enforceable contact agreements (Child Welfare Information Gateway, 2011). Indiana is an example of a state that has a cooperative adoption statute (I.C. 31-3-1-13). The contact can range from a minimal exchange of information about the child to the exchange of cards, letters, and photos all the way to personal visits with the child by birth family members.

origin and even extend family connections, which is particularly beneficial for children with siblings outside the home. As a majority (if not all) of adopted children will inquire about their birth parents and families of origin later in life, this connection can help them find answers to their questions.

A cooperative adoption can also be a plus for birth parents who are facing an involuntary TPR. Since judges are not required to render an either/or decision in cooperative adoption proceedings, the need to go through a painful TPR proceeding is eliminated. Most importantly, they no longer need to fear totally losing their child: Should the adoptive parents renege on their promise, the birth parents may go to court to request compliance.

The pre-adoptive parents also benefit from a cooperative adoption. When they already know and have worked with the birth parents, they have some idea of what a continuing

CASA Advocates' Role in Promoting the Well-Being of Children in Foster Care

Barbara Morgen

Christy Lang, LMSW, began volunteering for the Court Appointed Special Advocates (CASA) Program after seeing a television show about it and after completing jury duty, which heightened her curiosity about the law. Assigned by Family Court Judges to cases of abuse or neglect, CASA volunteers identify critical information pertaining to a child's well-being and make inquiries into their medical, mental health, developmental, and educational needs. They then submit written reports to the court, attorneys, and the social service agency. CASA volunteers are assigned to only one or two cases at a time and are uniquely positioned to develop an in-depth profile of each child's needs, assisting an overburdened system to more effectively serve these children. Christy knew that for her, the program was a perfect match.

Christy completed the 30-hour training program with the CASA Program of Westchester County, which is run through the Mental Health Association of Westchester, Inc., and follows the curriculum established by the National CASA Association. However, beginning in 1999, CASA programs in New York State added to the curriculum healthy development checklists followed shortly thereafter by educational checklists, both developed by the Child Welfare Court Improvement Project (CWCIP) to improve the collection of information on a child's well-being. Once trained, Christy was assigned to a case involving four young children, two girls and two boys. The children had experienced multiple traumas and multiple placements. Their behaviors, not surprisingly, were challenging. Care providers involved with the children described tantrums, aggression, sexual acting out, and stealing. According to Christy, "the children's needs seemed almost bottomless. I saw what trauma really looks like."

Christy became a stabilizing and reassuring presence in the lives of these children, who had already been placed in three different homes at the time of her assignment. Within months of Christy's assignment, the girls were placed in a new foster home in a different county. When Christy visited them at the new home, the older girl broke into a smile and said to her, "I never thought you would find me here." Christy promised the child that she would always find her wherever she was.

Christy steadily gained the respect and confidence of the many service providers involved. Because of her contacts with teachers and visits to classrooms, she advocated strongly for more therapeutic school placements for three of the children.



When Christy learned that the school was sending one of the boys home at midday because his behavior would deteriorate so much in the afternoons, Christy advocated for a reassessment by the Committee on Special Education. The child's placement was changed to a more appropriate setting. One of the boys, a 5-year-old, was threatened with a lengthy school suspension. The school, furthermore, had failed to give the foster mother appropriate notice of the mandatory meeting. Christy persuaded the foster mother to engage a nonprofit school advocacy program for assistance. In the meantime, Christy made sure the school provided tutoring to the 5-year-old.

Christy also provided the court with critical information on the visits between the children and their mother. This information was based on interviews with personnel at the agency hosting the visits, first-hand observations, and interviews with the foster parents, therapists, and sometimes the children's teachers, following the visits.

Quietly, but persistently, Christy was instrumental in changing one of the foster home placements for the girls. "While the girls were being adequately fed and clothed," Christy said, "the home was all about discipline. There were no toys in sight, and no stuffed animals or decorations in their bedroom. My heart dropped each time I left a visit." Christy said she heard only reprimands from the foster mother. Because the therapist came to the home, the children could not express their feelings about the foster mother freely. Christy persuaded the agency involved to ensure privacy during the children's therapy sessions. And she continued to question the adequacy of the placement with the service

providers, emphasizing that the home did not provide the children with the warmth, love, and affection that they desperately needed. Her persistence finally prevailed. Today, the girls are thriving in a supportive and nurturing foster home.

Christy admits that "there are hard days where you feel like you are hitting your head against the wall. But I can't walk away from this. I need to see them achieve their full potential and to find permanency." Then there are those unexpected moments, she said, that feel hugely rewarding. Christy recently attended a school ceremony for the oldest girl, who had won an essay contest. In the essay, this child wrote:

"During my almost 11 years of living, I have had many disappointments. I was with parents that was unable to care for me. I was removed and stayed in 6 different homes. It was very hard in the beginning but I triumphed. I am living a happy life with a family who only wants to care and love me. They believe in me. They wishes nothing but the best for me and my sister."

"That is the best answer," Christy said, "to explain why CASAs hang in there!"

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For more information on New York State CASA Association's efforts to improve child well-being, see the Resource list in the back of this issue.

One Size Does NOT Fit All

Jen Hope

Many people have tried to define what exactly the term “well-being” is, and what exactly makes up this fluid concept. Merriam-Webster dictionary defines well-being as “the state of being happy, healthy, or prosperous.” The question is how can workers help create a sense of well-being for children and youth in foster care?

First of all, everyone is very different—whether you are a foster child or not. This is an important factor to take into consideration when it comes to trying to promote and define well-being in any individual. I am sure everyone’s thoughts of what exactly well-being means are different and adjusted to their personal lives beyond what the dictionary says. The same thing goes for each and every youth. Get to know what youth feel is their own personal meaning of this particular topic. Personally I feel well-being is living my own life purposefully in order to help others find their purpose. Again, this has not always been my take on what well-being is for me. It has changed as I have gotten older and faced different life obstacles. I asked a group of current and former foster youth their take on what well-being means and obtained statements such as:

- “Breathing”
- “To love yourself faithfully”
- “Feeling safe and happy to be yourself”
- “Letting go of the past”

This will ultimately be one of the key factors when trying to create well-being in foster youth’s lives: Know their personal definition of well-being.

One thing that was beneficial for me with my caseworker was she was honest. Why is honesty so important to my own well-being? Well first of all, foster youth are so used to experiencing being lied to (especially lying to themselves in order to protect their minds) and honesty is a bit of fresh air to experience. When she was honest with me, the most important thing I took from it was that she gave me reasons and rationale as to why certain things were happening. Sometimes the best details were simple and to-the-point with few words. This helped me out personally because from the moment she was telling me something (about another move, my parents losing their parental rights, etc.) she knew it was only a matter of time before my mind would shift into overdrive mode, and I would start to worry and panic about what was next. When she made the point concise, I was able to have a better grasp on the situation and logically start to think things through. However, if she went on and on, I would find myself getting lost in the details of what she was trying to say. I would have only internalized the first fourth of what she had presented and not heard the other three-fourths of her explanation.

She did what I do now when I work with similar youth or advocates on this particular topic by realizing “one size does NOT fit all” in providing services. Another important point I stress is that the root cause of behaviors—the trauma—needs to be addressed, not just the current problem at hand. Often I make a reference to a dandelion, explaining that if you have one

and just take off the flower, the weed will continue to grow. If you just pull the stem of the dandelion the plant will continue to spread. In order to solve the problem of having dandelions, you need to dig the root of the plant out. When dealing with youth in care it is important to understand just how different we truly are from one another, and dealing with one kid to the next will need to be different. It is important to help pinpoint and treat the root cause of behaviors/thinking.

Over time, my caseworker and I ended up building a relationship. I trusted her and felt more comfortable with her, which enabled me to be more upfront and honest with her. In return, she was able to offer me better advice and guidance that helped get me through some of the most difficult and pressing times. By her having an understanding of where I was coming from (or at least trying to), her actions of being honest and clear allowed me to form a sense of trust so she could promote well-being in my life through my education, health (emotional and physical), environment, and ultimately my purpose here.

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Protecting the Well-Being of Immigrant Children and Families

Wendy Cervantes

Children of immigrants now comprise nearly one quarter of all U.S. children (Passel & Cohn, 2011). Yet, many of the systems that serve children, including the U.S. child welfare system, still fail to adequately address the unique needs of this increasingly significant child population. While children with foreign-born parents only represent roughly 8.6 percent of all cases brought to the attention of the child welfare system, these cases are often some of the most complicated because of the cultural, language, and immigration-related issues they entail (Detlaff, Vidal de Haymes, Velasquez, Mindell, & Bruce, 2009).

The state-based child welfare system and the federal immigration system are guided by distinct missions and historically have not communicated or collaborated. Therefore, when the two systems collide, conflicting interests and policies may result in adverse outcomes for children and families. For example, child welfare staff may have limited knowledge of the services and benefits available to immigrant families as well as the immigration relief options available to undocumented immigrant foster youth, such as Special Immigrant Juvenile Status (SIJS). As a result, children of immigrants may spend more time than necessary in foster care or lack access to critical services and benefits, thereby undermining the mission of the child welfare system to protect the safety and well-being of children (Detlaff & Earner, 2012).

The challenges facing immigrant families are further exacerbated in cases of mixed status families. Over the past decade, increased enforcement measures by Immigration and Customs Enforcement (ICE) have resulted in record-setting detentions and deportations of immigrant parents, negatively impacting hundreds of thousands of children every year. In addition to the psychological trauma caused by being separated from a parent, research shows that children of detained and deported parents experience economic hardship, adverse health outcomes, and poor academic performance (Satinsky, Hu, Heller, & Farhang, 2013). The rise in parental deportations in recent years correlates with the shift in immigration enforcement policy from worksite raids to cooperation with local and state law enforcement agencies to apprehend individuals suspected of immigration violations. The most prominent jail-based program, Secure Communities, is responsible for a majority of immigration-related apprehensions and often implicates individuals who have committed minor, non-violent offenses.

Parents facing deportation are forced to make the difficult decision whether to take their children with them or leave their children in the U.S. in the care of another parent, relative, or friend. In some cases, parents' ability to make decisions regarding their child's care is compromised when their child enters the child welfare system. It is estimated that 5,100 children with a detained or deported parent are currently living in foster care and are at risk of permanent separation from their family (Wessler, 2011).

Once a child enters foster care, it is extremely difficult for a detained or deported parent to reunify with his or her child. Up until recently, ICE lacked a consistent policy to ensure that parents are not transferred outside of their home community or to ensure that parents are able to meet child welfare case plan requirements or make arrangements for their children at the time of removal. Furthermore, the reunification timelines established under the Adoption and Safe Families Act (ASFA) put detained or deported parents at risk of having their parental rights inappropriately terminated. Research also shows that systemic bias exists among child welfare staff and family court judges against undocumented parents or caregivers, compromising the ability of a child to reunify with a parent or be placed with a relative. Likewise, there may be a reluctance to relocate a U.S. citizen child to another country.

Policy Changes That Promote Well-Being

ICE recently implemented a policy, the parental interest directive, in response to increased pressure to protect children and families impacted by immigration enforcement measures (U.S. Immigration and Customs Enforcement, 2013). The directive reminds ICE of its obligation to consider exercising prosecutorial discretion in cases involving primary caregivers, parents involved

in family court proceedings, and parents of U.S. citizen and lawfully permanent resident children. It also requires ICE to make every effort possible to ensure that detained parents are able to abide by case plan requirements, maintain contact with caseworkers and consular officials, participate in family court hearings, make arrangements regarding their child's care at the time of removal, and re-enter the country if need be for purposes of attending a custody hearing.

Comprehensive immigration reform that provides a pathway to citizenship for undocumented immigrants is the best way to fully address the threat of parental separation facing the millions of U.S. children living in mixed status families. Until immigration reform is accomplished, administrative policy changes such as granting deferred action to parents of minor children in the U.S. can also provide much needed relief for families. Child welfare agencies can also develop protocols now to ensure that the needs of immigrant children and families that enter the system are being met. The Reuniting Immigrant Families Act, recently passed by the California state legislature, is an example of a law that provides training for frontline staff and family court judges on immigration-related issues and establishes guidelines for dealing with cases involving detained or deported parents.

As the demographics of the U.S. child population continue to change, it will be critical that policymakers and service providers concerned with child well-being respond by developing policies and practices that will protect the safety and well-being of all children, including children in immigrant families.

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Promoting the Well-Being of African American and Other At-Risk Children in Child Protection

Carla M. Curtis, MSW, PhD

Increasingly within the child welfare system there is disproportionate representation of minority children in foster care compared to their numbers in the general population (Denby & Curtis, 2013). Additionally, minority children experience disparate treatment or services compared to services provided to Caucasian children who may be in similar positions/condition. There is also evidence of overrepresentation among children with physical and mental disabilities in the foster care system; close investigation will show a disproportionate number of these children are children of color. In *African American Children and Families in Child Welfare: Cultural Adaptation of Services* (2013), my coauthor, Dr. Ramona Denby, and I provide a systematic way of thinking about the well-being of children and families aimed at reducing disparate experiences in service provision among children and family members in the child protection system. A reduction in disparate experiences should ultimately result in lowered disproportionality among African Americans and other children—particularly racial and ethnic minorities. Lowering disproportionality rates would effectively increase overall well-being for this population—less children of color in foster care means more children of color safely staying with their families and getting the services they need to thrive.

The following recommended strategies for reducing disproportionality and associated content are taken from Denby and Curtis (2013).

Strategies for Reducing Disproportionality

Assessments

Increasingly child welfare agencies use assessment tools as a way to systematically assess the level of risk in keeping children in their homes. Two concerns with the use of structured safety and risk assessment tools are: 1) poverty or social conditions may increase the representation of African American children in the removal process, and 2) the use of assessment tools is not expected to have any effect on reducing the disproportionate representation of African American children in the system. A cultural adaptation of the assessment process would be to encourage investigators to consider the extent to which conclusions are derived from an informed perspective of the child and family's cultural background. If principles of

family engagement are followed there will be high interaction between workers, clients, and family advocates. In such instances, a determination of the extent to which case dynamics involve true indicators of neglect as opposed to signs and symptoms of poverty would prevail.

Behavioral Health Care

As a system of care, child welfare advocates are encouraged to consider the structuring of programs and services to address the well-being of children and their caregivers. Culturally competent professionals capable of assessing the needs of each child and family member will play a critical role in experiencing successful outcomes and promoting child well-being.

Community based culturally competent behavioral healthcare services are essential to

American children in the foster care system must recognize guardianship by relatives. This has been a long established practice within the African American community—both formally and informally.

State systems must evaluate why a policy that may increase the number of foster care adoptions does not simultaneously reduce the number of African American children in foster care. What is the impact of termination of parental rights (TPR) policy and practice within a specific jurisdiction? TPR practices should be evaluated closely to determine child placement outcomes for children of color and the role of family members/relatives in placement decisions. Kinship guardianship policy that supports and does not penalize family members for stepping up to help care for child relatives is culturally adaptive and should be promoted both at the national level and at the state level.

Lowering disproportionality rates would effectively increase overall well-being for this population—less children of color in foster care means more children of color safely staying with their families and getting the services they need to thrive.

enhance opportunities for optimal personal development and healthy outcomes. One way to socially adapt existing systems of care for children in child welfare is to strengthen investments in community based behavioral health care. Minimizing family disruption and providing the necessary supportive environment to promote healthy growth and development requires culturally competent care so that children and families are not placed at risk. For others, domestic violence, changes in family dynamics resulting in divorce or becoming a single parent may pose challenges requiring supportive intervention. The intermingling between the child welfare and juvenile justice systems further support the need for behavioral health care resources, as behavioral healthcare may decrease costs associated with juvenile corrections.

Kinship Care

Family-centered child welfare practice recognizes the primacy of the family in the life of a child and asserts the importance of every child having the opportunity to be raised in a safe and caring environment. The cultural adaptation of policies and programs to meet the unique well-being needs of African

Evidence-Based Practice

Opportunities exist to promote and create culturally adaptive services at the front line but also in the formation of agency practice and in the formulation of policies in agencies as well as within all levels of government. Additionally, it is imperative that all child and family advocates, social workers, and human service practitioners demand accountability. The use of evidence-based practices is a strategy for ensuring quality in service delivery and accountability for the type of interventions that are used. Thus evidence-based practices must be culturally relevant. Consideration of the use of an evidence-based approach to tackle a child welfare problem—particularly around issues of disproportionality and disparate conditions of service and outreach—must include thorough exploration of the efficacy of the model in addressing the unique well-being needs of African American children.

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Building a Healing Home

Nathan Hough & Christy Hough

Almost two years ago a sibling group of three entered our home with broken spirits, significant developmental delays, and many intense fears. Over the next eighteen months we were challenged to create a home that would offer support and give tools to these children helping them move forward. During this process, we developed a new understanding of how our home needs to be a place of healing.

To begin the healing process, we became part student while learning all we could from our children about their lives and part detective as we uncovered the pain that was driving their behaviors. Early on, we would discipline behaviors without taking into consideration the hurt and pain our children were trying to express. Over time, we learned our children needed space to react in negative ways so they could express their pain the only way they knew how, while at the same time coming up with safety strategies and seeking to sooth the emotional pain.

After rages, many times we would play soothing music and rock our children while they resisted us by kicking and pushing us away. After the initial resistance, we found the kids would melt in and accept the comfort we were offering. Our children worked hard to create an environment that was full of chaos and destruction because this is what was comfortable. Some of these negative behaviors

included: putting feces on toothbrushes, dumping perfumes and makeup, and even spray-painting a vehicle. Once we learned to not react with intensity but seek to understand why they were so destructive, we saw a significant decrease in those negative behaviors. We started spending the majority of our time focusing on the positive things our children do to the point where our middle daughter often asks to talk about our “good stuff” from the day at supper.

Before entering our home, our son was nicknamed “terror monster” because he was very destructive. We worked to create a new

to her needs. We introduced our youngest child to a baby doll she named “Ms. Rosie.” Ms. Rosie was initially hit, slapped, choked, dragged across the floor, and even thrown at people. We began asking about Ms. Rosie’s well-being. Over time she began to recognize Ms. Rosie had needs that needed attending to, too. Gradually, we saw Ms. Rosie wrapped in blankets to be kept warm, offered other stuffed animals so she was not afraid or alone, and on occasion snuck into the bathtub for a good cleaning. Our middle child has developed affection for our other dog, Paddington, despite losing her

To begin the healing process, we became part student while learning all we could from our children about their lives and part detective as we uncovered the pain that was driving their behaviors.

identity focusing on his helpfulness around the house and his compassionate heart. As we began reinforcing this new identity, we began seeing less destructive behaviors. We then introduced a new family pet that became his companion and responsibility. Georgia, an Irish Setter, was adopted into our home and brought with her a sense of safety and purpose. After setting up her kennel in our son’s room, we have seen his compassion continue to grow as he tends

first dog in a violent way. Over the course of time she slowly began to draw close to Paddy after initially wanting no connection. She now is connected with him and you can see compassion in the tender way in which she pets him and the kind words she speaks toward him. We have seen a significant softening in the hard exterior she feels she needs to maintain.

Another part of being a healing home is in understanding we alone cannot meet all



the needs of our children, and recognizing the support needed can come from many different places. Our mail lady would bring candy for the kids and would leave letters of encouragement. A local karate instructor and his wife who would often walk their dog around our neighborhood struck up a relationship with our children and eventually became our son's sensei. Our church family saw the worst our kids had to offer, but still chose to embrace them with kindness. Our children have come to admire their Sunday school teachers, the young adults, and many other members of our church as role models they aspire to be like. We were also very selective in the respite providers we utilized, choosing families that modeled different home styles but have the common thread of respect, love, and acceptance.

As a whole, we strive to accept our children where they are in the moment and allow mistakes to happen, seeking teaching moments instead of swift correction. We seek to create support networks our children can rely on outside our home without fear. But most of all, we cultivate compassion through utilizing family, friends, pets, and our belief in God.

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Working With Healing Parents: Providing Foster Care Through an Integrative Healing Lens

Erin Wall, MSW, APSW, LGSW

What is a Healing Parent? How does that differ from a Foster Parent? What does that mean for me as the social worker? These are the questions that my team and I have struggled with at Anu Family Services during this past year.

I am the case manager of the three children at the Hough Healing Home. After the children were placed, our team quickly discovered that, despite their young ages, these children were the most traumatized children with whom the team members had ever worked.

As we learned the extent of the children's abuse, we could understand why they displayed the behaviors and outbursts that the foster parents were seeing. The key to the Houghs' parenting was that they'd pull the children in, instead of pushing them away, when they would express these behaviors. This allowed the children to feel safe, loved, and heard.

My role for the Houghs was as their support and sounding board. Our conversations were focused on possible triggers and re-enactments of the children's past trauma. My role was to be the foster parents' support, because they were emotionally exhausted from caring for these highly traumatized children.

During this process we had reached into our standard treatment modality toolbox

and placed the children in individual therapy. When very little progress was observed, the team decided to try more integrative healing practices. The decision was made to place the children in Equine-Assisted Psychotherapy as this was an extremely effective trauma-focused therapy. The children made gains in just three months and addressed things that they hadn't even touched on in their previous therapy.

As the social worker supporting healing parents, it's my responsibility to validate the foster parents, supporting them through regularly scheduled visits and helping them to secure ongoing respite. We say this often about foster care, but healing parenting is emotionally taxing, and workers must recognize when the parents need to heal themselves. If we want parents to help the kids heal, we have to allow the parents time to process through and heal from the secondary trauma they're experiencing. Healing foster parenting is exhaustive, but it allows the youth to work through their trauma in a way that will make a lifelong difference and achieve overall well-being.

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Youth Connections Scale

A tool for practitioners, supervisors, & evaluators of child welfare practice

- Measure permanent, supportive connections for youth in foster care
- Guide case planning around strengthening youth connections
- Evaluate practices and strategies aimed to increase relational permanence

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Increasing School Stability for Students in Foster Care: Lessons Learned From Saint Paul, Minnesota

Becky Hicks, MEd, LSW & Mary Tinucci, MSW, LICSW

Underscoring the importance of school stability for children and youth in foster care, The Fostering Connections to Success and Increasing Adoptions Act of 2008 was enacted to make certain school can be a positive countermeasure to the abuse, neglect, separation, and instability these children face. The Act assures the placement of the child in foster care takes into account the current educational setting and proximity to the school the child is currently attending. If remaining in the same school is not in the best interest of the child, the Act assures that the child is immediately enrolled in a new school and records are not delayed. Thirdly, the Act assures that the child welfare agency and local school district work together in partnership to ensure that a child remains in the school in which they were enrolled at the time of placement.

Saint Paul Public Schools is the first public school district in Minnesota to formally establish a department whose responsibility is to ensure the educational stability of children and youth in foster care. This program came to fruition from a strongly developed partnership with Ramsey County Human Services Department who also understood the importance of supporting educational stability and academic success. This partnership strives to continually improve policies and procedures to ensure educational stability of children in foster care.

Both Saint Paul Public Schools and Ramsey County Community Human Services know that students who have stable school environments are more likely to reach their academic goals, are less likely to have behavior problems, and are happier and healthier at school and home. Both agencies are dedicated to the learning, health, and well-being of every one of our students in foster care and do everything we can to help these students stay connected to their school, friends, and community so they can be successful advocates for their education.

Through this cross-systems partnership between Saint Paul Public Schools and Ramsey County Human Services, we are reducing barriers to school success for children and youth in foster care. We hope it provides a roadmap and model for other schools and county systems throughout the state that are interested in such work.

Lessons Learned:

Importance of Clear & Shared Vision

- Identify key stakeholders from both systems who share a vision of the importance of school stability for children in care who are willing to implement policy and procedures that will make the vision a reality

Work with Data

- Create a data sharing agreement between child welfare and the local school district(s) taking into consideration state law that may already support this
- Establish cross system protocols for requesting and sharing records
- Consider the possibility of adjusting current contracts of services to include the partnering agency
- Consider the implementation of a data system that is shared across systems and allows for real-time education, child welfare, and court data available to all users
- Ensure regular and accurate data input from all parties

Engage Key Community Partners

- Participate in local collaborations including children's justice initiatives, state work groups, school district cooperatives etc. to promote school stability for children in foster care
- Identify other agencies that support children in foster care and sponsor meetings to familiarize these agencies with the educational needs of this population of students
- Identify potential resources and services available to children in foster care in the community
- Establish a multi-agency task force to promote the educational stability and school success of children and youth in care
- Educate and partner with school staff and foster parents to support their work on behalf of youth in foster care

Create Options for Transportation

- Seek safe, economical, and creative solutions
- Establish inter-agency collaboration by establishing a contact in each agency who

can assist in the coordination of school transportation

- Develop policies and procedures for the provision and funding of transportation taking into consideration current statutes (Fostering Connections, McKinney/Vento and IDEA)
- Remember the cost of school transportation should not be a factor in determining the best interest of the child for school selection purposes
- Consider enacting state legislation to fund the provision and coordination of school transportation for children in foster care
- Ensure all case managers are aware of the procedures in setting up transportation to a school
- Ensure that modes for transporting children in care are as safe as they are for other children

Identify and Provide Key Services

- Assist in keeping students in their school of origin during placement changes
- Ensure free school meals
- Assure the access to participation in extracurricular activities
- Assist with immediate school enrollment and transfers to new schools when appropriate
- Share educational and child welfare records
- Make referrals for medical, legal, food, county benefits, and mental health services
- Assist with applications to college or other post secondary education options
- Provide education of credit recovery options to students, families, and case workers
- Coordinate transportation between systems to assure students remain in school of origin
- Advocate for specialized school services when needed

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The Positive Role of Spirituality in Child Well-Being

Stacey L. Barker, PhD, MSW

It wasn't too long ago in the history of the social work profession that it would have been considered controversial to write an article about the positive role of spirituality in social work practice; stemming from legitimate concerns about social workers overstepping their personal and professional boundaries, spirituality was not a consideration in our bio-psycho-socio-cultural framework for understanding human behavior. In the past couple of decades, however, social work scholars have conducted research that affirms the importance spirituality can play in the lives of the clients we serve. To ignore the spiritual aspects of someone's identity and experience is to ignore potential strengths and resources that might be helpful in the process of change. While social work practitioners are increasingly more comfortable with incorporating spirituality into their work with clients, are social workers prepared through their social work educational programs to do so?

What is Spirituality?

Spirituality is a broad term that encompasses a person's quest for meaning-making, or purpose in life. One perspective considers spirituality to be a universal experience; that each person, in his or her own way, attempts to connect with something bigger than and beyond themselves. This is true for children as well, and at that stage of the life cycle in particular, children need the adults in their lives to model spirituality and to promote spiritual connections as they are learning to cultivate their spiritual lives.

While spirituality is not the same concept as religion, the two go hand-in-hand for some. Religion is one way through which spirituality can be nurtured and expressed. However, it is not the only way. For some, spirituality is fostered through connections with nature or art; for others, silence or meditation provides an avenue through which people transcend their day-to-day experiences. Human relationships can also foster connections beyond ourselves; we experience joy and gratitude as we contribute to the lives of others. In this way, the profession of social work itself is a spiritual endeavor! This broad understanding of spirituality, then, is relevant for the diverse clients who are engaged in social work—including children in the child welfare system.

Spirituality and Child Well-Being

Many of the typical ways that children interact with their environment are excellent avenues for fostering spirituality. Children

are naturally enthusiastic; they reach out to people to form relationships. Play, including artistic endeavors, is creative and imaginative. Children ask questions with a sense of awe and wonder. Children bring joy to others. In addition, research supports the potential benefits of a robust spirituality on overall well-being. According to the Handbook of Religion and Health (Koenig, King, & Carson, 2012), a seminal source that synthesizes research from over 3,000 studies on the effects of spirituality and religion on health and mental health, spirituality can ameliorate the negative impacts of certain mental health issues like anxiety and depression; spirituality can enhance self-esteem and self-efficacy; spirituality helps

about meaning-making. We tend to feel annoyed when children ask questions, particularly when those questions are difficult to answer. Perhaps the conversations that ensue around those questions are more important than answers to those questions.

- Consider incorporating some spiritually-based interventions into your work with children. Meditation, journaling, or yoga might be practices children could be taught to utilize. Allow children to use rituals to mark losses in their lives. Use nature as a tool to foster wonderment. For children who might be religiously-inclined, encourage connection to a faith community.

Not only does spirituality have the potential to impact the lives of children in their current situations; spirituality, if nurtured in children, could assist in the successful navigation of life events across the lifespan.

people cope with challenges and offers hope in times of crisis. So, then, not only does spirituality have the potential to impact the lives of children in their current situations; spirituality, if nurtured in children, could assist in the successful navigation of life events across the lifespan.

Ideas for Fostering Spirituality in Children in the Child Welfare System

- Social work professionals first need to be aware of their own spirituality. Self-awareness is the most important aspect of feeling comfortable addressing the spiritual concerns of clients as they arise and of decreasing our personal biases about the ways in which spirituality may be understood and expressed by diverse clients.
- Work hard to build trust with the children in your care. While trust is paramount in a collaborative worker-client relationship, many children in the child welfare system have already experienced situations in which the adults were not trustworthy. Trust builds a child's sense that it is safe to build relationships with others, one important way that humans connect to something beyond themselves.
- Be open to the questions children ask—often those questions, at the core, are

Conclusion

Traditional approaches to social work, such as the strengths perspective, holistic assessment and intervention, and meeting clients "where they're at" promote the integration of clients' spirituality in our work. Understanding spirituality as a universal quest for meaning-making and purpose in life opens narrowly-conceived definitions of spirituality in ways that are accessible to the diversity of clients in the social work system and the diversity of social workers who engage those clients. Recognizing and nurturing spirituality in the lives of children has immediate effects that can ameliorate here-and-now challenges while helping to develop a worldview, practices, and a sense of hope that can be helpful as people address challenges across the lifespan.

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A Well-Being Framework for Consideration in Child Welfare

Mary Jo Kreitzer PhD, RN, FAAN

Well-being is a state of being in balance or alignment in body, mind, and spirit. In this state, we feel content; connected to purpose, people, and community; peaceful but energized; resilient and safe. In short, we are flourishing. Children who receive services from public, tribal, and private child welfare systems, particularly those living in out-of-home care, deserve nothing less.

Well-being is not a new concept, but it has been overshadowed by the focus in many healthcare systems around the world on disease and pathogenesis, factors that cause disease. In 1946, the World Health Organization defined health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Over 30 years ago, Aaron Antonovsky (1987), a professor of sociology, coined the term salutogenesis to describe an approach that focuses on factors that support human health and well-being, rather than on factors that cause disease.

Martin Seligman, the father of the positive psychology movement, writes in the book *Flourish* (2012) that his goal was to shift the focus of psychology from trying to relieve misery to a new goal, the understanding of well-being. He describes well-being as an active state of exploring what makes life worth living and then building the enabling conditions of such a life. According to Seligman, there is no single measure that

who are charged with securing the safety, permanency, and well-being on behalf of those who have been abused and neglected.

Simply put, this means that our role is to help children and youth who have experienced trauma and maltreatment to restore and maintain function and capacity in every aspect of their lives and to support them in attaining their full potential. We believe that the dimensions in this model each contribute significantly to flourishing.

At a personal level, well-being is certainly impacted by our health, but it is also heavily impacted by other factors illustrated in Figure 1, including our sense of purpose and meaning in life, the quality of our relationships, the vitality of the community in which we live, our environment, and our perception of safety and security. When any of these factors are compromised, our personal well-being is affected. Below is a brief description of each of the determinants of well-being.

Safety and Security

The Safety and Security domain includes economic, physical, and legal well-being with the home and the community. People can have excellent physical health and a strong purpose in life, but if they live in fear, their sense of safety and security and overall well-being is eroded.

Figure 1.
Well-Being Six Domain Wheel



Community

The domain of Community asserts that the community we live in impacts our individual well-being in many ways—our health, safety, and education being just a few examples. Key to this is the infrastructure of the community, including housing, transportation, schools, and parks, along with equitable access to these community resources. Social capital is equally important. Social networks allow us to accomplish what we can't on our own.

Environment

The Environment domain of the well-being framework is focused on exposure to nature and other living things. It includes the impact of air, water, and toxins on our individual lives. Exposure to nature not only makes you feel better emotionally, it contributes to your physical well-being, reducing blood pressure, heart rate, muscle tension, and the production of stress hormones.

Purpose

A key message in this area of well-being is that “purpose matters,” likely more than people realize. The Purpose domain is inclusive of life decisions, shaping of goals, a sense of direction, and the ability to create meaning. Purpose may also include spirituality and/or religion.

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Our role is to help children and youth who have experienced trauma and maltreatment to restore and maintain function and capacity in every aspect of their lives and to support them in attaining their full potential.

captures well-being, rather, there are a number of elements that contribute to it, and the gold standard for measuring well-being is flourishing.

A New Model of Well-Being

The well-being model described in this article and developed by Kreitzer (2012) grew out of a belief that the societal transformation needed in the United States and around the world goes well beyond healthcare and needs to encompass not just a shift from disease to health or illness to wellness, but rather a shift to the broader notion of well-being that touches every aspect of people's lives and the communities in which they live. This belief when applied to children and youth begs the attention of child welfare professionals

Health

The Health domain encompasses physical, emotional, and spiritual health. We know that health is affected by everything from the food we eat, exercise, stress, sleep, as well as social, environmental, and genetic influences.

Relationships

The domain of Relationships stresses that the powerful influence relationships have on our overall well-being and also acknowledges that the cultivation of relationships is not a passive act. Interpersonal relationships are essential. It has been well documented that “isolation is fatal.”

Queen of Peace Center's Family EMPOWERment Project: An Innovative Program for Fostering Well-Being in Infants and Young Children of Mothers With Addictions

Continued from page 26

Ages and Stages Questionnaire-3 and Ages and Stages Questionnaire-Social Emotional (Squires, Bricker, & Twombly, 2002; Squires, Twombly, Bricker, & Potter, 2009). Children who screen positive are immediately referred to a local university-based child development center for additional assessment and pediatric follow-up.

Therapeutic daycare services are provided to children ages 0-4 who accompany their mothers to treatment. Services focus on the physical, cognitive, language, and social/emotional development of the child, with program staff using curriculum from Creative Curriculum and Al's Pals (Geller, 1999). Activities follow a daily routine and are tailored to meet each child's developmental needs. Activities include singing, music and movement, reading, art, expressive, dramatic, sensory, and free play. Children enrolled in early intervention services also receive onsite therapies from community providers.

For both adult and children programs, processes and outcomes are assessed on a regular basis and data-driven changes are made as needed to improve services.

Conclusions

Children born to mothers who abuse substances are at high risk for poor developmental trajectories. Data show that by promoting parental capacity and child well-being, it possible to mitigate this risk, enabling children to maximize their potential.

For more about the Queen of Peace Center's Family EMPOWERment Project, visit the Queen of Peace Center's website at <http://www.qopcstl.org/>.

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Supportive Housing as a Meaningful Solution to Family and Child Homelessness

Continued from page 27

Prevention strategies, such as cash assistance, housing subsidies, and domestic violence supportive services, can avert homelessness before it starts. Rapid re-housing provides limited and targeted assistance that is intended to help low-income families transition quickly from reliance on shelters and homeless service programs to self-reliance in housing of their own that they pay for with earnings from work.

However, some families that have long histories of instability coupled with disabilities, deep poverty, low skills, and exposure to trauma will require longer term supportive services coupled with access to affordable housing. Given the limited funding levels for supportive housing, communities have to be strategic in deciding placements and offer supportive housing to only those families experiencing the longest periods of housing instability and highest levels of vulnerability and challenges.

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Continued

Agency Discussion Guide

The Agency Discussion Guide is designed to help busy supervisors and managers initiate conversations with others to encourage thoughtful discussion about the information presented in this issue.

Conversation between Supervisor & Worker

1. Consider the articles that discuss organizational change, namely the Franck Meyer & Peterson (p 22), Mayer (p 23), Cloud et al. (p 20), and Wall (p 37) articles. In what ways do we currently incorporate a well-being focus into our practice? How can we change and/or improve the way we address well-being? What are some barriers or challenges to doing so, and how can we overcome these?
2. Nearly all of the articles offer some sort of insight into how child welfare workers can attend to well-being in their practice. What are some things you can do to attend to child well-being? Think about your work with children who have experienced trauma – in what ways can you support those children, their parents (resource and birth), and others who support them to help them heal from the impacts of trauma? See Kovan & Anda (p 15), Webb-Jackson (p 29), Gilgun (p 28), Hough & Hough (p 36), Wall (p 37), Cervantes (p 34), Curtis (p 35), & Barker (p 39).
3. After reading this publication and learning about the different ways researchers and practitioners define well-being, how do you define well-being? What does well-being in a child look like to you? Did the way you viewed well-being change after reading this issue? See Samuels & Anderson (p 4), Semanchin Jones & LaLiberte (p 6), Cross (p 8), Langford & Badeau (p 24), & Kreitzer (p 40).
4. Working across systems effectively is one way to attend to well-being in child welfare practice, as many of the children and youth with whom we work are involved in more than one system. What are some of the challenges you have seen in working across systems and interacting with professionals and advocates outside our own system? How can we do better? See Chang (p 10), Biglan (p 18), Morgen (p 32), Hicks & Tinucci (p 38), Cervantes (p 34), Cloud et al. (p 20), and Piescher & LaLiberte (p 14).

Conversation between Manager & Supervisor

1. Several articles in the Overview section as well as a few scattered throughout the publication consider the definition of well-being from the perspectives of various models and frameworks. Which of these different models and frameworks resonates most with you? How can you take what you learned about defining and measuring well-being and begin integrating well-being tenets into agency-wide child welfare practice? What do you need from the agency in order to do this? See Samuels & Anderson (p 4), Semanchin Jones & LaLiberte (p 6), Cross (p 8), Langford & Badeau (p 24), Franck Meyer & Peterson (p 22), & Kreitzer (p 40).
2. Spirituality and purpose are emphasized in a few of the articles in this issue as having a strong contribution to overall child well-being. The way spirituality is defined by Barker is not so much a sense of religiosity, but rather one's "quest for meaning-making" or purpose. Barker (p 39), Semanchin Jones & LaLiberte (p 6), Kreitzer (p 40), and Cross (p 8) all include 'spirituality' as an essential domain in defining and measuring child well-being. As a supervisor, how can you address the sensitive topic of spirituality in terms of child well-being? What are some ways in which you could encourage workers to consider spirituality as they work with children, youth, and families?
3. Gillia (p 30) discusses Well-Being Checklists that are frequently used by judges, attorneys, and others in New Mexico's courts as a way to attend to a child's well-being needs. Curtis (p 35) talks about the importance of attending to child well-being in terms of behavioral health, and Cervantes (p 34) asks that immigration policies and practices pay attention to a child's well-being needs. Still others emphasize the importance of cross-system collaborative work. As a supervisor in child welfare, how can you encourage others outside of child welfare to consider well-being as they work with children, youth, and families involved in the child welfare system?

Resources

Well-Being Frameworks

- ACYF Well-Being Framework: <http://z.umn.edu/kls> (see Appendix 1, p. 21)
- Framework for Well-Being for Older Youth in Foster Care: <http://z.umn.edu/klr>
- Relational Worldview: <http://z.umn.edu/klt>
- CSH Well-Being Model: <http://z.umn.edu/klu>
- Child Well-Being: A Framework for Policy and Practice (Chapin Hall archived webinar): <http://z.umn.edu/kkt>

Reports and Indicators on Well-Being

- America's Children: Key National Indicators of Well-Being: <http://www.childstats.gov/>
- The State of America's Children (Children's Defense Fund): <http://z.umn.edu/kmk>
- KIDS COUNT (Annie E. Casey Foundation): <http://www.kidscount.org>
- Statistics on Child and Family Well-Being (Child Welfare Information Gateway): <http://z.umn.edu/kmi>
- Children's Well-Being: Indicators and Research series, edited by A. Ben-Arieh. Available from <http://z.umn.edu/kmm>.

General Child Well-Being Resources

- Center for the Challenging Child: <http://z.umn.edu/klw>
- The Center for Child and Family Well-Being: <http://z.umn.edu/klv>
- Raising the Bar: Child Welfare's Shift Toward Child Well-Being (CSSP & SPARC): <http://z.umn.edu/kmo>
- Child Well-Being (Child Trends): <http://z.umn.edu/kms>
- Promoting Child & Family Well-Being (Child Welfare Information Gateway): <http://z.umn.edu/kmt>

Education & Child Well-Being

- Child Well-Being: The Intersection of Schools and Child Welfare (Chapin Hall): <http://z.umn.edu/kmp>
- Meeting the Education Requirements of Fostering Connections: Learning from the Field: <http://z.umn.edu/kmx>
- The Texas Blueprint: Transforming Education Outcomes for Children & Youth in Foster Care (state example): <http://z.umn.edu/kmy>

Courts & Child Well-Being

- Ensuring the Well-Being of Children in Foster Care: <http://z.umn.edu/kko>
- Well-Being Checklist: <http://z.umn.edu/kkp>

CASA Programs & Child Well-Being

- Child Welfare Court Improvement Project—2006 Annual Report (pp. 11-13): <http://z.umn.edu/kkm>
- The Essential Advocate: Using CASAs to Promote Child Well-Being: <http://z.umn.edu/kkn>

Trauma & Child Well-Being

- NCTSN Child Welfare Trauma Training Toolkit: <http://z.umn.edu/kkq>
- Trauma Center at Justice Resource Institute: <http://www.traumacenter.org>
- Adverse Childhood Experiences (ACE) Study: <http://z.umn.edu/kly>
- Gilgun, J. F. (2012). *The NEATS: A child & family assessment* (2nd ed.). Available on Amazon.
- Lieberman, A. F. (2004). Traumatic stress and quality of attachment: Reality and internalization in disorders of infant mental health. *Infant Mental Health Journal*, 25(4), 336-351.

Resources Discussed in this Issue (not listed above)

- The ARC Organizational and Community Intervention: <http://z.umn.edu/klx>
- Summary of ACYF Projects in FY 2012 on Integrating Safety, Permanency, and Well-Being for Children and Families in Child Welfare: <http://z.umn.edu/klz>

About CW360°

Child Welfare 360° (CW360°) is an annual publication that provides communities, child welfare professionals, and other human service professionals comprehensive information on the latest research, policies and practices in a key area affecting child well-being today. The publication uses a multidisciplinary approach for its robust examination of an important issue in child welfare practice and invites articles from key stakeholders, including families, caregivers, service providers, a broad array of child welfare professionals (including educators, legal professionals, medical professionals and others), and researchers. Social issues are not one dimensional and cannot be addressed from a single vantage point. We hope that reading CW360° enhances the delivery of child welfare services across the country while working towards safety, permanency and well-being for all children and families being served.

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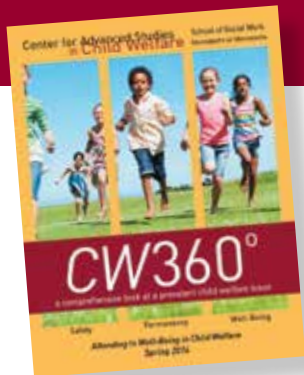


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In This Issue of CW360^o

- Current federal initiatives and grants to address well-being among children in the child welfare system
- A summary of well-being frameworks, research, and definitions found in both research and practice
- Challenges encountered in measuring and defining child well-being and how well-being research translates into policy and practice
- How neighborhoods and communities can come together to foster child well-being
- Practice models to address child and family well-being through supportive services, including permanent supportive housing and substance abuse treatment
- Strategies from current child welfare practitioners and foster parents for promoting healing and well-being among children who have experienced adversity and trauma at a young age
- The impact of education on child well-being, and how schools can work to enhance well-being among children and youth involved in the child welfare system
- Cultural considerations in addressing and promoting child well-being
- How judges, attorneys, and others involved in dependency court proceedings can ensure that the focus of the proceedings remains on child well-being

CW360^o

a comprehensive look at a prevalent child welfare issue

Feature Issue: Attending to Well-Being in Child Welfare, Spring 2014

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