CASA
Court Appointed Special Advocates
FOR CHILDREN

ADVOCACY IN ACTION

Resources to Improve Safety, Permanency and Well-Being

TABLE OF CONTENTS

TABLE OF CONTENTS

Go to Table of Contents

ACKNOWLEDGEMENTS

This *Advocacy Guide* was made possible by the generous support of *Kappa Alpha Theta*. For nearly 30 years, *Kappa Alpha Theta* and the *National Court Appointed Special Advocate (CASA) Association* have enjoyed a meaningful relationship sharing the belief that every child who has experienced abuse or neglect should have an advocate to help find them a safe, permanent home where they have the opportunity to thrive. Thetas are advocates, contribute countless volunteer hours, and provide millions of dollars in support of National and local *CASA* programs.

KAPPA ALPHA
THETA
FOUNDATION

AS I TRAVEL AROUND THE NETWORK AND MEET OUR VOLUNTEER ADVOCATES,

I AM HUMBLED BY THE PRIVILEGE of working with so many dedicated members of our community and the passion and commitment they have for improving the outcomes and lives of America's most vulnerable children. Our advocates support children's success and development, no matter their circumstances. Volunteer advocates work with our partners within the child welfare system and courts to mitigate some of the horrific outcomes that children in foster care experience providing them with the opportunity to thrive in life.

To continue to equip our volunteers and our CASA/GAL Network to understand the issues our children face and to continuously improve our service to them, we must be always learning and evolving. National CASA is committed to conducting and disseminating research and training opportunities to you. Our partners at *Kappa Alpha THETA*, through their generosity, have made this *Advocacy Guide* possible.

This *Advocacy Guide* will help our volunteers and our partners understand the latest, most effective practices in child welfare. The guide integrates current research and provides case studies and actions for advocates. It serves as a resource to achieve our mission so that children find permanency faster, overcome the challenges of their past, and go on to lead healthy, productive lives as adults.

With your help, and the resources in this guide, we can make that happen.

Tara Perry
Chief Executive Office
National Court Appointed Special Advocates Association

NATIONAL COURT APPOINTED SPECIAL ADVOCATES (NATIONAL CASA)

The National Court Appointed Special Advocate Association, together with its state and local member programs, supports and promotes court-appointed volunteer advocacy so every abused or neglected child in the United States can be safe, have a permanent home and the opportunity to thrive.

— National CASA mission

The National Court Appointed Special Advocate Association (National CASA) partners with state and local CASA/GAL[1] programs to recruit, train, and support court-appointed volunteer advocates. National CASA's array of supports for programs include training, technical assistance, quality assurance, communications, and resource development.

National CASA has worked extensively in the child welfare field since 1982. In that time, the organization has identified the strong need to bolster and expand existing best-interest advocacy programs serving America's children. National CASA offers critical leadership and support to provide quality advocacy and lead the continued growth of the CASA movement. CASA and guardian ad litem (GAL) volunteers work diligently to first determine what is in the best interest of the child and then ensure that positive outcomes are achieved. The volunteer remains involved with each child until they are placed in a safe, permanent home.

National CASA develops, coordinates, and enforces standards, training requirements and curriculum, technical assistance and other resources that support the consistent delivery of quality services to this at-risk population through our network of programs. National CASA also works to raise awareness about the needs of the vulnerable children we serve. Resources developed by National CASA enable state organization and local program staff and volunteers to place their energy behind the work of helping children.

The CASA movement was founded in 1977 by a juvenile court judge who needed more information to make good decisions on behalf of the children who came before his court. He put out the call for volunteers and 50 people showed up to the first planning meeting. That modest beginning led to today's National CASA network, which has grown to nearly 950 local CASA/GAL programs in 49 states and Washington, D.C. We train and support more than 85,000 volunteers, serving more than 260,000 children.

As the CASA/GAL network continues to activate more volunteers and serve more children, CASA and volunteer guardian ad litem program staff need and value technical assistance and training specific to best interest advocacy, which National CASA's experienced staff is well positioned to provide.

Go to Table of Contents

PURPOSE

The purpose of *Advocacy in Action* is to present timely and relevant topics through a series of Issue Briefs focused on improving safety, permanency and well-being. Understanding how these issues impact child and family outcomes is foundational to the actions of advocates for children and youth who have been abused or neglected and/or are living in foster care.

The children and families volunteers advocate for face a number of challenges and issues that require their knowledgeable and skilled actions. It is hoped that the issue topics presented will inspire readers to learn more about the topic and try out recommended actions when addressing these issues with the children and families they advocate on behalf of. The "bright spots" included in each of the issue briefs will hopefully spur on a desire to share promising practices across the CASA network as this guide is meant to encourage a broader shared learning community.

SUPPORTING SAFETY, PERMANENCY AND WELL-BEING OUTCOMES

Until recently, federal investment in keeping children safe and families stable focused primarily on removing them from their homes and placing them in out of home care. Every year, approximately 400,000 children in the United States are served in the foster care system. Most of them live in relative or non-relative foster homes and it is estimated that the cost of foster care is $29.4 billion annually.[2] Unfortunately, removing children from their families and placing them in foster care has not resulted in the kinds of positive outcomes that every child deserves. In fact, most children who have experienced abuse and neglect are further traumatized when they are removed from their families. And for the over 20,000 youth who age out of the child welfare system each year without reaching a permanent placement in a family, they too often suffer significant challenges including homelessness, unemployment, substance use, mental and physical health issues and criminal conviction.[3]

With the recent passage of the *Family First Prevention Act of 2018*, an opportunity to rethink how we ensure the safety and success of every child and family served by advocates presents itself. This landmark legislation calls for new ways of supporting families before they are in crisis and ultimately preventing the need for foster care. It also promotes the development and implementation of promising and evidence-based solutions to help improve permanency and well-being outcomes for children and families.

OUTCOMES OF CHILDREN AND YOUTH SERVED BY VOLUNTEER ADVOCATES

While research on youth in foster care consistently demonstrates that this population is among the most high-risk, CASA volunteers serve youth characterized by the *highest levels of risk* among youth in the child welfare system. A Packard Foundation–funded external evaluation of CASA programs compared the characteristics of youth in foster care without a CASA volunteer to the characteristics of youth with a court-assigned CASA volunteer. Because there are not enough CASA volunteers to serve all the children in need, judges typically appoint CASA volunteer advocates to the most difficult cases. The Packard study found:

> *Children with a CASA volunteer were significantly more likely to be rated by a caseworker as having experienced a severe level of harm and as being at severe risk of harm. Children with a CASA volunteer also had a significantly higher number of risk factors and were more likely to have previous involvement with the child welfare system. Compared to children without a volunteer, children with a CASA volunteer were more likely to have a prior report of maltreatment, a prior investigation, a prior incident of maltreatment, and to have previously received child welfare services.*

Given the specific needs of children and youth in foster care and the high number of at-risk youth in foster care, there is a significant need to provide children before the court with best interest advocacy that addresses the risk factors and negative outcomes described above. One of the best ways that National CASA can support the volunteers on the ground working every day to improve their safety, permanency and well-being advocacy, is to provide their local programs necessary information and training needed to be most effective.

Research and Evaluation: National CASA's understanding of the foster youth population's behaviors and outcomes comes from a large body of research and experience working directly with CASA programs and children and youth in care for more than 35 years. CASA programs use numerous evidence-based practices. Multiple external and internal evaluations have demonstrated evidence, validated the CASA model, and highlighted positive outcomes for the youth and families engaged with a CASA volunteer.

The Packard Foundation–funded external evaluation included 5,500 youth in foster care in 100 communities across the country. This study found that:

- CASA volunteers actively connect children to appropriate wraparound services, and children with a CASA volunteer receive significantly more services than children without a volunteer;
- CASA volunteers commonly interview the families of foster children, and the parents of children with a CASA volunteer receive a significantly greater number of services than parents of a child without a CASA volunteer; and,
- CASA volunteers spend the largest proportion of their time in direct one-on-one contact with their assigned youth.[4]

The Office of Inspector General's audit of National CASA found that children with a CASA volunteer are more likely to have positive outcomes and to move toward permanency and out of the child welfare system.

A University of Houston and Child Advocates, Inc. longitudinal research study that used mixed methods, including comparison groups; descriptive, survey and interview data; and caregiver and foster youth perception data, further demonstrated the effectiveness of the CASA model in meeting the needs of children in foster care. This study found that children with CASA volunteers are more likely to pass all courses in school, less likely to have poor conduct in school and less likely to be expelled. Furthermore, the study found that children with a CASA volunteer score better on nine protective

factors: neighborhood resources, interested adults, sense of acceptance, controls against deviant behavior, models of conventional behavior, positive attitude toward the future, valuing achievement, ability to work with others, and ability to work out conflicts.[5]

The U.S. Department of Justice has recognized the CASA model as an outstanding advocacy and prevention program, and the Office of Inspector General's audit of National CASA found that children with a CASA volunteer are more likely to have positive outcomes and to move toward permanency and out of the child welfare system.

Utilizing data that National CASA collects annually, a review of five years of CASA programmatic data was conducted and tied to the appropriate federal data (primarily from the Adoption and Foster Care Analysis and Reporting System (AFCARS). Comparison with AFCARS data showed that children with a CASA/GAL volunteer spend four to five months less time in foster care. Additionally, children with a CASA/GAL volunteer are five times less likely to return to foster care within six months of case closure. In addition to the benefit in children's lives which are hard to quantify, the Inspire team was able to quantify the cost-savings of returning home early and not returning to care at over $800 million annually.

We are currently working to expand the knowledge base about the CASA/GAL intervention. To date, all studies have lacked the rigor required to propose the CASA/GAL intervention as evidence based. Our goal is to conduct a series of quasi-experimental studies and randomized control trials to create an evidence base for CASA/GAL work. As we move closer to becoming an evidence-based model, it is imperative that we identify the current landscape of safety, permanency and well-being outcomes and adopt and implement the promising practices that are making a difference.

ABOUT THE ISSUE BRIEFS

Each Issue Brief includes a statement of "why it matters," providing a summary of the research to date on the issue. The heart of the brief is the Advocate in Action section which identifies actions advocates and partners can take to positively influence the issue. When available, a local or state CASA program that is addressing the issue whether through training, partnering with other stakeholders, or providing direct service, will be highlighted as a "bright spot." Finally, each Issue Brief provides a list and summary of "selected resources" pertaining to the topic.

ENDNOTES

1 Court-appointed Special Advocacy/Guardian ad Litem programs.

2 Devooght, K. & Cooper, H. (2012). *Child welfare in the United States*. State Policy and Advocacy Reform Center.

3 Issue Brief: Cost Avoidance. The Business Case for Investing in Youth Aging out of Foster Care. (May 2013). *Jim Casey Youth Opportunities Initiative*.

4 Caliber Associates, "National CASA Association Evaluation Project," Fairfax, Virginia, 2004

5 Waxman, H.C., Houston, W. R., Profilet, S. M., & Sanchez, B., "Making a Difference in the Lives of Abused and Neglected Children: Research on the Effectiveness of a Court-Appointed Special Advocate Program," University of Houston and Child Advocates, Inc., 2005.

Go to Table of Contents

SAFETY

SAFETY

In 2016, there were 2.3 million referrals to Child Protective Services (CPS) agencies screened in for a CPS response. The percent of cases that were substantiated was 17.2%.

During 2016, Child Protective Service (CPS) agencies received an estimated 4.1 million referrals involving approximately 7.4 million children. Most CPS agencies use a two-step process to respond to allegations of child maltreatment: 1) screening and 2) investigation and alternative response. A CPS agency receives an initial notification, called a referral, alleging child maltreatment. The referral may include more than one child. Agency hotlines or intake units conduct a screening to determine whether a referral is appropriate for further action. Among the 45 states that reported both screened-in and screened-out referrals, 58% of referrals were screened in and 42% were screened out. In 2016, there were 2.3 million referrals screened in for a CPS response. The number of children screened in on a national rate is 31.3 per 1,000 children in the population.[1]

For those cases screened in, an investigation is conducted with the primary purpose of either determining whether the child was maltreated or is at-risk of being maltreated and to determine if services are needed and which services to provide. In some states, an alternative response is implemented, usually when the child is at low or moderate risk of maltreatment.[2]

In 2016, the percent of cases that were substantiated was 17.2%. The remaining cases were children determined to be non-victims of child abuse and neglect. The national victim rate was 9.1 victims per 1,000 children in the population. Below is a summary as reported by the Child Maltreatment 2016 report on victim demographics, the most common types of maltreatment and child death from abuse or neglect:

- Children aged 0 to 1 had the highest rate of victimization at 24.8 per 1,000 children.
- American-Indian or Alaska Native children had the highest rate of victimization at 14.2 per 1,000 children of the same race or ethnicity. African American children had the second highest rate at 13.9 per 1,000 of the same race or ethnicity.
- The greatest percentages of children suffered from neglect (74.8%) and physical abuse (18.2%).[3]
- A nationally estimated 1,750 children died from abuse and neglect in 2016. Seventy percent of all child fatalities were younger than three years old. The rate of African-American child fatalities is 2.2 times greater than the rate of White children and almost three times greater than the rate of Hispanic children. Seventy-eight percent of child fatalities involved at least one parent.

More children and families who come to the attention of CPS through a referral will be screened-out or receive an alternative response. In 2016, about 40 percent of victims received no post-investigation services and for those who did, the services were far fewer than needed. Prevention and early intervention are needed at the front-end of the system so children can remain safely with their families and out of foster care. Consequently, more efforts and funding should be concentrated on prevention of child abuse and neglect and strengthening families with the supports they need to safely raise their children.

This section includes issue briefs on programs and practices that are meant to keep families intact, prevent children from entering the foster care system prior to a CPS referral (primary prevention) or after a CPS referral (secondary prevention) and prevent children who have found permanency through reunification, adoption or guardianship, from re-entering foster care.

Issue Topics:	Alternative response
	Domestic violence and the intersection with child welfare
	Family preservation services: Primary and secondary prevention
	Home visiting programs
	Preventing intergenerational child welfare involvement

ENDNOTES

1 Child Maltreatment (2016).

2 To learn more about "Alternative Responses," see the Issue Brief in this section.

3 Note: A victim who suffered more than one type of maltreatment was counted only once per type.

ALTERNATIVE RESPONSE

ALTERNATIVE RESPONSE

WHY IT MATTERS

Alternative response (AR), also called differential response (DR), dual or multitrack response, is a strategy employed to support families known to child welfare. AR uses comprehensive assessments to identify strengths and needs of families, resulting in an individualized response to that family. Services are provided to families whenever a need is identified. AR can be used whether or not child abuse or neglect has been substantiated in an investigation.

AR is a strategy employed to support families known to child welfare that uses comprehensive assessments to identify their strengths and needs, resulting in an individualized response for that family.

Research indicates that AR leads to improvements in family engagement and subsequent reductions of children entering into foster care.[1] Likewise, AR strategies can be effectively used to prevent re-entry into foster care post-reunification. AR is not just a response provided by child welfare agencies as its effectiveness relies on the participation of community services in supporting families who have come to the attention of CPS due to an allegation, but are considered low-risk. One of the benefits is that child protection services can focus on the more serious cases in which abuse and neglect have been confirmed. With AR, families are "stepped-up" to increased services and more frequent monitoring when there is a risk evident and "stepped-down" to less interventions as they become more stable and the risk is reduced or no longer evident. In addition to the benefits to families, research indicates that AR leads to greater child welfare worker satisfaction and community cooperation.[2]

As of 2014, AR was being used in at least 20 statewide programs, and several county and tribal programs.[3] Recently, the U.S. Department of Health and Human Services' Office of Human Services Policy examined

the question of "whether use of AR leaves children less safe?" They focused on six States using AR to address this question.[4] The analysis revealed that in three States (Kentucky, Oklahoma and Tennessee) higher rates of AR were associated with lower rates of re-reports. In five States (Kentucky, Minnesota, Missouri, Oklahoma and Tennessee) higher use of AR were associated with lower re-reports with substantiation.

ADVOCATES IN ACTION

Alternative response recognizes that variations in the needs and strengths of families require different approaches.

ACTIONS

- **Learn if your jurisdiction uses an AR or DR model** for any of the stages of a child welfare investigation and/or case. As an advocate you may not often have the opportunity to be assigned to a case prior to substantiation, but you may be involved in helping reunified families avoid re-entry into care.

- **Learn about different types of community agency partnerships and services that are offered to families through AR** regardless of whether your jurisdiction employs AR/DR. You can research resources to learn how you might adapt services and supports for children and families you work with.

- **Ask about the safety and/or risk assessments the child welfare agency in your jurisdiction uses to identify strengths and need areas of families.** It will help you have a better sense of how families are evaluated. Ideally, they are being evaluated by not just their gap areas but their strengths as well. If the assessment is not measuring strengths, raise this issue with the team as it is very critical to the permanency outcomes of the children and youth you support.

- **Adapt the use of the steps that the Ohio model uses** (engaging, assessing, partnering, planning, intervening and evaluating) in your approach to working with families. See below for more information.

- **Upload critical services for the family from the onset of the case.** Don't wait for something "bad" to happen before requesting services. Anticipate what challenges child and family may be facing and what services will help alleviate the burden of these challenges. For example, if a parent is experiencing homelessness and this will hold up or prevent reunification, work with your supervisor and community partners to help the parent secure housing simultaneous to working on the case plan.

BRIGHT SPOT

DIFFERENTIAL RESPONSE SYSTEM OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

Under Ohio's *Differential Response System*, reports of child abuse or neglect are assigned to one of two pathways, based on the nature of the report and pathway assignment criteria: alternative response or traditional response. Ohio's Department of Job and Family Services describes the components of Alternative Response (AR) as such:

- Applied when reports DO NOT allege serious or imminent harm
- No formal finding/substantiation of the allegation
- Facilitates safety-focused partnership with families
- Safety, Risk and Comprehensive Family Assessment completed
- Emphasis on "front-loading" needed services by providing services earlier and without requirement of a finding

The AR/DR model Ohio uses includes six steps. The first step is engaging the family to help them get ready to fully participate in the subsequent steps. Family members are often motivated by participating in AR because there is less formal involvement of the child welfare system and better chances that their children won't be removed from their homes to enter or re-enter foster care. The second phase is assessing the family's strengths and need areas followed by partnering with the family (step 3) to plan what services and interventions will be best suited to the family (step 4). Step five is implementation of the plan followed by evaluating whether the plan is working and making changes to the plan as needed (step 6).

A RIGOROUS, RANDOM CONTROL EVALUATION OF OHIO'S 18-MONTH PILOT OF THE ALTERNATIVE RESPONSE (AR) APPROACH SHOWED THAT:

- Child safety was uncompromised.
- There were fewer re-referrals to child protective services among families served with AR.
- Greater satisfaction with services was reported by both families and workers.
- Greater involvement in decision making and increased cooperation between workers and families was reported by both workers and families.
- There was increased family engagement in services.
- Evidence of enhanced collaboration between child welfare and community partners.
- Subsequent child removals were lower among AR families than the comparison control group of families receiving the Traditional Response, indicating potential for long-term cost savings.

To learn more: jfs.ohio.gov/ocf/DifferentialResponse.stm

SELECTED RESOURCES

Name	Description
Child Welfare Information Gateway, *Differential Response to Reports of Child Abuse and Neglect* [5]	This issue brief provides a comprehensive overview of differential response, including implementation considerations, evaluation findings, and lessons learned.
Kempe Center, *Differential Response, One Size Does Not Fit All* [6]	The Kempe Center's *DR Initiative* provides a number of resources related to DR, including a link to the Casey Family Program's *DR Toolkit*, as well as a number of state, national, and international evaluations of DR programs.
Quality Improvement Center on Differential Response [7]	*The Quality Improvement Center (QIC) – Differential Response* website includes evaluations from the three QIC-DR sites (Colorado, Illinois,[7] and Ohio), as well as the QIC-DR cross-site evaluation.

ENDNOTES

1 Quality Improvement Center on Differential Response in Child Protective Services. (2011). *Differential response in child protective services: A literature review, version 2*. Washington DC: Children's Bureau, US Department of Health and Human Services. Retrieved from http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/DR/qicdr/General%20Resources/QIC-DR_Lit_Review%20version%20%202.pdf

2 Ibid.

3 Loman, L. A., & Siegel, G. L. (2015). Effects of approach and services under differential response on long term child safety and welfare. *Child Abuse & Neglect*, 39, 86–97.

4 States included: Kentucky, Minnesota, Missouri, North Carolina, Oklahoma and Tennessee.

5 https://www.childwelfare.gov/pubPDFs/differential_response.pdf

6 http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/DR/Pages/DiffResp.aspx

7 http://www.ucdenver.edu/academics/colleges/medicalschool/departments/pediatrics/subs/can/QIC-DR/Pages/QIC-DR.aspx

DOMESTIC VIOLENCE AND CHILD WELFARE INVOLVEMENT

DOMESTIC VIOLENCE AND CHILD WELFARE INVOLVEMENT

WHY IT MATTERS

Domestic violence, also known as Intimate Partner Abuse (IPV), or Relationship Abuse among teens, is a pattern of behaviors used by one partner to maintain power and control over another partner in an intimate relationship. Domestic violence includes behaviors that physically harm, arouse fear, prevent a partner from doing what they wish, or force them to behave in ways they do not want. It includes the use of physical and sexual violence, threats and intimidation, emotional abuse and economic deprivation.[1] Many of these different forms of domestic violence/abuse can be occurring at any one time within the same intimate relationship. According to the *National Coalition Against Domestic Violence* (NCADV) organization, one fourth of all women and one out of ten men will experience IPV at some point in their life time. An average of 20 people are physically abused by intimate partners every minute – equating to more than 10 million victims of abuse annually.[2] Estimates of the number of children who have been exposed to domestic violence each year vary, with research suggesting that nearly 30 million children in the United States will be exposed to some type of family violence before the age of 17.[3] Furthermore, researchers estimate 30–60 percent of families with child welfare involvement also experience IPV.[4]

Researchers estimate 30–60 percent of families with child welfare involvement also experience Intimate Partner Abuse (IPV).

Exposure to both domestic violence and child maltreatment can have immediate and, often, long-term impacts on children and youth. Children who have been exposed to domestic violence are more likely than their peers to experience a wide range of difficulties, and the potential effects vary by age and developmental stage. They are more likely than other children to exhibit signs of depression and anxiety; higher levels of anger and/or

disobedience; fear and withdrawal; poor peer, sibling, and social relationships; and low self-esteem.[5] They are also more likely than their peers to experience difficulties in school with concentration and task completion; score lower on assessments of verbal, motor, and cognitive skills; lack conflict resolution skills; and possess limited problems solving skills and exhibit pro-violence attitudes.[6] Exposure to violence is an adverse childhood experience (ACE) that is associated with long term, poor adult outcomes if left untreated. It's important for domestic violence, child welfare, and other child-serving professionals such as CASA volunteers and staff to understand the impact of trauma on child development and how to minimize its effects without causing additional trauma.[7]

Historically, even though adult and child victims were found in the same families, child welfare and domestic violence programs responded to victims separately. In the past, it wasn't unusual for children to be removed from their homes due to alleged safety concerns and the victim of domestic violence (often a parent and usually, but not always, the mother) charged with "failure to protect." In a ground-breaking case, Nicholson vs. Williams[8], on Oct. 26, 2004, the New York Court of Appeals unanimously held that a mother's inability to protect a child from witnessing abuse does not constitute neglect, and therefore cannot be the sole basis for removal. The Court also held that any decision to remove a child must be weighed against the psychological harm to the child that could be created by the removal itself, and that only in the rarest of instances should this decision be made without judicial approval. As we now recognize, removing children from their homes and placing them in out-of-home care often creates additional trauma. In recent years, enhanced collaboration among child and family-serving organizations and domestic violence programs has led to more comprehensive services to better meet the needs of both children and adults affected by domestic violence. Addressing these issues from a trauma informed perspective is critical.[9]

When child welfare professionals and advocates engage youth in trauma informed practices, youth learn that healthy relationships are nonviolent relationships, develop resilience, and are better positioned to understand the difference between healthy and unhealthy relationships.

Unfortunately, children and teens who have been exposed to IPV may later repeat the abuse they see, thinking that it is a normal part of being in a relationship. This raises concerns for teens and young adults entering into their first romantic relationships. It's important for child welfare professionals and advocates to ensure that teens and young adults understand that healthy relationships are nonviolent relationships. By engaging youth in trauma informed practices and helping them develop resilience, they will be better positioned to understand the difference between healthy and unhealthy relationships.

ADVOCATES IN ACTION

Multiple forms of violence can take place under one roof, in the same community or neighborhood, at the same time, and at different stages of life. Understanding the overlapping causes of violence and the factors that can protect people and communities can help us better prevent violence in all its forms.

— Centers for Disease Control and Prevention[10]

ACTIONS

These recommendations were provided by Kerry Moles, Executive Director, Court Appointed Special Advocates of New York City (CASA-NYC). Ms. Moles has more than 25 years' experience working in the domestic violence and child welfare, including as the founding Director of the Family Wellness Program at the Children's Aid Society in New York. She is the author of *The Teen Relationship Workbook* (2001), *The Relationship Workbook* (2003) and *Strategies for Anger Management* (2003).

Learn the warning signs of domestic violence so you'll be more likely to identify it when it's an issue in a family you're working with. Common warning signs include extreme jealousy, one partner controlling what the other does or who they see, sabotaging relationships with friends or family, one partner who "speaks for" the other.

Learn about your state's mandated reporting requirements around domestic violence. Be aware that when a child is in a home where there's domestic violence, it sometimes, but not always, constitutes child maltreatment. If you do report, be clear that the adult who is committing abusive behavior is the one harming the child – not the parent who is being abused. Also know that bringing domestic violence to the attention of child welfare officials or law enforcement can have unintended consequences of triggering increased danger for the survivor and children, so safety planning with the abused parent before making the report is critical.

Avoid victim-blaming statements like "why don't you just leave" or "did you do something to provoke this?" Remember that the person behaving abusively is always 100% responsible for their actions.

Be prepared to help the survivor and children safety plan. This might include helping them find a safe place to stay for the night, helping them figure out the best way to stay safe in case of abuse while remaining in the relationship, or making a long-term plan for safety. Do not assume leaving the relationship is the safest

strategy – leaving an abusive relationship often results in increased danger. For more information on safety planning, see: http://www.ncdsv.org/GHLA-NRCDV-FVW_Advocacy-Beyond-Leaving_2009.pdf[11]

Know the important numbers and links. The number for the National DV Hotline is 1-800-799-7233, and you can find your state domestic violence coalition here: https://ncadv.org/state-coalitions.[12] Even better, know the number for your local DV organization. Offer the number to anyone who might be experiencing abuse, but also don't be afraid to call it yourself to get resources and expert advice on how to help a victim.

Be mindful of gender roles. Advocates understand that domestic violence is traditionally rooted in patriarchy and is most commonly perpetrated by males against female partners, abuse happens at similar rates in LGBTQ relationships, and men can be abused by women. Relationships often initially appear to be "mutually abusive," until a careful primary aggressor assessment can be completed by a person with expertise in domestic violence. **Remember that the parent who is abusive is still often an important part of a child's life.** Children should be given the message that it's OK to love your parent even if they hurt you or someone you love.

Get advice from your local DV provider. Abusive partner intervention is still in its infancy, so it may be hard to find an appropriate program for a parent who's abusive in your area. Know that anger management and mental health treatment in themselves are usually not sufficient treatment, and couples counseling and family counseling are not considered appropriate in cases of domestic violence – and can sometimes increase risk.

BRIGHT SPOT

FUTURES WITHOUT VIOLENCE

Futures without Violence has created several programs to involve men in preventing violence against women, including *Coaching Boys into Men* and the *Founding Fathers Campaign*. In 2010, they were chosen to be the lead technical assistance provider for the *Engaging Men Program*, a federal program. They partner with the *Office on Violence Against Women*, *Men Stopping Violence*, *A CALL TO MEN*, and the *Texas Association Against Sexual Assault* to support 23 projects across the country that create public education campaigns and community organizing to encourage men and boys to work as allies with women and girls to prevent sexual assault, domestic violence, dating violence, and stalking.

To learn more:
https://www.futureswithoutviolence.org/engaging-men-prevent-violence/

SELECTED RESOURCES

Name	Description
Center for Disease Control, *Training Professionals in the Primary Prevention of Sexual and Intimate Partner Violence: Planning Guide*[13]	This *Planning Guide* provides concepts and strategies for developing, implementing and evaluating IPV prevention training efforts. It allows the user to quickly assess what is needed to tailor individual trainings to different groups of professionals. It provides definitions of sexual violence and intimate partner violence and includes fictional case studies as well as real life examples to illustration theory into practice. The guide also includes: • *Tip sheets:* Ideas and additional information to expand user knowledge. • *Worksheets:* Blank worksheets to help build the details of plans. Filled-in samples of some worksheets using the case studies to illustrate the work. • *Checklists:* A few simple checklists to help users stay on top of recommended tasks. • *Resources:* Where to find additional, useful resources to learn more about topic.
Children's Bureau National Resource Center for Child Protective Services, *Safety Organized, Trauma-Informed, Solution-Focused Approaches to Domestic Violence in Child Protection* Slide Presentations[14]	The Children's Bureau National Resource Center for Child Protective Services sponsored a webinar series focused on domestic violence and child protection. Many of these resources are available on the linked site.
National Center on Domestic and Sexual Violence, Advocacy Beyond Leaving, by Jill Davies[15]	In an easy to read question and answer format, this guide offers practical suggestions to assist advocates working day to day with victims. Using the familiar and concrete framework of woman-defined advocacy, the guide explains advocates' important role in safety planning when victims are in contact with current or former partners.

Name	Description
National Center on Domestic Violence, Trauma and Mental Health[16]	The National Center on Domestic Violence, Trauma & Mental Health provides training, support, and consultation to advocates, mental health and substance abuse providers, legal professionals, and policymakers as they work to improve agency and systems-level responses to survivors and their children. Their work is survivor defined and rooted in principles of social justice.
Resource Center on Domestic Violence: Child Protection and Custody, *Greenbook Initiative*[17]	The *Greenbook* helps child welfare workers, domestic violence advocates and family court judges in communities across the country change their approach to family violence to better help battered women and their children achieve safety. The *Greenbook* has spawned activities in states and localities across the country.

ENDNOTES

1 See http://www.thehotline.org/is-this-abuse/abuse-defined/

2 Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J. & Stevens, M. (2011). *The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report*. Retrieved from http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf

3 Ibid.

4 Ibid.

5 National Child Traumatic Stress Network, n.d.

6 Ibid.

7 See Issue Briefs on "Trauma Informed Practice," "Early Development and Trauma Impacts," and "Promoting Youth Resiliency."

8 For more information, see https://www.nyclu.org/en/cases/nicholson-v-williams-defending-parental-rights-mothers-who-are-domestic-violence-victims

9 See Issue Brief, "Trauma Informed Practice"

10 https://www.cdc.gov/violenceprevention/fundedprograms/teendating.html

11 http://www.ncdsv.org/GHLA-NRCDV-FVW_Advocacy-Beyond-Leaving_2009.pdf

12 https://ncadv.org/state-coalitions

13 https://stacks.cdc.gov/view/cdc/5760

14 https://www.slideserve.com/search/presentations/domestic-violence-and-child-protection

15 http://www.ncdsv.org/GHLA-NRCDV-FVW_Advocacy-Beyond-Leaving_2009.pdf

16 http://www.nationalcenterdvtraumamh.org/

17 https://www.rcdvcpc.org/the-greenbook-initiative.html

FAMILY PRESERVATION SERVICES: PRIMARY AND SECONDARY PREVENTION

FAMILY PRESERVATION SERVICES: PRIMARY AND SECONDARY PREVENTION

WHY IT MATTERS

Being removed from your family and placed in foster care is a traumatizing experience which can result in lifelong negative impacts. Even before a case begins, prevention programs can be effective in reducing the need for further system involvement. Effective prevention of child abuse and neglect requires both primary and secondary prevention approaches. Primary prevention programs, often called "universal" prevention programs are directed at the general population with the goal of preventing child abuse and neglect from occurring in the first place. Some examples of evidence-informed primary prevention approaches include: Nurse-Parent Partnership programs, Parent-Child Assistance Program and Safe Environment for Every Kid.[1] Secondary prevention includes programs focused on individuals or families who are at high risk for maltreating their children and may include parent education and training, respite care and home visiting programs.[2] Many of these can are considered early intervention programs.[3]

Primary prevention programs are directed at the general population with the goal of preventing child abuse and neglect. Secondary prevention programs focus on individuals or families who are at high risk for maltreating their children.

For families struggling with mental or behavioral health issues, putting their children at risk for abuse or neglect, intensive family preservation services (IFPS) can prevent the unnecessary separation of families. IFPS are family-focused, community-based crisis intervention services designed to maintain children safely in their homes. IFPS are characterized by small caseloads for workers, short duration of services, 24-hour availability of staff, and the provision

of services primarily in the family's home or in another environment familiar to the family. They are often offered to families as an alternative to their children's out-of-home placement.[4]

Behavioral management programs can also be an instrumental part of both prevention and permanency interventions. On the front end, they can prevent the need for a youth to be placed in out of home care due to his or her behaviors. On the back end, they can be used to help stabilize child and youth behaviors, leading to improved permanency outcomes. Two such programs that are well-supported by research evidence include Multidimensional Family Therapy and Multisystemic Therapy.

Some programs used as in-home supports to families looking to prevent removal to foster care, can also help support and stabilize foster placements, or address reunification. Other programs, such as *HOMEBUILDERS®* can be used to address adoption disruption and support the post-permanency needs of children in foster care.

ADVOCATES IN ACTION

Universal prevention programs are directed at the general population, with the goal of preventing child abuse and neglect from occurring in the first place.

ACTIONS

- **Educate yourself on benefits of the different types of primary and secondary programs** that can help prevent foster care placement and/or re-entries and dissolution.
- **Learn about programs in your community that are available to help families stay intact.** Create a resource list that can be shared with others. Visit these programs to learn about what they do and who they serve. Building a relationship with coordinators and directors can help expedite future services. Ask your program to invite staff from these programs to trainings or seminars.
- **Determine whether participation in an intensive family preservation program** would benefit families who are struggling with their child's behavioral and/or mental health challenges.
- **Advocate for these programs for families and children who would benefit** and if they aren't available in your community, utilize elements of the programs that can help families.

BRIGHT SPOT

KEEPING FAMILIES TOGETHER, CORPORATION FOR SUPPORTIVE HOUSING NEW YORK CITY

Keeping Families Together is an innovative program bringing together housing providers and child welfare agencies to strengthen society's most vulnerable families and protect children. CSH's *Keeping Families Together* initiative uses supportive housing to offer stability to families with children who are in danger. By providing essential supports (housing plus services) to vulnerable families, this program shows real promise in reducing public costs and reuniting children with their families in a safe, stable environment.

Outcomes from *Keeping Families Together Study* (2010) include:

- 91% housing retention rates
- 20% increase in school attendance
- 61% reduction in open CPS cases

To learn more:
http://www.csh.org/KeepingFamiliesTogether

SELECTED RESOURCES

PRIMARY PREVENTION PROGRAMS

Name	Description
Nurse-Family Partnership[5]	This program provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday.
Parent-Child Assistance Program[6]	The goals of this program are: To assist mothers in obtaining alcohol and drug treatment and staying in recovery; link mothers and their families to community resources that will help them build and maintain healthy and independent family lives; and, help mothers prevent the births of future alcohol- and drug-affected children.
Safe Environment for Every Kid (SEEK)[7]	*SEEK* utilizes pediatric primary care as an opportunity to help prevent child maltreatment in families who may have risk factors for child maltreatment. Most children receive this care and there are frequent visits in the first five years. Also, the generally good relationship between health professionals and parents offers an opportunity to identify and help address prevalent psychosocial problems.
Triple P – Positive Parenting Program[8]	As a prevention program, *System Triple P* helps parents learn strategies that promote social competence and self-regulation in children. Parents become better equipped to handle the stress of everyday child rearing and children become better able to respond positively to their individual developmental challenges.

SECONDARY PREVENTION PROGRAMS

Name	Description
Family Connections[9]	*Family Connections* is a multifaceted, community-based service program that works with families in their homes and in the context of their neighborhoods to help them meet the basic needs of their children and prevent child maltreatment. Individualized family intervention is geared to increase protective factors, decrease risk factors, and target child safety, well-being, and permanency outcomes.
Functional Family Therapy (FFT)[10]	This is a family intervention program for youth struggling with serious behavioral challenges. FFT has been applied to a wide range of problem youth and their families in various multi-ethnic, multicultural contexts. Target populations range from at-risk pre-adolescents to youth with very serious problems such as conduct disorder, violent acting-out, and substance abuse.
The Incredible Years (IY)[11]	*The Incredible Years* is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers, and children. This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children.
Parent-Child Interaction Therapy (PCIT)[12]	PCIT is a dyadic behavioral intervention for children (ages 2-7 years) and their parents or caregivers that focuses on decreasing externalizing child behavior problems (e.g., defiance, aggression), increasing child social skills and cooperation, and improving the parent-child attachment relationship.
SafeCare®[13]	*SafeCare*® is an in-home parent training program that targets risk factors for child neglect and physical abuse in which parents are taught skills in three module areas: (1) how to interact in a positive manner with their children, to plan activities, and respond appropriately to challenging child behaviors, (2) to recognize hazards in the home in order to improve the home environment, and (3) to recognize and respond to symptoms of illness and injury, in addition to keeping good health records.

INTENSIVE FAMILY PRESERVATION PROGRAMS

Name	Description
Institute for Family Development, HOMEBUILDERS®[14]	This program provides intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement in state-funded care. It is the oldest and best-documented Intensive Family Preservation Services (IFPS) program in the United States. Their goal is to prevent the unnecessary out-of-home placement of children through intensive, on-site intervention, and to teach families new problem-solving skills to prevent future crises.
Multi-Dimensional Family Therapy[15]	MDFT is a family-based treatment system for adolescent substance use, delinquency, and related behavioral and emotional problems. Therapists work simultaneously in four interdependent domains: the adolescent, parent, family, and community.
Multi-systemic Therapy[16]	Multisystemic Therapy (MST) is an intensive family and community-based treatment for serious juvenile offenders with possible substance abuse issues and their families. The primary goals are to decrease youth criminal behavior and out-of-home placements.
National Family Preservation Network, 2011 IFPS Nationwide Survey[17]	The *2011 IFPS Survey Report* includes findings from exemplary programs nationwide, as well as a directory of resources training and technical assistance.
Sobriety Treatment and Recovery Teams (START)[18]	*START* is an intensive child welfare program for families with co-occurring substance use and child maltreatment delivered in an integrated manner with local addiction treatment services. *START* pairs child protective services (CPS) workers trained in family engagement with family mentors (peer support employees in long-term recovery) using a system-of-care and team decision-making approach with families, treatment providers, and the courts.

ENDNOTES

1 Descriptions of these programs are found in "Selected Resources"

2 See Issue Brief on "Home Visiting Programs"

3 See Issue Brief on "Early Intervention Programs."

4 See https://www.childwelfare.gov/topics/supporting/preservation/intensivie/

5 http://www.cebc4cw.org/program/nurse-family-partnership/detailed

6 http://www.cebc4cw.org/program/parent-child-assistance-program/

7 http://www.cebc4cw.org/program/the-safe-environment-for-every-kid-seek-model/detailed

8 http://www.cebc4cw.org/program/triple-p-positive-parenting-program-system/detailed

9 http://www.cebc4cw.org/program/family-connections/

10 http://www.cebc4cw.org/program/functional-family-therapy/

11 http://www.cebc4cw.org/program/the-incredible-years/detailed

12 http://www.cebc4cw.org/program/parent-child-interaction-therapy/detailed

13 http://www.cebc4cw.org/program/safecare/detailed

14 http://www.institutefamily.org/programs_IFPS.asp

15 http://www.cebc4cw.org/program/multidimensional-family-therapy/

16 http://www.cebc4cw.org/program/multisystemic-therapy/

17 http://www.nfpn.org/Portals/0/Documents/ifps_survey_report.pdf

18 http://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/detailed

HOME VISITING PROGRAMS: SUPPORTING PARENTS OF YOUNG CHILDREN

HOME VISITING PROGRAMS: SUPPORTING PARENTS OF YOUNG CHILDREN

WHY IT MATTERS

Children who die from abuse or neglect are very young: approximately 50% are less than one year old and 75% are under the age of three. An estimated four to eight children die every day from abuse or neglect.[1] While the stories behind each of these tragedies are complex, identifiable risk factors predictably impact a vulnerable family's trajectory. Risk factors include parental incapacity (due to substance abuse, domestic violence or low educational attainment), lack of parental knowledge of infant and child development and the impact of extreme poverty.

Generally used for parents with infants and newborns, evidence-based home visiting programs have been shown to improve child and family outcomes in child welfare settings and reduce and prevent future child maltreatment. Home visiting programs can contribute significantly to effective and safe reduction of the use of out-of-home placement. They also help parents access the services they need, such as parenting skills and child development education, supporting them to raise their children competently in nurturing, caring and supportive environments.[2]

Home visiting programs can contribute significantly to effective and safe reduction of the use of out-of-home placement.

Components common to many home visiting programs include[3]:

- Assistance with referrals to address postpartum depression,
- Navigation of community resources,
- Teaching parenting skills and modeling effective parenting techniques,
- Screening children for developmental delays, and
- Facilitating early diagnosis and appropriate interventions.

Evidence-based home visiting programs have demonstrated improved outcomes for children and families in a number of areas, including infant and child health and development, reductions in child maltreatment, family economic self-sufficiency and positive parenting practices. They also have the potential to realize cost savings due to improved parenting capacity and reduced involvement with child protective services (CPS).[4]

ADVOCATES IN ACTION

When mothers and fathers of infants and babies are provided with the supports they need in their homes with competent and encouraging teachers and role models, the impact on the entire family is profound. Investing in home visiting models is without a doubt one of the most cost-effective ways of preventing abuse and neglect and helping families stay together.

ACTIONS

- **Learn about home visiting programs** that may be available in your community. Find out how they can be accessed and utilized for families you work with.

- **Encourage the use of these programs** for parents who are at risk for maltreatment, especially if they have already had children removed from their care. Explain to them the benefits of these programs in helping them be stronger parents.

- **Advocate for funding and development** of home visiting programs in your community if there isn't anything currently available. Reach out to other communities in your state who use these programs to learn how to get a program started. Identify other nonprofit programs in your community who might also be interested in getting such a program started.

- **Partner with others** who are committed to bringing these evidenced-based programs to your community. Public health professionals, nurses, physicians, domestic violence counselors, case workers and other advocates are good partners to start with.

BRIGHT SPOT

NURSE-FAMILY PARTNERSHIP PROGRAMS
MULTIPLE SITES, UNITED STATES

Probably one of the most well-known, evidenced-based home visiting programs is the *Nurse-Family Partnership* (NFP) program. These programs are located around the country and have served over 250,000 mothers. The program provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday. The primary goals of NFP are: 1) Improve pregnancy outcomes by promoting health-related behaviors; 2) improve child health, development and safety by promoting competent care-giving; and, 3) enhance parent life-course development by promoting pregnancy planning, educational achievement, and employment. The program also has two secondary goals: 1) Enhance families' material support by providing links with needed health and social services and 2) promote supportive relationships among family and friends.

NFP has been the subject of three random home visiting control trials in Elmira, New York, Memphis, Tennessee and Denver, Colorado. These trials are documented in more than 20 peer-reviewed journal articles, reporting the following results:

- A reduction in measures of child abuse and neglect (including injuries and accidents) by 20–50%,
- A reduction in mothers' subsequent births during their late teens and early twenties by 10–20%,
- Improvements in cognitive and/or academic outcomes for children born to mothers with low psychological resources (i.e., intelligence, mental health, self-confidence).

To learn more:
https://www.nursefamilypartnership.org/first-time-moms/?gclid=EAIaIQobChMInpecnJTC2gIVCNlkCh3NTQ70EAAYASAAEgJN-vD_BwE

SELECTED RESOURCES

Below are several evidence-based home visiting programs[5] with hyperlinks to access their websites and descriptions of their outcomes.

Name	Description
Child FIRST	Data (collected from August 2010 through December 2016) has demonstrated: decrease in child behavioral problems, improvement in child social skills, improvement in child language development, strengthening of the caregiver-child relationship, a decrease in maternal /caregiver depression; and, decrease in parent stress.
Durham Connects/ Family Connects	Research published in 2014 found that family connections to community resources and positive parenting practices increased among *Durham Connects* families, emergency department visits by new families reduced by 59%; and, for every $1 spent on *Durham Connects*, $3.02 is saved due to reduced visits to the emergency department.
Early Intervention Program for Adolescent Mothers (EIP)	Focused on adolescent mothers, early program outcomes indicate reduced premature birth rates for both groups compared with national data on adolescent mothers, and fewer days of infant hospitalization during the first six weeks postpartum for the EIP participants.
Family Spirit Home Visiting Program	*Family Spirit* is designed for pregnant women and families with children younger than age three in Native American communities. Impacts noted to participants are mothers' parenting, coping and problem-solving skills and better maternal health.

Name	Description
Healthy Access Nurturing Development Services (HANDS)	Positive outcomes in the following areas have been noted: improved pregnancy outcomes, including fewer premature births, fewer low birth weight and very low birth weight babies, and fewer babies born with birth defects; reduction in child maltreatment; reduction in infant mortality; improved child and family functioning; reduction in repeated use of emergency rooms; reduction in risks; achieving developmental milestones; increases in maternal education and employment; and improved home safety.
Healthy Families America (HFA)	*Healthy Families America* nurtures child development, including long-term improvements in children's school performance, and prevents adverse childhood experiences (ACEs) such as child abuse and neglect. These outcomes have been shown in rigorous studies in multiple states.
Parents as Teachers (PAT)	Evaluation results show: • Children's developmental delays and health problems are detected early • Children enter kindergarten ready to learn and the achievement gap is narrowed • Children achieve school success into the elementary grades • Parents improve their parenting knowledge and skills • Parents are more involved in their children's schooling • Families are more likely to promote children's language and literacy

ENDNOTES

1 Commission to Eliminate Child Abuse and Neglect. (2016). *Within our reach: A national strategy to eliminate child abuse and neglect fatalities*. Washington, DC: Government Printing Office.

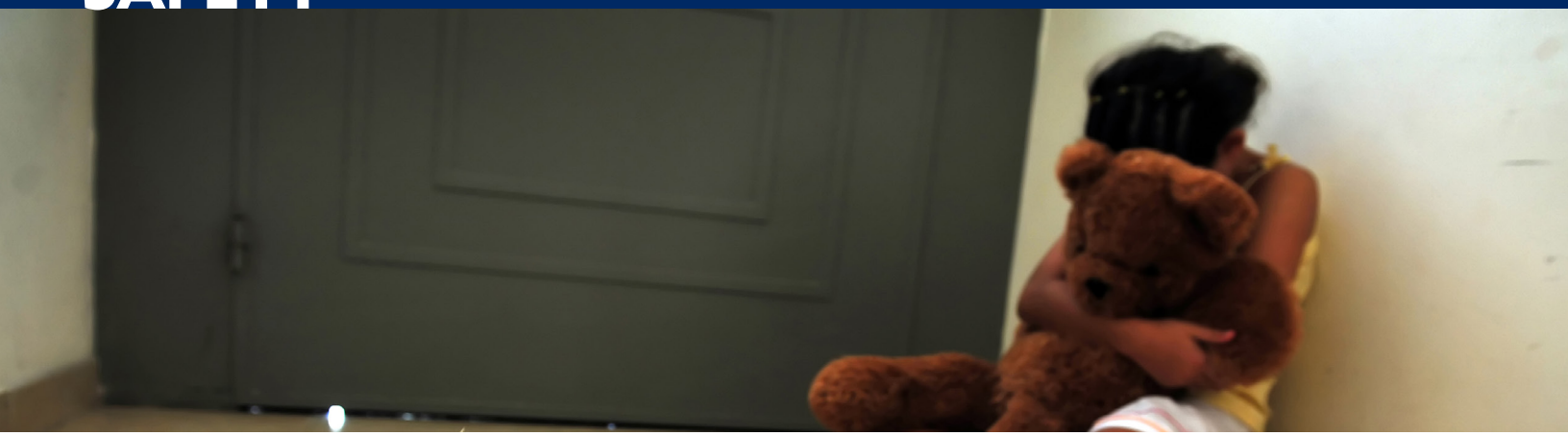
2 Ibid

3 Wasik, B. (2016). *Home visiting: Historical summary.* Chapel Hill, NC: Frank Porter Graham Child Development Institute. Retrieved on August 6, 2016 from http://homevisiting.org/history

4 Dodge, K.A., et al. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting. *American Journal of Public Health*. 104 (S1) S136-S143. Retrieved on October 28, 2016 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4011097/pdf/AJPH.2013.301361.pdf

5 Lee, H., et al. (2016). *An early look at families and local programs in the mother and infant home visiting program evaluation - Strong start: Third annual report*. Washington, DC: Administration for Children and Families, U.S. Department of Health and Human Services. Retrieved on September 6, 2016 from http://www.mdrc.org/sites/default/files/An_Early_Look_at_Families_and_Local_Programs_MIHOPE_FR.pdf

PREVENTING THE INTERGENERATIONAL TRANSMISSION OF CHILD NEGLECT



PREVENTING THE INTERGENERATIONAL TRANSMISSION OF CHILD NEGLECT

WHY IT MATTERS

Child and adult well-being are central to living a productive, satisfying and healthy life. However, each year over 20,000 youth age out of the child welfare system without reaching a permanent placement in a family and too often have significant challenges:[1]

- More than one in five will become homeless after age 18
- Only 58% will graduate high school by age 19
- 71% of young women are pregnant by 21, facing higher rates of unemployment, criminal conviction, public assistance, and involvement in the child welfare system
- At the age of 24, only half are employed
- Fewer than 3% will earn a college degree by age 25
- One in four will be involved in the justice system within two years of leaving foster care

There are protective factors that can prevent or decrease many [negative] outcomes: Educational achievement, "living wage" employment, avoiding early and unintended pregnancy, access to parental supports and effective mental health services.

There are protective factors that can prevent many of these outcomes from happening or happening to a lesser degree. They fall into broad categories: Educational achievement, "living wage" employment, avoiding too early and unintended pregnancy, access to parental supports and access to effective mental health services.

EDUCATION AND EMPLOYMENT[2]

Researchers have found that youth in foster care graduate at relatively low rates and are less likely to complete high school than their non-foster care peers

including peers who are homeless. This is troubling considering that high school graduates earn an average of $8,500 more per year than their peers who do not complete high school.

Overcoming these barriers to high school completion is important because increasing postsecondary educational attainment among youth in foster care would increase their average work-life earnings. With a four-year degree, youth in foster care could expect to earn approximately $481,000 more, on average, over the course of their work-life than if they had only a high school diploma. Even if they did not graduate with a degree, completing any college would increase their work-life earnings, on average, by $129,000.

Parents who are self-reliant and employed are less likely to abuse and neglect their children.[3] A disproportionate number of older youth and alumni are already or will soon become parents[4] and this population of parents experience unemployment and poverty at much higher rates than their peers.[5] Developing parents' income earning potential is a good investment in reducing the number of young children entering the foster care system and breaking the generational cycle. Having a quality and sufficient educational experience is what is required to insure employment that pays enough money. The data is clear, the best means for "breaking the cycle" of poverty and generational trauma is an education that provides a self-sustaining, living wage and satisfying employment.

AVOIDING TOO EARLY PREGNANCY AND SUPPORTING NEW PARENTS[6]

One study shows the rate of unintended pregnancy by age 21 among young people who are in foster care and or transition from foster care is 71%.[7] Repeat pregnancies are also common with 62% of this population being pregnant more than once within that time frame. For males, the Midwest study reported that 50% had gotten a female pregnant compared with 19 percent of their non-foster peers. Having an unplanned pregnancy impacts graduation rates with one study noting that pregnancy and parenting responsibilities has a significant impact on the youths' ability to stay in school and graduate.[8]

Unfortunately, female heads of households are the most impoverished group in the United States. Twenty-eight percent of families with a female household live in poverty (as opposed to 10.4% of families overall).[9] The impact of poverty on brain development of babies and young children is dramatic. For example, a low socio-economic status (SES) baby's brain growth is 8–10% less than those babies living in mid- to high-SES environments.[10] Young children with disabilities are more likely to be abused and neglected by their birth parents. Waiting to parent children until after a young person is settled and has the financial and social-emotional supports in place, can go a long way in preventing intergenerational child welfare involvement. However, in the event that the young person is parenting, encourage the avoidance of a second pregnancy right away and help locate supports for both their needs and their baby's.

EFFECTIVE MENTAL HEALTH SERVICES

Access to comprehensive, effective mental health services and supports for both parents/caregivers and children can play a significant role in safely reducing the number of children entering foster care, can shorten the duration of placement in foster care and can contribute to stable exits to permanence for children served by the foster care system. A study by the National Research Council and the Institute of Medicine on the costs of improving child and adolescent mental

health estimates that the US spends $247 billion annually on services and supports.[11] Enhancing mental health promotion for young people could prevent intergenerational involvement with child welfare.

Research suggests that between 50 and 80 percent of children in foster care suffer from moderate to severe mental health problems.[12] The high correlation between children entering care and parental substance use and/or domestic violence both are factors related to the mental health of both the parents and the children. About 18% of children are placed in foster care because of emotional or behavioral problems that their parents are unable to cope with, with up to 50% of adolescents placed because of these factors.[13] A significant predictor of decisions to terminate the rights of parents is their mental health.[14] Yet adults with severe mental health issues can be effective parents with proper medication and treatment.

ADVOCATES IN ACTION

Child welfare involved parents often have childhood histories of physical abuse or multiple maltreatment.[15]

ACTIONS

EDUCATION AND EMPLOYMENT

- **Encourage children and youth** in foster care to complete their high school education and prepare for post-secondary education opportunities.

- **Ensure school stability and provide educational supports**. Children and youth in foster care do better educationally with greater chances for high school completion, when they have school stability, when they have a dedicated adult who provides supports and resources for them throughout their educational career and when they have academic supports.

- **Help youth learn about post-secondary opportunities and available supports.** Opportunities include visiting college campuses, participating in programs like *Outward Bound* or *Gear-Up*, hearing from foster youth who have successfully participated in post-secondary education and adults in their lives who help guide them in making the best decision about what path to pursue in their futures are motivating for youth. Some research shows that staying in foster care until age 21 leads to greater likelihood of attending and completing a post-secondary education.[16]

- **Identify supports with the youth that they will need to be successful** in their postsecondary education. Youth are more likely to be successful in post-secondary education programs when they have financial supports for their basic needs including housing, child care, transportation, mentors to guide them and access to tutoring and other academic supports.

- **Encourage access to employment opportunities** through volunteering, internships, entrepreneurships, summer employment and part-time regular employment during high school.

AVOID TOO EARLY PREGNANCY AND SUPPORT YOUNG PARENTS

- **Ensure youth have regular access to health care which includes information on reproductive health.** Don't forget the males!

- **Encourage new parents to participate in preventative programs** that strengthen their relationships with their children. They should also be encouraged to participate in programs that support their continuing education and/or employment opportunities.

- **Identify safety net supports for new parents.** Staying in school and staying employed means providing the youth/parent with the necessary material needs to do so including regular health care for mom and baby, child care, safe housing, financial assistance and other services.

- **Identify two generation programs that new parents and their babies can participate in together.** Parents should participate in programs that support the developmental needs of babies and children and that provide greater attention to strengthening the capabilities of their caregivers (e.g., two-generation programs).[17] These programs maintain a child focused with parent elements and a parent focused with child elements approach.

- **Remember new fathers.** For males that are parenting, they should receive sufficient education about their important role in the baby's life and like the mothers, be encouraged to continue their education and participate in programs or classes that help them become stronger, more involved fathers.

MENTAL HEALTH SUPPORTS

- **Ensure access to ongoing, comprehensive treatment** that addresses exposure to traumas, abuse and neglect. Having access to treatment will allow youth to do better in school and in their relationships with others.

- **Provide developmentally appropriate services** for both parents from foster care and their young children.

- **Persistently encourage young parents experiencing depression and/or substance abuse** to get engaged in support programs that will help with their recovery and support their parenting responsibilities. Be a mentor and champion in their road to sobriety.

BRIGHT SPOT

ADVERSE CHILDHOOD EVENTS, STATEWIDE TRAINING
WYOMING CASA

Understanding the impacts of adverse childhood events (ACEs) is a key component to helping prevent intergenerational child welfare involvement. In September 2017, twenty-five professionals across the state of Wyoming representing multiple disciplines were invited to attend a "train the trainers" conducted by one of the founders of the ACE scale, Dr. Robert Anda. This event was funded by the *Wyoming Children's Trust Fund* and the Attorney General's office of Wyoming. One of the invited participants was Jennifer Childs, Executive Director, *Wyoming CASA Network*. The focus of the training, in addition to learning about ACEs, was on how the community can work together to promote healing of children and families who have been impacted by trauma. Personnel from schools, mental health, *Department of Family Services*, behavioral health, medical staff, law enforcement and many other agencies came together for the two-day event. Using a community model, participants developed comprehensive plans for taking this information back to their communities and colleagues. A large focus of the training covered how to help children and families build their resilience factors – an important piece to healing for anyone impacted by abuse and neglect.

In May 2018, the *Wyoming CASA Network* held its inaugural conference. The first day of the two-day event, Jennifer Childs and *Wyoming Children's Trust Fund* consultant Jennifer Davis presented on ACEs, brain architecture, and protective factors. The film *Resilience* was screened along with an opportunity for participants to discuss the role of CASA volunteers in supporting and facilitating resilience among the children and families they work with.

For more information, contact training@casaforchildren.org

SELECTED RESOURCES

EDUCATION

Name	Description
Foster Care to Success[18]	Annually, approximately 5,000 turn to *Foster Care to Success* for the support they cannot get from a parent or guardian – like financial backing for college in the form of scholarships and grants, care packages and family-like encouragement, academic and personal mentoring, and help with internships and employment readiness skills
Treehouse for Kids, Graduation Success Model [19]	This model out of Washington State employs long-term Education Specialists and In-School Mentors who provide supports to students in foster care from 8th grade until and beyond their high school graduation. During the 2015-2016 school year, 82% of the Class of 2015 have graduated – on par with the 5-year graduation rate for all Washington students. 82% of 2016 graduates plan to attend college or vocational training and there was dramatic improvements in attendance, behavior, and course performance.
Upward Bound[20]	*Upward Bound* provides fundamental support to participants in their preparation for college entrance. The program provides opportunities for participants to succeed in their precollege performance and ultimately in their higher education pursuits. *Upward Bound* serves: high school students from low-income families; and high school students from families in which neither parent holds a bachelor's degree. The goal of *Upward Bound* is to increase the rate at which participants complete secondary education and enroll in and graduate from institutions of postsecondary education.

PREGNANT AND PARENTING YOUTH AND YOUNG ADULTS

Name	Description
FamilyConnections.org[21]	At *Family Connections*, students and their parent or guardian attend class two or three times a week together in a unique parent participation setting where both the parent and child receive education. Children attend preschool and parents gain training on basic parenting skills.
Keeping Families Together[22]	*Keeping Families Together* is an innovative program bringing together housing providers and child welfare agencies to strengthen society's most vulnerable families and protect our children. CSH's *Keeping Families Together* initiative uses supportive housing to offer stability to families with children who are in danger. By providing essential supports (housing and services) to vulnerable families, this program shows real promise in reducing public costs and reuniting children with their families in a safe, stable environment.
Nurse-Family Partnership Programs[23]	*Nurse-Family Partnership's* maternal health program introduces vulnerable first-time parents to caring maternal and child health nurses. This program allows nurses to deliver the support first-time moms need to have a healthy pregnancy, become knowledgeable and responsible parents, and provide their babies with the best possible start in life. The relationship between mother and nurse provides the foundation for strong families, and lives are forever changed – for the better.

MENTAL AND BEHAVIORAL HEALTH AND RECOVERY

Name	Description
Maternal Opiate Medical Support (M.O.M.S.)[24]	M.O.M.S. was launched in Ohio in 2014 to address the higher number of newborns experiencing neonatal abstinence syndrome (NAS) due to their mothers' opiate use during pregnancy. M.O.M.S. provides a menu of services designed to improve maternal and fetal health outcomes, improve family stability, and reduce costs associated with newborn hospital care.
Sobriety Treatment and Recovery Teams (START)[25]	*START* serves families involved with child welfare in which caregiver substance abuse is a factor in the child abuse and/or neglect and in which at least one child is age five years or younger. Specially trained child protection caseworkers and parent mentors share a caseload of 12 to 15 families to provide intensive intervention based on a holistic assessment, shared decision-making, access to treatment, and supportive services such as flexible funding. Parent mentors are recovering individuals with at least three years sobriety who themselves have been involved in child welfare. Services are based on a holistic assessment and include prompt intervention and access to treatment, shared-decision-making, and flexible funding.

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16 Ibid.

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19 http://www.treehouseforkids.org/our-services/academic-support/

20 https://www2.ed.gov/programs/trioupbound/index.html

21 http://www.familyconnections.org

22 http://www.csh.org/KeepingFamiliesTogether

23 http://www.nursefamilypartnership.org/

24 http://momsohio.org/moms/

25 http://www.cebc4cw.org/program/sobriety-treatment-and-recovery-teams/detailed

Go to Table of Contents

PERMANENCY

PERMANENCY

The goal of foster care is to provide safe, temporary out-of-home placement while working swiftly to achieve permanency through reunification, adoption, and/or guardianship with relatives or others emotionally connected to the child. Unfortunately, too many children linger in foster care and too many never achieve legal permanence instead "aging-out" of foster care.[1]

The goal of foster care is to provide safe, temporary out-of-home placement while working swiftly to achieve permanency.

After declining nearly 20 percent from 2007 to 2012, the number of children living in foster care increased to more than 433,000 in 2016.[2] And while 90% of children living in foster care do leave care to permanency with families, 20,000 youth age out of foster care each year without legal, permanent connections. This is what we know about the current population of children and youth in foster care[3]:

- They are disproportionately African-American. In 22 states the percent of African-American children in foster care is more than two times that of the African-American children in the overall child population.

- They are more likely to be young. Children under age six represent nearly 41 percent of all children in foster care and 44 percent of all children waiting to be adopted. 25 percent of children waiting to be adopted entered foster care before their first birthday.

- They don't always live in the most appropriate family-like settings as required by federal law. Thirteen percent live in congregate care, a significantly lower percentage as compared to the 28 percent it was a decade ago, but still concerning as the outcomes for children living in congregate are often dismal.

- They represent a growing number of children entering foster care. The trend between 1998 and 2012 of diminishing numbers of children in foster care reversed in 2013 and continues to climb each year.

Most children in foster care are reunified with their parent(s) or primary caretaker (51%). A smaller percent (23) are adopted. The mean time spent in care is 19 months. Most children are placed in non-relative foster family homes (52%) even though evidence points to better outcomes for children who live with relatives including more likely to reunify with their parents and more likely to achieve permanency faster. Most parents who adopt children living in foster care are foster parents (52%), a relative (34%), or a non-relative (14%). Ninety-two percent of parents who adopt receive an adoption subsidy.[4]

This section includes issue briefs on programs and practices that impact permanency for children and youth in foster care. With the trending increase in the number of children entering foster care, the time to react urgently to helping children and youth find forever homes is now.

Issue Topics:	Attachment supports for caregivers of young children
	Baby and early childhood courts
	Child trafficking
	Congregate care
	Cultural awareness/bias
	Engaging birth parents
	Family find strategies
	Family treatment courts
	Guardian Assistance Programs (GAP)
	Kinship care supports
	Parent representation programs
	Parental incarceration

list continues on next page

Issue Topics:	Permanency Roundtables: Helping older youth achieve permanency
	Placement stability
	Post reunification supports
	Reducing the use of Another Planned Permanency Living Arragement (APPLA)
	Reunification strategies for substance use families
	Siblings and placement considerations
	Trauma informed practice
	Visitation considerations for young children
	Youth who run away from care

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2 U.S. Department of Health and Human Services, Administration for Children and Families. Administration on Children, Youth and Families, Children's Bureau, The AFCARS Report, FY 2016.

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ATTACHMENT SUPPORTS FOR CAREGIVERS OF YOUNG CHILDREN

ATTACHMENT SUPPORTS FOR CAREGIVERS OF YOUNG CHILDREN

WHY IT MATTERS

A strong, nurturing and consistent relationship with a caregiver(s) is the key to the overall healthy development of children. It isn't the biological connection of the caregiver to the child, but the *quality of the relationship* that is important. Loving and consistent relationships are the scaffold to a positive trajectory of development.

It is the quality of the relationship that is important.

Children whose parents are responsive, nurturing, and predictable in their actions are able to form attachments, develop the capacity for self-regulation, and set the foundation for learning, coping and developing positive relationships. Attachment is the critical building block for how children learn and relate to the world.

To create the many meaningful connections they'll need in their brains during their first few years of life, children must feel safe to explore the world, be able to manage stress, and feel some control over the world around them. Having a secure bond with a caregiver sets the stage for those tasks to be accomplished. At about six months of age, the baby begins to prefer contact and nurturing from the primary caregiver. At one year of age, the child's attachment style starts to emerge as she begins to explore the world. When the attachment process has gone well, the parent or caregiver serves as a secure base for the baby. She ventures away to new experiences and returns periodically to reaffirm the presence of the parent. Scientists refer to this interaction as "serve and return." When the primary caregiver is around and there is a secure attachment to the caregiver, children show a buffered response to stress.[1]

Sadly, children who enter foster care early in life are vulnerable. Faced with tremendous developmental hurdles that, if left unattended, will impact all aspects of their lives. The science of early learning brain research has highlighted factors needed for optimal growth as well as the ability of the brain to change/recover over time.

The good news is that children's brains are malleable. With extra stimulation and interaction, the brain can grow stronger and improve cognitive performance. Studies show that interventions must be early and targeted at the child and the socializing agent – the caregiver(s).

Self-regulation is another vital task of early development that is dependent on having a loving, responsive relationship with a caregiver. When infants have consistent care giving and predictable daily routines, they develop feelings of security which reduce the stress of new situations. As a parent responds to their baby's cry for food, the parent sets the stage for the development of self-regulation. If the response to a baby's cries is consistent, the child's emotional agitation will decrease as regulation of the emotion is learned. If, however, the child cries and only sometimes experiences an appropriate response, the child will continue to cry for longer periods of time. In the latter scenario, there is deregulation on the child's part due to the absence of consistency and responsiveness from the caregiver.

Caregivers caring for young children, whether they are the biological parent, foster parent, or a relative, will benefit from understanding how attachment is critical to a child's healthy development. The best path to resiliency for young children who have been abused or neglected is a strong, loving attachment with a caregiving adult.

TIPS FOR BUILDING A SECURE ATTACHMENT FOR YOUR BABY[18]

Share the joy: Babies are "hard-wired" to experience joy with their caregivers in the early months of life. This mutual joy supports increased brain growth. A baby feels more secure knowing that "Life is good, because my parent enjoys life when s/he is with me."

The power of touch: Babies soak up affection and love through their skin. Gentle touch shares the tenderness that every infant requires. Playful touch encourages joy. Holding your baby not only provides pleasure and reassurance, it is essential in helping to soothe and organize difficult feelings.

Look into my eyes: Newborns do make eye contact and will follow your gaze. At about six weeks, babies regularly focus in on their caregiver's eyes and read what they are "saying." Lots of eye contact will translate into feelings of reassurance and connection for babies.

Follow your child's lead: Caregivers who are sensitive and responsive to their child's needs helps them develop security of attachment. Requests for attention, comfort, holding, exploration, and discovery (with you nearby) will provides an increased sense of security.

Myth buster – Babies can't be spoiled: It isn't possible to spoil a baby in the first 9–10 months of life. Researchers are finding that the most responsive parents actually have children who are less demanding and more self-reliant as they grow older.

Stay with your child during difficult feelings: Young children often have upset feelings (e.g., anger, hurt, sadness, fear) that are difficult to manage on their own. Staying with the baby through intense child feelings will help them learn basic trust: "Someone is here with me when I am in difficulty and pain," and, "I can count on them during times of stress."

Talk out loud about feelings: From the earliest days, talking out loud about feelings will help the child to eventually label feelings and realize that they can be shared. As children get older, they will realize that intense feelings can be named (mad, sad, glad, and afraid) and discussed with another, thus ending a need to act them out.

"Mistakes happen (you only need to be 'good enough'):**"** Perfection is impossible in parenting. Do your best each day and recognize that if there is a secure attachment with the child, they will not suffer because you weren't perfect that day. Tomorrow is another opportunity.

Be bigger, stronger, wiser, and kind: At the heart of secure attachment is a child's recognition that s/he has a parent who can be counted on to lovingly provide tenderness, comfort, firm guidance and protection during the inevitable difficulties of life.

ADVOCATES IN ACTION

The baby's brain is exquisitely dependent on relationships and experiences to thrive.

ACTIONS

When it comes to advocating for children, it is important that decisions are made in the context of the child's developmental stage. For infants, babies and toddlers, their healthy development is contingent on their relationship with their primary caretaker. Having a loving, consistent adult who can provide them a secure base to grow and develop is paramount. Consequently, a good understanding of the development of attachment and critical periods is important.

- **Ask whether in-home supports can be provided to prevent removal in the first place.** Knowing how important the parent-child bond is and that disruption of that bond can derail a child's healthy brain development, inquire as to the possibility of in-home supports to the family versus removal of the child from the home and parent. Of course, the primary factor will be whether it is safe to leave the child at home.

- **Don't move children to different homes, childcare or schools at critical developmental periods.** Knowing for example, that the critical period of a baby's attachment growth is between 6 and 18 months of age, especially if they are attached to their current caregiver, consider carefully any new placements for the baby during this time. If it can't be avoided, put supports in place that will help the baby make the transition with minimal trauma.

- **Make the first placement the only placement.** Because even one disruption of a relationship for a baby can have long-lasting impact, when placing babies in out-of-home care, advocate that the first placement be the only out-of-home placement.

- **Encourage frequent and meaningful visits.**[2] In order for baby to "hold the memory" of their parent, they must see them frequently. Furthermore, visits should be as natural as possible within the context of a caregiving relationship. The parent should be able to care for their baby as they would otherwise, if they were at home with baby – feeding, changing diapers, playing, soothing, and any other routines that baby needs.

- **Ensure that parents, caregivers, child welfare professionals, court personnel and others are educated about the critical developmental periods of attachment.** Unfortunately, many professionals still believe the myth that "babies can't remember, so it's okay if they are removed from their parents or frequently change placements." In fact, we now know through brain science that babies do remember these traumatic experiences and trauma can change the very physiology of their bodies and brains.

- **Regularly provide caregivers and parents with information on how to nurture attachment.** Use the tips listed in the *Tips for Building a Secure Attachment for Your Baby* section above and share the importance of reading with their young children, educate them on the importance of routines, and how to help them self-regulate.

- **Learn if there are Babies Safe Courts or Early Childhood Courts in your community.**[3] These courts take a wrap-around approach to addressing the needs of babies and parents who are child welfare involved. Judges and court personnel understand the developmental complexities of babies and infants when they are removed from their parents and work hard with the team to alleviate the traumas associated with abuse and neglect.

- **Plan concurrently for reunification and permanency.**[4] Unfortunately, young children spend the longest period of time in foster care placement. Given the rapid development that they go through in early childhood, ensuring they have a stable and consistent caregiver and placement means that there should be multiple options for permanency planed for.

- **Encourage parents to participate in evidence-based parent-child interaction-based programs.** Many parents of children in foster care may have not had positive experiences being parented themselves; they may have unaddressed trauma and they may be struggling with mental health or substance use challenges. Participation in a program that teaches and models for them how to interact with their babies can boost their confidence and motivation to care for their babies and reunify.

- **Address parents' issues so their problems do not interfere with caring for their children.** Families facing challenging issues such as depression, poverty and substance abuse require more than parenting education; they may also need specific interventions that address these problems. In order to improve the lives of young children, we must support the complex needs of their caregivers by providing interventions that specifically address parental risk factors.

BRIGHT SPOT

BIRTH TO FIVE ADVOCATES CASA OF SANTA CRUZ COUNTY, CALIFORNIA

Until a couple of years ago, CASA volunteers in Santa Cruz County, California were not assigned to work with infants and toddlers. The program's model at that time required volunteers spend two to four hours a week visiting and interacting with their assigned child in order to develop a trusting relationship with that child. When the organization realized that 25% of children in foster care were aged birth to five, they became curious about the attention the youngest children in dependency were getting, and ultimately created a program to meet the unique needs of this population and provide an opportunity for CASA volunteers ("Advocates") to support them.

To best equip their advocates, an additional 2½ hour in-service training was developed. The training,

offered three or four times a year, includes information about brain development and the impact of trauma, temperament, the importance of attachment and the adult's role in supporting the child's development of self-regulation skills. Advocates learn information about community resources including early intervention assessment and accessing child care. The training also provides advocates with information they can share with caregivers regarding child development and addressing challenging behaviors.

In contrast to the one-on-one visits advocates who work with children three *and older* conduct, advocates working with children *under* three are asked to stay with the caregiver and child together, to provide individualized support to caregivers, and support their bonding and attachment with the baby. The advocate acts as a caring adult, providing developmental insight, parenting support, helps with identification of child needs, and assistance with referral to community resources. For families receiving family reunification services, the advocate talks with all caregivers involved, and may meet with parents in the absence of the child to support reunification.

During visits, advocates observe the child and caregiver in the home and in community settings for the purpose of gathering information and providing this data back to the court, the social work team and other professionals involved. Gathered information includes connection to attachment figures, adaptation, developmental/health growth, mental health and home/community environment. Additionally, all children under six are referred for a neurodevelopmental assessment. A development and behavioral clinic was established where professionals from Stanford University's Lucille Packard Children's Hospital can meet families locally. Advocates help ensure children receive timely services and can advocate for more frequent and longer visits with parents by providing information about the child (and caregiver(s) for those under three) to the ongoing caseworker and the court about the strengths they see. This information provides the caregivers and professionals involved an informed picture of the child's well-being.

GOALS OF *THE BIRTH TO FIVE ADVOCATES PROGRAM*

- Timeline for permanency is age appropriate
- Services for birth to five are effective
- Child's development is on target for age and adjusted age
- Child has connected to at least one primary caregiver
- Build up caregiver capacities – biological parents and resource families

Knowing the importance of addressing the needs of all children, but especially those of young children who are more vulnerable to adverse risk factors, CASA of Santa Cruz County engaged local judges and child welfare partners in developing their *Birth to Five* program to ensure services were added to those currently available and initiated efforts to focus on strengthening and supporting the caregiver-child relationship. Executive Director, Cynthia Druley notes that end-of-case surveys given to parents are positive and many express their appreciation for the one-on-one support the advocate provides.

For more information, contact training@casaforchildren.org

SELECTED RESOURCES

Focus Area	Programs
Development and Attachment	• Centers for Disease Control, Infants and Toddlers, Milestones and Schedules[5] • The Urban Child Institute, Social-Emotional Development in Early Childhood[6] • Zero to Three, Early Development and Well-Being[7]
Evidenced-Based Parenting Programs	The resources below are all evidenced-based parenting programs that offer additional resources and tools to support parents who are caring for young children. • Active Parenting Now, First Five Years[8] • Incredible Years[9] • Promoting First Relationships[10] • STEP (Systematic Training for Effective Parenting)[11] • Triple P: Positive Parenting Program[12]
Infant Mental Health Treatment	For young children and their caregivers who are experiencing mental health challenges including failure to securely attach, there are a number of evidence-based programs that can be valuable resources. • Attachment and Bio-behavioral Catch-up (ABC)[13] • Circle of Security[14] • Interaction Guidance[15] • Parent-Child Interaction Therapy (PCIT)[16] • Minding the Baby, Yale University[17]

ENDNOTES

1 Center on the Developing Child, Harvard University: *The Science of Early Childhood Development (2011)*

2 See Issue Brief on "Visitation Considerations for Young Children."

3 See Issue Brief on "Early Childhood and Safe Babies Courts".

4 See Issue Brief on "Concurrent Planning."

5 https://www.cdc.gov/parents/infants/milestones.html

6 http://www.urbanchildinstitute.org/resources/publications/good-start/social-and-emotional-development

7 https://www.zerotothree.org/early-development

8 http://www.activeparenting.com/First-Five-Years-of-parenting

9 http://www.incredibleyears.com/

10 http://pfrprogram.org/

11 http://www.cebc4cw.org/program/systematic-training-for-effective-parenting/detailed

12 http://www.triplep.net/glo-en/home/

13 http://www.abcintervention.org/

14 https://www.circleofsecurityinternational.com/

15 https://www.researchgate.net/publication/232589903_Interaction_Guidance_Promoting_and_Nurturing_the_Caregiving_Relationshiphttps://www.researchgate.net/publication/232589903_Interaction_Guidance_Promoting_and_Nurturing_the_Caregiving_Relationship

16 http://www.pcit.org/

17 https://medicine.yale.edu/childstudy/communitypartnerships/mtb/

18 Adapted from: HelpGuide.org, *Building a Secure Attachment Bond with Your Baby: Parenting Tips for Creating a Strong Attachment Relationship with Your Newborn*.

EARLY CHILDHOOD AND SAFE BABIES COURTS

EARLY CHILDHOOD AND SAFE BABIES COURTS

WHY IT MATTERS

One third of children and youth in foster care are under the age of five. In 2016, 31,295 babies under the age of one were living in foster care and 18 percent of all children who entered foster care in 2016 were less than one year old.[1] Babies are the least likely of all age groups to exit care within six months. Not only are the numbers of infants and young children who live in foster care concerning, their vulnerability is extremely high. Many infants in care have been prenatally exposed to alcohol or dangerous drugs and were born with low birth weight, prematurely and many suffer from serious physical health problems.[2] Developmental delays occur at a rate that is four to five times greater than that of children in the general population.[3] Unfortunately, the needs of the youngest group of children in foster care have historically gone unrecognized. Infants and babies are often perceived as easy to parent and easier to move among different foster families due to lack of ties to schooling, peers, and community. Fortunately, there is a growing sense of urgency that the first year of life in a child's development is critical to their future well-being and that intervening early in the lives of young children impacted by abuse and neglect must be a priority.

Not only are the numbers of infants and young children who live in foster care concerning, [but] their vulnerability is extremely high.

Safe Babies Court Teams (SBCTs), Early Childhood Courts and Baby Courts are all labels to describe courts that focus on improving and expediting services for young children in foster care. According to the Safe Babies Court Team, their program is designed to protect babies from further harm, address the damage already done, and expose the structural issues in the child welfare system that prevent families from succeeding.[4]

Data demonstrates that compared to those in traditional family court, infants and toddlers:[5]

- End up in a permanent family two- to three-times faster,
- Leave foster care a year earlier; and,
- End up with their own family nearly twice as often.

Although different models of these courts have some unique practices, there are common elements that they operate under:

- They are convened by a judge with jurisdiction over foster care cases and child welfare agency leaders. The judge collaborates with other judges, child welfare staff, attorneys, service providers and community leaders to aid in implementation of the court practices.

- They are family focused with the goal being to support parents in their parenting skills, attachment with their child, and addressing parent trauma histories that may make it difficult for them to effectively parent. This also means providing expedited services to substance abuse treatment or parent-child interaction therapy. The goal is to produce the best parenting possible and a loving parent-child bond whether or not the child ends up living with the parent.

- They promote placement stability, with a philosophy that the first placement is the last placement. Recognizing that each time a young child has to be moved is traumatizing to the child and decreases the likelihood for reunification, and detrimental to their development, considerable thought and consideration goes into either the initial placement outside of the home or decisions about what needs to happen to keep the child safely in their home.

- There are multiple voices present during the hearings including therapists, childcare workers, family members, foster parents, advocates, etc. all sharing a common interest and commitment to helping babies and their parents succeed. Many programs provide training to team members on the social and emotional development of infants and toddlers, infant mental health, historical trauma and other issues of concern.

- Many judges encourage and expect babies and toddlers to be present during hearings and have designed court rooms that are child friendly. Some even have therapy dogs present along with toys and children's books. Staff act as role models for appropriate interactions with the children.

- Cases in baby or early childhood courts are heard more frequently, sometime as often as once or twice a month. Recognizing that a month is a long time from a developmental perspective of a baby, these hearings are critical pieces to ensuring that everyone involved in the case is staying on track and that permanency will be achieved quickly and safely.

Evaluations show that these courts work. One study found that more [than] 99 percent of infants and toddlers served were protected from maltreatment following the original case closure.

- For babies and toddlers not living with their parents, visitations are generally much more frequent and case workers are encouraged to ensure that they take place in settings with opportunities for natural parent-child interactions to occur.[6]

Evaluations show that these courts work. One study that evaluated four sites operating Safe Baby Courts found that more 99 percent of infants and toddlers served through the program were protected from maltreatment following the original case closure.[7] Another study found that compared to a matched sample, those served in Safe Babies Courts reached permanency two- to three-times faster. [8] According to an evaluation by *Economics for the Public Good*, the short-term savings due to children leaving foster care more quickly represents an estimated average of $7,300.[9]

ADVOCATES IN ACTION

If we have something like Early Childhood Court where we can monitor the children and get them the mental health treatment that they need then the outcome is very positive. If we don't have that intervention and they're never treated for the trauma that occurred the outlook can be bleak.

– Kathryn Shea, CEO, Florida Center for Early Childhood

ACTIONS:

- **Learn if there are early childhood courts/safe babies courts in your jurisdiction.** If so, learn more about how they operate, whom they serve, and what their outcomes are. If you are serving the best interests of young children, consider recommending that their case be heard in baby courts. Work with the caseworker, parents and foster parents to educate them about the benefits of such a court.

- **If there isn't a safe babies court or early childhood court in your jurisdiction, identify elements from these courts that you could recommend for the babies and toddlers you work with.** For example, should you recommend more frequent visits with parents? More frequent hearings with the judge? More services for parent and child that will help them build a stronger bond? Work with the team to ensure that the first placement is the last placement. Advocate that a baby stay with their parent if is safe to do so and that parents be provided with in-home services versus out-of-home placement.

- **Inquire as to whether it makes sense for an infant mental health specialist to conduct an assessment or evaluation of the child.** Given that babies can't communicate with words about their desires and wishes, a strong infant mental health specialist can help translate what a baby's social, emotional and developmental needs are. They can also assess the parent-child's relationship to identify strengths and gaps. The gaps can lead to identifying goals on the case plan for both parent and child.[10]

- **Encourage court personnel, child welfare staff, and all other parties to the case to become trauma-informed.** Does a strong knowledge-base exist among all involved parties on the impact of trauma on young children? Can those involved recognize trauma symptoms in infants and toddlers?[11] Even if a court isn't identified as a "safe babies court" or "early childhood court," having a trauma informed lens when working with young children and their parents will change the dynamics of how the team interacts with the family.

BRIGHT SPOT

EARLY CHILDHOOD COURTS FLORIDA

Florida's Early Childhood Court (ECC) model addresses child welfare cases involving children under the age of three. Based on ZERO TO THREE's Safe Babies Court Teams approach and the Miami Child Well-Being model, the goals of Florida's ECC are to:

- Improve child safety and well-being
- Heal trauma and repair the parent/child relationship
- Expedite permanency
- Stop the cycle of intergenerational abuse/neglect/violence

In three years, ECC has grown from just a few sites to 21 sites in Florida. Based on the science of healthy attachment and early development from birth to age three, ECC courts provide appropriate in- and out-of-court services and practices to support infants and toddlers who have come to the attention of the child welfare system. There are 15 core components in ECC, including judicial leadership, a community coordinator to facilitate the court team's activities, monthly court reviews, child-parent psychotherapy, frequent parent-child contact and the use of team meetings.

The Guardian ad Litem (GAL) is an important part of the multi-disciplinary team that supports the child and family as they go through the process.[12] ECC holds monthly hearings as well as monthly team meetings which the GAL attends along with others including the parent(s), community coordinator, attorneys, child welfare staff, family clinician and other support personnel. Because the GAL may only have one or two cases they are serving on, their role is important to the informing of the team and court as to what is happening with the family, what supports are needed and so on. ECC participants receive regular training on early child development, the impact of trauma on development, and how best to serve young, vulnerable children in the context of the parental relationship.

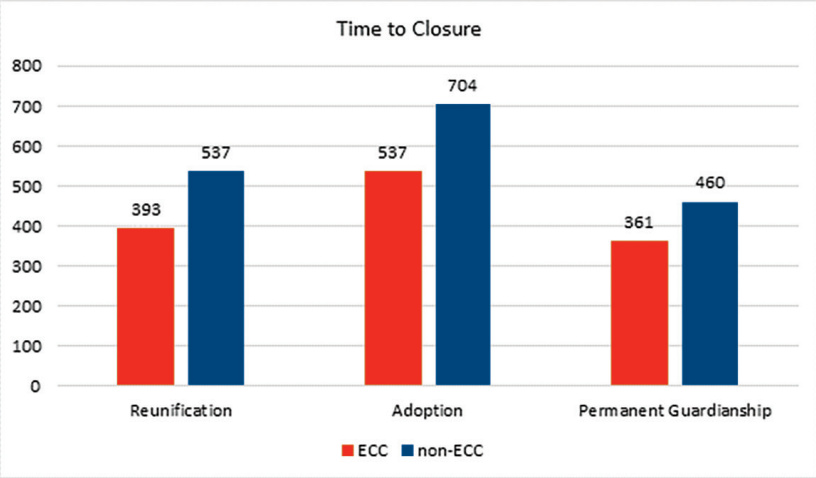
Based on the science of healthy attachment and early development from birth to age three, ECC courts provide appropriate in- and out-of-court services and practices to support infants and toddlers who have come to the attention of the child welfare system.

The impacts of ECC are promising with data showing reduced time-to-permanency for young children who

participate in ECC versus those who do not, including reunification with parents, adoption and permanent guardianship with a relative or non-relative. Furthermore, the data has revealed a slight decrease in re-removals after case closure for ECC children versus non-ECC children.

For more information contact training@casaforchildren.org

To learn more: http://www.flcourts.org/resources-and-services/court-improvement/problem-solving-courts/early-childhood-court.stml



SELECTED RESOURCES

Name	Description
The National Child Traumatic Stress Network, Bench card for the trauma-informed judge[13]	These two Bench Cards provide judges with useful questions and guidelines to help them make decisions based on the emerging scientific findings in the traumatic stress field.
Florida State University, *Florida's Early Childhood Court: Improving outcomes for infants and toddlers in Florida's dependency court*[14]	This document provides descriptions of the Early Childhood Court Team core components, steps to starting an Early Childhood Court team and helpful resources.
ZERO TO THREE, Safe Babies Courts[15]	Since 1977, ZERO TO THREE has advanced the proven power of nurturing relationships by transforming the science of early childhood into helpful resources, practical tools and responsive policies for millions of parents, professionals and policymakers. This organization manages the Safe Babies Courts located across the country.

ENDNOTES

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4 ZERO to THREE (2014). The Safe Babies Court Teams project. Available from https://www.zerotothree.org/our-work/safe-babies-court-teams

5 Hafford, C., & DeSantis, J. (2009, October). *Evaluation of the court teams for maltreated infants and toddlers: Final report.* Available from http://www.jbassoc.com/ReportsPublications/Court%20Team%20Maltreated%20Infants%20and%20Toddlers_Final%20Report_Ex2%E2%80%A6.pdf

6 See Issue Brief on "Visitation Considerations for Young Children"

7 Hafford & DeSantis

8 Foster, E.M., & McCombs-Thorton, K.L. (2012, June). *Investing in our most vulnerable: A cost analysis of the ZERO TO THREE Safe Babies Court Teams initiative*. Birmingham, AL: Economics for the Public Good, LLC. Available from https://acestoohigh.files.wordpress.com/2015/02/economicsforpublicgood.pdf

9 Ibid.

10 See Issue Brief on "Assessing the needs of young children."

11 See Issue Brief on "Understanding early development, trauma impacts."

12 In Florida, the Guardian ad Litem (GAL) serves in a volunteer position similar to the CASA role

13 http://www.nctsn.org/sites/default/files/assets/pdfs/judge_bench_cards_final.pdf

14 http://cpeip.fsu.edu/babyCourt/court2.cfm

15 https://www.zerotothree.org/resources/515-safe-babies-court-team-a-proven-solution

CHILD TRAFFICKING

CHILD TRAFFICKING

WHY IT MATTERS

One study found in a one-year review of 149 local trafficking victims from Alameda County, California, that 55% of the victims were from group homes for youth in foster care, and 82% had previously run away from home multiple times.[19]

Sex trafficking occurs when a child under the age of 18 is involved in a commercial sex act, including prostitution, sexually explicit performance or production of pornography in exchange for something of value (money, food, clothing, shelter, drugs, alcohol, etc.).[1] Labor trafficking is the exploitation of a person for labor or services through force, fraud or coercion. Labor trafficking victims are often forced into domestic servitude, agricultural work, restaurant work or factory work.[2]

According to the *National Human Trafficking Hotline*,[3] child trafficking occurs in every state across rural, suburban and urban communities as well as American Indian communities. Women and girls are victims in 85% of sex trafficking cases.[4] Traffickers seek out vulnerable victims, particularly runaways or children placed in out-of-home care including shelter care, family foster care, group homes, residential treatment centers, and transition living group homes or apartments. One study found in a one-year review of 149 local trafficking victims from Alameda County, California, that 55% of the victims were from group homes for youth in foster care, and 82% had previously run away from home multiple times.[5]

Tracking the number of child sex trafficking victims is challenging at best. Child welfare agencies across the country report a range of tracking practices from agencies that don't track at all, agencies that are in the process of developing tracking systems, and agencies that have informal tracking such as case notes in files.[6] A small, but growing number, of child welfare jurisdictions are now including trafficking questions in their state reporting systems (SACWIS systems).[7]

Children and youth who are trafficked are vulnerable to severe sexual, physical, and emotional injuries that can lead to life-long consequences. They are more likely to experience depression, anxiety, substance abuse, unplanned or forced pregnancy, sexually transmitted diseases, suicide, incarceration, school drop-out, unemployment, and re-victimization.[8,9]

Children and youth who are trafficked are often difficult to engage and identify in services. Since many survivors have had multiple, often negative contacts with formal systems such a child welfare, they may associate these systems as unsafe and unsupportive. As such, advocates may be in better positions to offer help to survivors.

ADVOCATES IN ACTIONS

Children in foster care are disproportionately victimized by human trafficking. Despite widespread acknowledgement of the connection between foster care and human trafficking – it is estimated that 60 percent of child sex trafficking victims have a history in the child welfare system.[10]

ACTIONS

- **Participate in training and education** to learn more about the issues survivors of child trafficking experience and the specific ways you can help. Ideally, training will be alongside others who you can partner with to address concerns (e.g., educators, trauma specialists, child welfare professionals, public health providers).

- **Learn from the experiences of survivors themselves.** Ask for your local program to invite a survivor who is willing to talk about their experiences and the kinds of supports that were helpful to them.

- **Identify the multi-pronged services that survivors will need in order to move forward.** Housing, educational and vocational supports, mentoring programs to connect survivors to caring adults, and evidenced-based trauma-focused mental health treatment, medical care and reproductive health are just some of the many services needed.

- **Recognize and learn about the under-identified and underserved populations** which include trafficked boys, LGBTQA youth, youth who are homeless or runaway, American Indian, and refugee, immigrant and youth who are undocumented. In addition to all of the other concerns about supporting children and youth who are trafficked, there will be additional considerations for these populations.

If a child discloses information that leads you to believe they are being trafficked, follow the same guidelines you would if they disclosed they were being abused.

- **Understand "Safe Harbor" laws and find out if they are active in your state.** Safe harbor laws were developed by states to address inconsistencies with how children who are exploited for commercial sex are treated. Safe harbor laws are intended to address the inconsistent treatment of children and ensure that victims are provided with services.

- **Learn what the potential indicators of a child or youth who is trafficked.** The child may:

  - » Show signs of physical harm;
  - » Become depressed, fearful or withdrawn;
  - » Have a history of running away or currently be on the run;
  - » Have expensive clothing, jewelry, manicures, etc. that you haven't seen before;
  - » Begin spending time with an older boyfriend or girlfriend;
  - » Be found in a hotel/motel;
  - » Have new tattoos or branding;
  - » Be performing work inappropriate for his or her age or not being compensated for work performed;
  - » Become isolated from family, friends or sources of support;
  - » No longer have control of his or her identification documents; and,
  - » Makes reference to having a "pimp" or "daddy."

- **If you see something suspicious, say something.** If you suspect a child is a victim of trafficking, call 911 and the *National Human Trafficking Resource Center* at: 1-(888)-373-7888. To report sexually exploited or abused minors, call the *National Center for Missing and Exploited Children's*[11] (NCMEC) hotline at 1-800-THE-LOST, or report incidents at http://www.cybertipline.org.

- If a child discloses information that leads you to believe they are being trafficked, follow the same guidelines you would if they disclosed they were being abused. Assume that they are telling you the truth. Don't promise that you won't tell anyone else. But do reassure them that you will support them and stand by them.

BRIGHT SPOT

THE RICHLAND COUNTY ANTI-HUMAN TRAFFICKING TASK FORCE
RICHLAND COUNTY CASA, COLUMBIA, SOUTH CAROLINA

Richland County CASA (RCCASA) developed an initiative aimed at combating human trafficking, an effort that has strengthened working relationships with law enforcement, prosecutors, and social service providers. RCCASA provides special training to raise awareness and help people to spot warning signs of human trafficking. Since October 2016, the program has trained 657 participants.

RCCASA devotes staff solely to advocate for child victims of human trafficking. The program coordinated training for the community of advocates, assisted law enforcement with prosecution, and helped social service agencies identify appropriate placements and provide heightened training to foster families.

Housed at RCCASA, the Richland County *Anti-Human Trafficking Task Force* has grown from 15 members to more than 130. The *Task Force* has helped to change how law enforcement responds to children who have run away. This creative and collaborative approach has increased RCCASA's organizational capacity through the creation of many community partnerships. Prior to the initiative, many child advocates were working in isolation within their respective agencies.

- In 2017, Richland County's Anti-Human Trafficking Project Coordinator presented to a total of 573 individuals on human trafficking – over 100 were CASA's!
- The *National Human Trafficking Hotline* reported an increase in calls regarding incidences of human trafficking in Richland County by 55%.
- During the January 2018 *Human Trafficking Awareness Month* campaign, multiple events were implemented in Richland County to inform residence of this horrendous crime that preys on any one, regardless of their age, race, socioeconomic status, ethnicity, gender or sexual orientation.

Recognized by the South Carolina Attorney General's Office, this initiative gives children and youth at risk of human trafficking better educated and influential advocates on their side and a community of people looking out for them.

For more information, contact training@casaforchildren.org

SELECTED RESOURCES

Name	Description
Implementing the *Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) to Benefit Children and Youth*[12]	A collaborative effort of the *Children's Defense Fund*, *Child Welfare League of America*, *First Focus*, *Generations United*, *Foster Family-based Treatment Association* and *Voice for Adoption*, this document provides a summary of the legal requirements around act.
National Center for Missing and Exploited Children[13]	The *CyberTipline* provides the public and electronic service providers (ESPs) with the ability to report online (and via toll-free telephone) instances of online enticement of children for sexual acts, extra-familial child sexual molestation, child pornography, child sex tourism, child sex trafficking, unsolicited obscene materials sent to a child, misleading domain names, and misleading words or digital images on the Internet. NCMEC continuously reviews *CyberTipline* reports to ensure that reports of children who may be in imminent danger get first priority.
National Child Traumatic Stress Network (NCTSN)[14]	NCTSN is a federally funded child mental health service initiative designed to raise the standard of care and increase access to services for traumatized children and their families. They have developed resources for professionals, policymakers, and the public, including the *12 Core Concepts for Understanding Traumatic Stress Responses in Children and Families – Adapted for Youth Who are Trafficked*[15]and *NCTSN Bench Card for the Trauma-Informed Judge to Address Child Trafficking and Trauma*[16], which assists judges in their work with youth who have been trafficked.

Name	Description
National Human Trafficking Resource Center[17]	This site provides legal and social services to children, youth and adults who are survivors of trafficking as well as help to children, youth and adults currently being trafficked. It houses the national and state hotline for calls and tips related to human trafficking as well as a statistics related to the number of reports made state by state.
Polaris, *Human Trafficking Issue Brief, Safe Harbor Laws*[18]	Under federal law, a child under eighteen that is induced into providing commercial sex is a victim of trafficking and must be treated as such. State laws criminalize adults that have sex with children under statutory rape laws, however these laws were not consistently applied in cases where the adult purchased sex. The result was children, recognized under both state and federal law as victims of a crime, were arrested and convicted of prostitution. This site provides detailed information on safe harbor policies.

CHILD SEX TRAFFICKING & CHILD WELFARE

Name	Description
Child Welfare Capacity-building Center for States, *Child Welfare Response to Child and Youth Sex Trafficking* (n.d.)	This 3-part curriculum package builds capacity with caseworkers, supervisors and administrators to identify and serve survivors of child and youth sex trafficking in order to support the provisions of the *Preventing Sex Trafficking and Strengthening Families Act of 2014* (P.L. 113-183) provisions.
Child Welfare Information Gateway, *Child Welfare and Human Trafficking (2015)*	This issue brief highlights the crossover between child welfare and the work currently being done to prevent and respond to human trafficking of children and youth in the US, with a focus on child sex trafficking and ways child welfare agencies can address it.
Louis de la Parte Florida Mental Health Institute, University of South Florida, *Citrus Helping Adolescents Negatively Impacted by Commercial Exploitation (CHANCE)* *Pilot Study: Progress Report (2016)*	This pilot treatment program implemented in Miami-Dade County, FL provides commercially sexually exploited children with individualized clinical treatment centered on trauma-focused care, cognitive behavioral treatment and motivational interviewing. The *Citrus Health Network* also places these children in specialized therapeutic foster care, and provides prospective foster parents with required trainings for licensing, and additional training on specialized therapeutic foster care for commercially sexually exploited victims.
NYC Administration for Children's Services, *Summary of Resources on Human Trafficking* (n.d.)	This document contains a comprehensive list of promising practices that jurisdictions have used in order to serve this population.
Virginia Child Protection Newsletter, Sex Trafficking of Children (2015)	This newsletter highlights strategies in Virginia and Maryland to address sex trafficking of children.

ENDNOTES

1 Ibid.

2 Ibid.

3 https://humantraffickinghotline.org/

4 The Polaris Project tracking report. http://polarisproject.org/human-trafficking/facts

5 MISSSEY Resources http://misssey.org/myths-and-facts/

6 Casey Family Programs, *Addressing Child Sex Trafficking from a Child Welfare Perspective*, (September 2014).

7 Ibid.

8 IOM (Institute of Medicine) and NRC (National Research Council) (2013). *Confronting commercial sexual exploitation and sex trafficking of minors in the United States*. Washington, DC: The National Academies Press. Available at: https://www.ojjdp.gov/pubs/243838.pdf

9 Lederer, L.J., & Wetzel, C.A. (2014). The health consequences of sex trafficking and their implications for identifying victims in healthcare facilities. *Annals of Health Law*, 23, 61-91.

10 Ibid.

11 http://www.missingkids.com/gethelpnow/cybertipline

12 http://www.childrensdefense.org/library/data/implementing-the-preventing.pdf

13 Ibid.

14 http://www.nctsn.org/

15 http://www.nctsn.org/sites/default/files/assets/pdfs/12_core_concepts_for_understanding_traumatic_stress_in_children_and_families_trafficking.pdf

16 *NCTSN Bench Card for the Trauma-Informed Judge to Address Child Trafficking and Trauma*

17 https://humantraffickinghotline.org/?gclid=EAIaIQobChMI7LvEwq_22AIVk-NkCh2AEwk6EAAYASAAEgJaRPD_BwE

18 https://polarisproject.org/sites/default/files/2015%20Safe%20Harbor%20Issue%20Brief.pdf

19 MISSSEY Resources http://misssey.org/myths-and-facts/

CHILDREN AND YOUTH LIVING IN CONGREGATE CARE

CHILDREN AND YOUTH LIVING IN CONGREGATE CARE

WHY IT MATTERS

Reducing the use of congregate care as a best practice is supported by research that shows that children and youth do better emotionally, physically, and educationally, when placed in home-based family settings.[1] Congregate care settings have been associated with higher levels of emotional and behavioral problems, poorer educational outcomes, and do not often provide children with appropriate long-term placement settings – forever families. Traditionally, residential centers and other forms of congregate care have been used to accommodate high-risk children who require a level of care that was not available in the family home. Research conducted in the past several years now supports the finding that congregate care is less effective at achieving safety, permanency, and well-being outcomes than other, less restrictive settings, and is also costlier.[2]

Congregate care settings have been associated with higher levels of emotional and behavioral problems, poorer educational outcomes, and often do not provide children with appropriate long-term placement settings – forever families.

In the past ten years, there has been a 37 percent reduction in the number of children living in congregate care. Data indicates that children and youth who live in congregate settings, spend an average of eight months there.[3] While this trend suggests that child welfare is moving towards a limited use of congregate care, improvements have not been consistent across states. Nationwide, between 2004 and 2013, decreases in the use of congregate care ranged from 7 to 78 percent, and increases in congregate care use ranged from 2 to 70 percent (25 states decreased their use by over 37

percent, 22 states decreased between 7 and 36 percent, and 5 states increased their use).[4]

What accounts for these varying statistics? Chapin Hall, an independent policy research center at the University of Chicago, notes that:[5]

- Some states rely heavily on congregate care as a first placement (suggesting capacity building for foster homes is needed).
- Youth placed in congregate care and therapeutic foster homes have significantly higher levels of internalizing and externalizing behaviors than those placed in traditional foster care (suggesting that increased access to services that effectively address internalizing and externalizing behaviors are essential to safely reducing the use of congregate care).
- Compared to youth whose clinical needs are met through therapeutic foster care, youth placed in congregate care are more likely to have externalizing problems (suggesting that strategies for serving these youth in home-based setting should focus on preparing those homes to respond by de-escalating difficult behaviors).
- The California Evidence Based Clearinghouse for Child Welfare (CEBC) contains tested strategies for disruptive behavior problems, however, many of them have not been tested for use with the child welfare population.

IN GENERAL, RESEARCH INDICATES:[6]

- Young adults who have left group care are less successful than their peers in foster care.
- Youth with at least one group home placement were almost 2.5 times more likely to become delinquent than their peers in family-based foster care.
- Youth placed in group homes have poorer educational outcomes, including lower test scores in basic English and math.
- Youth in congregate care are more likely to drop out of school and less likely to graduate high school.
- Youth who have experienced trauma are at greater risk for further physical abuse when they are placed in group homes, compared with their peers placed with families.

ALTERNATIVELY, CHILDREN AND YOUTH PLACED IN FAMILY FOSTER CARE:

- Had fewer placements;
- Spent less time in out-of-home care;
- Were less likely to be re-abused;
- Were more likely to be placed near their community of origin; and
- Were more likely to be placed with their siblings.

ADVOCATES IN ACTION

PRACTICE ACTIONS: [7]

- **Advocate for expanded services** to avoid removal and to support safe return home.
- **Use early trauma screening and assessments**[8] to enable the implementation of tailored mental health services while partnering with a mental health advocate to avoid placement in more restrictive settings.
- **Call for the increased availability of family-based placement options** in your community. Educate others about gaps in placement options.
- **Ask tough questions about why a child or youth is placed congregate care.** If you don't believe this is the best placement, raise your concerns through court reports, with your CASA supervisor, during hearings, with judges, parent attorneys, parents, case workers, and others involved in the case.
- **Request that a qualified mental or behavioral specialist regularly evaluates the child.** A child's status may (and should) change over time regarding the appropriateness of their placement.
- **Advocate continually for the child or youth's placement in a family like setting.** Given the poor outcomes associated with placement in congregate care, children need someone who is constantly raising the issue of placement and whether it is in the best interest of the child. Insist on evidence that supports the more restrictive placement and push back when needed.

PROGRAM ACTIONS: [9]

- **Work with congregate care providers** to change service array and practices to ensure that you are provided a "normalized" experience.
- **Support data collection** to inform practices and ensure better outcomes. Ensure that the child or youth is making progress in this setting and raise your concerns immediately if the placement is showing detrimental impacts on the child.
- **Encourage a multidisciplinary committee review process** for any situation where congregate care is being recommended. The committee should include an expert in mental and/or behavioral health if the rationale for the placement is related to one of these issues.
- **Monitor facilities** to ensure quality service. Visit the placement, talk with the youth or child about their experiences, and get to know the staff, check out the activities and supports that are available to better understand if it is an appropriate setting for the individual child/youth you advocate for.

BRIGHT SPOT

THE RETURN HOME EARLY PROJECT ONEIDA, NEW YORK

The *Return Home Early Project*, a program of *Kids Oneida* in New York, was conceived when staff felt that in order to keep families together, they would identify children in placement who would benefit from intensive community-based services in their home communities, as opposed to more restrictive levels of care. These services, which already existed in the county, serve as a less intense option for youth to continue their treatment once they have stabilized in out-of-home placement. This collaborative effort includes the following partners: the *Oneida County Department of Social Services (OCDSS)*, *Kids Oneida*, placement facilities, families, school districts, and community partners.

Impressive outcomes were identified when addressing and intervening for their youth in congregate care. Teams assessed each child in a residential treatment center or group home (commonly placed there due to high-need behavioral issues) for their potential to move to a less restrictive level of care (foster home), closer to home, or back home with their families. They used a "Child Readiness Assessment" tool created by the agency. In the first full year, the *Return Home Early Project* identified 43 children who could be discharged early from placement, which saved Oneida County 4,755 days of care. In one year, it was estimated that 1.6 million dollars was saved from this reduction in placement time.

Return Home Early has saved 16,000 days of care and residential treatment center and group home occupancy has decreased by 50% with a total cost avoidance of $4.9 million dollars.

Five years since the program's implementation, the *Return Home Early Project* has identified and returned 169 children from Oneida County who benefited from discharge from placement. This saved the county 16,000 days of care. Residential treatment center and group home occupancy decreased by 50% and from 2009–2013, a total cost avoidance of $4.9 million dollars was realized.

To learn more: http://www.kidsoneida.org/programs/return-home-early-project-2/[10]

SELECTED RESOURCES

Below are resources for safely reducing congregate care for children and youth in foster care.

Name	Description
Annie E. Casey, *Every Kid Deserves a Family*[11]	This document explains the developmental benefits of family and why group placements for children and youth are over used and often times detrimental to outcomes related to permanency and safety. It provide recommendations for reducing the use of congregate care.
Chapin Hall, *Using Evidence to Accelerate the Safe and Effective Reduction of Congregate Care for Youth Involved with Child Welfare*[12]	This brief provides empirical guidance, as well as points to an array of evidence-based approaches, for policy, placement and programmatic decisions related to the use of congregate care.
Children's Bureau, *Working with Children and Youth with Complex Clinical Needs: Strategies in the Safe Reduction of Congregate Care*[13]	This document contains examples of various practices and programs, including early trauma screening and assessments, that jurisdictions have used to reduce reliance on congregate care.
San Diego State University School of Social Work, *Literature Review: Alternatives to Congregate Care*[14]	This report contains several alternatives and/or strategies for reducing congregate care including: evidence-based behavioral health interventions; services and support for home-based caregivers; foster family recruitment, support, and retention; treatment foster care; time-limited placements; and system reform strategies.
United States Government Accountability Office, *HHS Could Do More to Support States' Efforts to Keep Children in Family-Based Care*[15]	This GAO report contains examples of a variety of efforts under way in eight different states to help ensure that children in foster care are placed in family-based settings rather than in congregate care.

ENDNOTES

1 San Diego State University School of Social Work, *Literature Review: Alternatives to Congregate Care* (2016) Retrieved from: https://theacademy.sdsu.edu/wp-content/uploads/2016/03/alternatives-congregate-care-feb-2016.pdf

2 Ibid.

3 Children's Bureau (2015). *A National Look at the Use of Congregate Care in Child Welfare*. Retrieved from: https://www.acf.hhs.gov/sites/default/files/cb/cbcongregatecare_brief.pdf

4 Children's Bureau (2015).

5 Chapin Hall (2016). *Using Evidence to Accelerate the Safe and Effective Reduction of Congregate Care for Youth Involved with Child Welfare*. Retrieved from: https://comm.ncsl.org/productfiles/83453725/reduction_of_congregate_care.pdf

6 Source: https://www.casey.org/what-are-the-outcomes-for-youth-placed-in-congregate-care-settings/

7 Child Welfare Capacity Building Collaborative (2017). *Working with Children and Youth with Complex Clinical Needs: Strategies in the Safe Reduction of Congregate Care*. Retrieved from: https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/congregate-care-guide/

8 See Issue Brief, "Trauma informed practice."

9 Child Welfare Capacity Building Collaborative (2017).

10 http://www.kidsoneida.org/programs/return-home-early-project-2/

11 See http://www.aecf.org/resources/every-kid-needs-a-family/

12 See https://comm.ncsl.org/productfiles/83453725/reduction_of_congregate_care.pdf

13 See https://capacity.childwelfare.gov/states/focus-areas/foster-care-permanency/congregate-care-guide/

14 See https://theacademy.sdsu.edu/wp-content/uploads/2016/03/alternatives-congregate-care-feb-2016.pdf

15 See https://www.gao.gov/assets/680/673029.pdf

CULTURAL AWARENESS AND BIAS: REDUCING DISPROPORTIONALITY AND DISPARITY

CULTURAL AWARENESS AND BIAS: REDUCING DISPROPORTIONALITY AND DISPARITY

WHY IT MATTERS

Research has long shown the overrepresentation of certain racial and ethnic populations – particularly African-Americans and Native Americans – in the child welfare system when compared with their representation in the general population.[1]

In the context of the advocate role, cultural competence is the ability to work effectively with people from a variety of backgrounds. This entails being aware and respectful of different cultural norms, values, traditions and parenting styles.

Not only are there more children and youth of color in foster care, but they are more likely to remain in care for longer periods of time, re-enter care and age out of care without permanency.

There are a number of causes that have been suggested for these racial disparities. Researchers reviewed 10 years of findings on this topic and identified four possible explanations:[2]

- Disproportionate and disparate needs of children and families of color, particularly due to higher rates of poverty
- Racial bias and discrimination exhibited by individuals (e.g., caseworkers, mandated and other reporters)
- Child welfare system factors (e.g., lack of resources for families of color, caseworker characteristics)
- Geographic context, such as the region, State, or neighborhood

What hasn't been found to contribute to these disproportionate numbers is a relationship between race and the incidence of child maltreatment after controlling for poverty and other risk factors. However, the incidence of child abuse has been associated with poverty, single parenthood, and other related factors. The poverty experienced by families and children of color may increase their exposure to social service systems as they seek housing or financial assistance. These systems are employed by mandated reporters and this may contribute to the increase in reports. This type of bias is referred to as visibility or exposure bias.[3]

This relationship between poverty and child welfare involvement is not the sole contributor to disproportionate numbers of children and youth of color in foster care. Personal bias of child welfare professionals and others involved with a case or family may knowingly or unknowingly affect their decision making. A study in Texas found that race, risk and income all influence case decisions, and even in instances in which white families were assessed to have *more* substantiated cases, they were also *less* likely to have their children removed from their care when compared to African-American families with fewer substantiated cases.[4]

In the context of the advocate role, cultural competence is the ability to work effectively with people from a variety of backgrounds. This entails being aware and respectful of different cultural norms, values, traditions and parenting styles. Advocates and programs can help reduce bias by identifying their own cultural biases, calling out bias when they see it happening and learning how to assess individuals by their own strengths and challenges regardless of their racial and ethnic differences.

ADVOCATES IN ACTION

A review of the Michigan child welfare system identified several institutional features that negatively impact child and families of color, including limited access to court appointed special advocates.[5]

ACTIONS

- **Participate in training and education** to learn more about how cultural bias influences important decisions for children and families of color (see the following *Bright Spot* for an example of how one program addresses this).
- **Explore your own culture and identify similarities to and differences from groups that are different from yours.** When working with children and families whose racial or ethnic identity is different from yours, try to understand and see them through a lens of "cultural sensitivity".

- **Remember that strengths don't look the same in every family.** Family structures, rules, roles, customs, boundaries, communication styles, problem-solving approaches, parental techniques and values may be based on cultural norms and/or accepted community standards.

- **Participate in diligent recruitment efforts for more resource families with similar racial or ethnic backgrounds to the children and families in your community.** One of the best ways to reduce disparate outcomes is to identify placements for children that match their racial or ethnic identity.

Placement with kin or with foster families in or near the children's own neighborhood will help ease the trauma of being placed out-of-home by providing them with familiar cultural experiences and relationships.

- **Inquire about the policies of your program regarding the support of equity for all children and families.** Does your program pay attention to cultural competence training and technical assistance? Is there a way to measure racial equity? What outreach strategies are in place to recruit more volunteers of color?

- **Explore preventative and early intervention services** that strengthen families and decrease the number of children entering or re-entering care, regardless of race or ethnicity. Work with child welfare agencies, courts and other groups to identify targeted prevention efforts that include a strong cultural competence component.

- **Identify programs in your community that provide culturally competent services.** Because services are often not easily accessible or available to families of color, their case plans may be negatively affected, which can cause more adverse involvement with the child welfare system. Arm yourself with information about programs that are culturally competent and would be good matches for the families you serve.

- **Consider the child's placement location.** Placement with kin or with foster families in or near the children's own neighborhood will help ease the trauma of being placed out-of-home by providing them with familiar cultural experiences and relationships. Placement with kin helps to preserve community, family and cultural ties and should be the first placement consideration.

- **Learn about "customary adoption" for Native American children.** Customary adoption refers to the Native American custom of adoption within a Tribe; parental rights are not terminated, and the child grows up knowing his or her biological parents and other family members.[6]

- **Ensure that reunification services include strengths-based cultural competence components** in terms of the service provider, accessibility and coordination with other demands such as child care and employment.

BRIGHT SPOT

DIVERSITY, EQUITY AND INCLUSION (DEI) PROGRAM CASA FOR CHILDREN FOR MULTNOMAH, WASHINGTON, AND COLUMBIA COUNTIES

In 2013, CASA for Children for Multnomah, Washington and Columbia Counties made a commitment to address issues of and surrounding disproportionality and equity and completed a *Coalition of Communities of Color* self-assessment designed to

> "help leaders gain an evidence-based snapshot of practices and policies related to racial equity in their organizations. The open source tool is designed for organizations both large and small, including school districts, nonprofits, corporations, foundations and others." [7]

The results of the self-assessment helped staff identify strengths and gaps in the program's commitment to diversity, equity and inclusion.

After completing the assessment and evaluating their results, the program developed a "Diversity, Equity and Inclusion" committee. All on the committee are welcome to participate, including CASA employees, volunteers, board members and community partners. Over the last three years, the committee has grown into a group of 12–15 members. The group meets once a month after office hours and the work-plan they developed is supported by a Meyer Memorial Trust grant.

An important part of what the program does is train community partners and their advocates about these issues. With grant support, the program was able to use the *Knowing Who You Are* curriculum to modify the training and deliver it to over 490 advocates to date. The training has been well received and advocates write about cultural and race issues as they pertain to individual children in their court reports.

The program is looking forward to expanding the training opportunities and including Indian Child Welfare (ICW) issues and concerns with an additional plan to make sure that there are advocates available who can serve as "ICW specialists."

For more information, contact training@casaforchildren.org

SELECTED RESOURCES

Name	Description
The California Evidence-Based Clearinghouse for Child Welfare, Reducing racial and disparities and disproportionality in child welfare[8]	The California Evidence-Based Clearinghouse for Child Welfare has reviewed a number of strategies aimed at reducing racial disproportionality and disparity and has assigned them scientific ratings based on the research evidence supporting them.
Denver Indian Family Resource Center (DIFRC)[9]	This center has served American-Indian children and families in the Denver area who are involved or at risk of becoming involved with the child welfare system. They use the Family Preservation Model, combining both direct practice and system change interventions. The direct service component features trauma-informed and family-focused case management, culturally competent assessments and referrals for supports and services.
National Association of Public Child Welfare Administrators, *Disproportionality Diagnostic Tool*[10]	The *Disproportionality Diagnostic Tool* allows users to identify gaps, areas for improvement and agency strengths that can support equitable representation.
Texas Center for Elimination of Disproportionality and Disparities[11]	This resource is housed on the *Texas Health and Human Services* website and includes information on a number of topics that, while specific to Texas, can be adapted for other locations.

ENDNOTES

1 Summers, A. (2015). *Disproportionality rates for children of color in foster care (fiscal year 2013).* Retrieved from: https://www.ncjfcj.org/Dispro-TAB-2013

2 Fluke, J., Harden, B.J., Jenkins, M., & Ruehrdanz, A. (2011). *A research synthesis on child welfare disproportionality and disparities.* Retrieved from: https://www.cssp.org/publications/child-welfare/alliance/Disparities-and-Disproportionality-in-Child-Welfare_An-Analysis-of-the-Research-December-2011.pdf

3 Child Welfare Information Gateway (2016). *Racial disproportionality and disparity in child welfare.* Available at: https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality

4 Dettlaff, A.J., Rivaux, S.L., Baumann, D.J., Fluke, J.D., Rycraft, J.R., & James, J. (2011). Disentangling substantiation: The influence of race, income, and risk on the substantiation decision in child welfare. *Children and Youth Services Review,* 33, 1630-1637.

5 Child Welfare Information Gateway (2016). *Racial disproportionality and disparity in child welfare.* Available at: https://www.childwelfare.gov/pubs/issue-briefs/racial-disproportionality

6 For more information about customary adoption visit the *National Indian Child Welfare Association* at http://www.nicwa.org/adoption/

7 http://www.coalitioncommunitiescolor.org/research-data-tools/cccorgassessment

8 http://www.cebc4cw.org/topic/reducing-racial-disparity-and-disproportionality-in-child-welfare/

9 http://difrc.org/?gclid=EAIaIQobChMIhaiwiMiA2gIVDHt-Ch34mQT1EAAYASAAEgJuFPD_BwE

10 https://aphsa.org/AASD/NAPCWA/Resources.aspx

11 https://hhs.texas.gov/about-hhs/communications-events/meetings-events/center-elimination-disproportionality-disparities

ENGAGING AND PARTNERING WITH BIRTH PARENTS IN THE CHILD WELFARE SYSTEM

ENGAGING AND PARTNERING WITH BIRTH PARENTS IN THE CHILD WELFARE SYSTEM

WHY IT MATTERS

In 2016, 125,975 children and youth were reunified with their parent(s) or primary caretaker(s). This represents 51% of all children exiting foster care.[1] Birth parent participation in child welfare programs has been demonstrated to reduce the recurrence of maltreatment and contribute to the reunification of families, and improve emotional adjustment in children. One study found that increasing child welfare program attendance of birth parents from low to average levels resulted in the reduction of recurrence of child maltreatment by 35%.[2] Keeping parents involved also helps them complete programs such as domestic violence education, substance abuse treatment, and parenting classes, that are required for successful reunification.[3]

Engaging parents begins by removing barriers to participation and improving the quality of relationships among all parties involved with the case.

There is a growing number of programs that actively engage birth parents in the child welfare system through early outreach to parents; practical assistance; building supportive relationships with peers, foster parents, and child welfare workers; consulting parents in the decision-making process around service provisions; and family-centered practices.[4] Engaging parents begins by removing barriers to participation and improving the quality of relationships among all parties involved with the case. In addition to possible mistrust between parents and child welfare professionals and others on the team, there are practical barriers that may exist to birth parents' participation such as transportation, child care, or competing demands (e.g., employment, required treatment appointments).

Facilitating positive connections between foster parents and birth parents will support the engagement and

participation levels of birth parents as well as increase family connectedness, reduce childhood trauma, expedite permanency and increase the likelihood of reunification.[5] Connecting foster parents and birth parents in partnership requires the establishment of clear boundaries between birth and foster families as well as the use of supports to the building of the relationship. When these connections are healthy and strong, and continue after reunification, children will benefit from having these additional supportive relationships continue in their lives.

When birth parents and foster parents realize what the main goal is, we work better together. It puts the child at the center. Children thrive in a community of strong families.

— Birth father

Engaging fathers in the child welfare system is critical as their involvement is linked to positive educational and developmental outcomes. [6] Unfortunately, the barriers that exist for mothers to actively participate in the child welfare system are often exacerbated for fathers. Research shows that providing fathers with services that address employment may significantly increase their involvement with other child welfare programs.[7] Sometimes engaging fathers begins with finding them and understanding their paternity and legal issues. Using family find strategies to identify not only fathers, but relatives of fathers can be helpful in engaging them in their child's life.[8]

Birth parent partners are parents that have been involved in the child welfare system themselves and now provide guidance and support to parents currently involved in the child welfare system. They serve as advocates, leaders and/or mentors. Evidence suggests that parent partners increase birth parent engagement, decrease distrust in the child welfare system and increase family support structures. They also help alleviate stressors between parents and child welfare agencies that may help improve child outcomes.[9]

Another way that birth parents are engaged is as advisors that help inform agency policy and decision making about program planning.These birth parent advisors are usually parents who have had their dependency court case closed for a significant amount of time and all issues related to their earlier court case have been resolved. They are most successful when the birth parent advisor is treated as an equal member of the "team" and compensated for their time. However, it is important to recognize that parents may need to debrief when advisory topics trigger emotional reactions.

Each family is unique and some families may be challenged in their participation due to their marginalized or vulnerable status such as immigrant families or families of color. This requires caseworkers and other team members including CASAs to become culturally competent; that interpreters are available when needed and that professionals work hard to reduce institutional mistrust by creating a supportive atmosphere and removing logistical barriers for parents' participation.

ADVOCATES IN ACTION

ACTIONS

- **Learn about the programs that exist for birth parent engagement.** If there are no formal programs, discuss with your program and supervisor ways that birth parents can be better engaged in child welfare programs.

- **Identify barriers that may exist for birth parents to be more fully engaged.** If parents you are working with are not as engaged as they could be, figure out what the barriers are to their participation and find ways to reduce or eliminate those barriers. If it is an issue of mistrust between birth parent and caseworker, what can you do to help bridge this gap? Modeling for both parties your respect to each of their roles may go a long way in helping set a different tone. For practical barriers, what can be done? Does the parent need bus tokens or can meetings take place closer to the parents' home or in their home?

- **If there is a "parent partner" program available in your jurisdictions, reach out and get to know the parents and the activities they provide.** Having a working relationship with this group will help you identify when birth parents would benefit from having a birth parent mentor or partner. Particularly at the beginning of a case, parents often feel very vulnerable and overwhelmed. Having someone who has "been there" can be reassuring and calming.

- **Remember to include fathers.** If the father isn't a party to the case, find out why. There may be reasons that legally prevent the father from being involved in the case. However, if you find out that there is nothing preventing a father from being involved, collaborate with the child's case worker on ways to engage him.

- **Educate yourself and others on the variety of programs that currently exist.** Once armed with this information, share with others about their effectiveness in helping families and children achieve better outcomes.

BRIGHT SPOT

BIRTH AND FOSTER PARENT PROGRAMS MULTIPLE LOCATIONS, UNITED STATES[10]

When her daughter was four, China Darrington lost her job, and then lost custody of her daughter. Already struggling with drug addiction, losing her daughter only intensified the issues. For Darrington, that was the beginning of a long road through treatment and eventual reunification with her daughter. What she learned along the way is something she now shares with an unlikely audience: foster parents. Working as a peer recovery coach, Darrington trains foster parents to help them understand unique challenges that birth parents face when their child is taken into the foster care system. She is part of a growing movement at the national level to bring birth parents and foster parents together.

In 2015, when three supporting organizations started talking about the important role that birth parents and foster parents play in the lives of vulnerable children, they wanted to figure out how to bring those two groups together. In most cases, the two work on opposite sides, even though they both care for and love the same child. They created the Birth and Foster Parent Partnership, and hosted the first convening in Seattle last summer, June 2017. The convening helped to identify more than a dozen practices and policies that can impact how foster parents and birth parents interact in order to achieve the best outcomes for kids in care and to help prevent children from entering the system in the first place.

Since the convening, discussion continues around the suggestions to move forward the idea of foster parents and birth parents working on together. Several task forces are working on strategies and recommendations for foster parents and birth parents to work better together within the child welfare system.

Three short-term goals include the following:

- Increase involvement of birth parents and foster parents in advocacy for improved policies and practices that benefit families and children.
- Identify strategies to help birth parents and foster parents work together to facilitate reunification and prevent re-entry.
- Increase capacity of child welfare systems to recruit and retain foster parents willing and able to partner with birth parents.

For more information, contact training@casaforchildren.org

SELECTED RESOURCES

SELECTED EXAMPLES OF BIRTH PARENT ENGAGEMENT PROGRAMS

ENGAGING BIRTH PARENTS WITH CHILD WELFARE SERVICES

Name	Description
Family Group Decision Making (FGDM)[11]	*Family Group Decision Making (FGDM)* encourages family engagement in the child welfare system through emphasizing family preferences when discussing and deciding upon case plans. FGDM can empower families to contribute to permanency planning and has been shown to contribute to expedited permanency.
Parents Anonymous®[12]	This program is designed as both a prevention and treatment program that strengthens families that are at risk of becoming (or already are) involved in the child welfare system, have behavioral health challenges, or face other family problems. Services include weekly support groups, in-home parent training, helpline services, and other supportive ongoing functions.
Parent-Child Interaction Therapy[13]	PCIT teaches positive parenting through child-directed and parent-directed interactions. It has been utilized in several states across the country and has been shown to reduce the rate of recurrence of maltreatment when compared to standard services.
Signs of Safety[14]	*Signs of Safety* is a strategy in child welfare that uses a collaborative approach to work in partnership with families, emphasizing strength-based practices that encourage engagement and support the completion of case plan goals.

ENGAGING BIRTH FATHERS

Name	Description
Divine Alternatives for Dads Services (DADS)[15]	DADS provides assistance to fathers in Washington State with reunification, parenting plans, child support, case management and crisis intervention. Staff and volunteers help fathers overcome barriers to parent visitation and employment, giving them a foundation to help build strong families and make positive changes in their lives.

BIRTH PARENT PARTNERS PROGRAMS

Name	Description
Parents in Partnership, Los Angeles[16]	The *Parent Partners* are a group of parents who have successfully navigated the system and now work in partnership with DCFS to provide parents with information, empowerment, and hope. They provide support, information, and mentorship to parents who have recently lost custody of their children as well as parents whose children are in the foster care system without permanency. *Parent Partners* are trained in the areas of parents' rights and responsibilities, grief and loss, communication, cultural awareness, child abuse reporting, and family violence.
Washington State Mentoring Programs[17]	Washington State has four parent engagement/mentoring models including: • The *Icebreaker* meeting, a facilitated meeting held shortly after a child is removed so birth and foster parents can meet each other and share information about the needs of the child; • The *Parent to Parent* program, designed to increase early engagement of birth parents newly entering the dependency process; • The *Parent Mentoring* program, in which skillful, experienced foster parent mentors and social workers partner to mentor parents; and • The *Parent Partners* program, in which previously mentored parents help other parents through informative sharing and other forms of assistance.

BIRTH PARENT ADVISORS

Name	Description
Child Welfare Organizing Project (CWOP)[18]	The *Child Welfare Organizing Project (CWOP)* is a parent / professional partnership dedicated to public child welfare reform in New York City through increased, meaningful parent involvement in service and policy planning. Since the project began, birth parent advisors have been extremely valuable in developing advocacy roles across agencies.
Strengthening Families[19]	*Strengthening Families* focuses on the promotion of five protective factors, which include: nurturing and attachment, knowledge of parenting and of child and youth development, parental resilience, social connections, and concrete supports for parents. The birth parent perspective has been identified by states using *Strengthening Families* as a compliment to the *Protective Factors Framework*, helping families engage in programs and services. Specifically, birth parent advisors help ensure that maltreatment prevention programs and strategies remain relevant and responsive to family needs, promote the best environment for children's development, and encourage the engagement of additional parent partners. 30 states to date are participating.

ENDNOTES

1 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, www.acf.hhs.gov/cb

2 Maher, E.J., Marcynyszyn, L.A., Corwin, T.W. & Hodnett, R. (2011). Dosage matters: The relationship between participation in the Nurturing Parenting Program for Infants, Toddlers, and Preschoolers and subsequent child maltreat. *Children and Youth Services Review*, 33, 1426–1434.

3 Ibid.

4 Casey Family Programs, *Strategies to Increase Birth Parent Engagement, Partnership, and Leadership in the Child Welfare System: A Review* (July 2012).

5 Ibid.

6 Coakley, T.M. (2008). Examining African American Fathers' involvement in permanency planning: An effort to reduce racial disproportionality in the child welfare system. *Children and Youth Services Review*, 30, 407–417.

7 Bronte-Tinkew, J., & Horowitz, A. (2010). Factors associated with unmarried, nonresident fathers' perceptions of their co-parenting. *Journal of Family Issues*, 31, 31–65.

8 The Federal Parent Locator Service may be helpful in finding fathers. See https://www.acf.hhs.gov/css/resource/federal-parent-locator-service-information-for-families

9 Casey Family Programs (July 2012).

10 This section was adapted from: "Building Bridges between Birth Parents, Foster Parents" (January 2018), *Chronicle of Social Change*. Available at: https://chronicleofsocialchange.org/featured/building-bridges-birth-parents-fostering-parents

11 https://www.childwelfare.gov/topics/famcentered/decisions/

12 http://parentsanonymous.org/

13 http://www.pcit.org/

14 https://www.signsofsafety.net/signs-of-safety/

15 https://www.aboutdads.org/

16 http://lacdcfs.org/PIP_Eng/Index_RE.html

17 https://partnersforourchildren.org/resources/reports/parent-engagementmentoring-models-washington-state

18 http://bridgebuilderscpi.org/content/child-welfare-organizing-project-cwop

19 https://www.childwelfare.gov/pubPDFs/2011guide.pdf

FAMILY SEARCH AND ENGAGEMENT

FAMILY SEARCH AND ENGAGEMENT

WHY IT MATTERS

Children and youth in foster care have better outcomes when they are placed with relative caregivers including decreased time in foster care and less time to permanency, increased placement stability, and less likelihood of re-entry into foster care.[1] Children need a sense of belonging and unconditional love for health, growth, and development. Connections to family can often be a remedy to loneliness and a prerequisite to healing.[2]

The goal of family finding is to provide numerous safeguards for child and family well-being by identifying a lifetime family support network and maintaining existing family relationships.

The goal of *family finding* is to provide numerous safeguards for child and family well-being by identifying a lifetime family support network and maintaining existing family relationships. This can help empower the family in emotional and legal permanency decisions and provide children with multiple adult resource connections once they leave care.

Family finding includes casting a wide net to identify and search for family members and other important people in the lives of children in foster care, making them aware that children have entered care, and then engaging family members in the case decision making process, including the development and fulfillment of case plans. Although family finding was initially used as a tool to enhance permanency for youth aging out of foster care, the *Fostering Connections to Success on Increasing Adoptions Act of 2008*[3] requires state agencies to identify and locate family members within 30 days of removing a child from his or her home.

While the operationalization of family find models varies among jurisdictions, they typically include an intensive relative search component and subsequent family engagement activities that comply with federal legislation and enhance placement and permanency options for the child.

ADVOCATES IN ACTION

Finding family requires persistency, a sense of urgency and placing the youth at the center of the search and decision-making process. As their advocate, we can never stop looking for a permanent connection for children and youth who have experienced loss and isolation.

— CASA Volunteer

ACTIONS

The *National Resource Center for Family Centered Practice & Permanency Planning* identifies seven steps to finding a family, any of which an advocate could help with. The stages include:[4]

1. **Engagement and Searching**– discover family members and important people in the child's life. Advocates can help locate family members through different search technologies and by talking to existing family members in the child's life.

2. **Preparation –** Convene a preparation conference with possible network members, caregivers and system representatives with decision making authority. Advocates can take a lead role in helping convene such a meeting or participate in such a meeting.

3. **Planning and Decision-Making** – plan for the successful future of the child with the participation of family members. Advocates can insure that family members identified understand their potential influence and importance in the child's life currently and in the future.

4. **Explore and plan: Lifetime network** – make decisions during family meetings that support the child's legal and emotional permanency through a permanent network of relationships. As a representative for the child's best interests, share how these family connections will impact the child's permanency, safety and well-being.

5. **Healing and development** – evaluate the permanency plans developed. As the "keeper" of best interests for the child, advocates can carefully evaluate the permanency plans and insure that family connections are front and center. This step should also be continuously considered and prioritized in all meetings until the child or youth exits the formal system of care and a permanent parent assumes responsibility for the child.

6. **Legal Permanency**– Provide follow-up support to ensure the child and family can maintain the permanency plans. Advocates can act as the bridge or liaison to the child and their family members, ensuring that they maintain regular interactions and contacts. In addition to a "permanent" parent, the network of other connected people in the child's life should continue to be cultivated and supported.

ACTIONS TO ENGAGE FAMILIES:

- Relative notification due diligence guidelines:[5] See this resource for a comprehensive list of activities that one can and should engage in when locating family members not yet identified;
- Family Teaming models, such as *Family Group Conferencing (FGC)*[6], with the use of video or teleconference to support participation by family members who are not in the local area. A description of FGC can be found here as well.
- Narrative discovery of lost connections[7] uses storytelling and memory prompts to help spark recall of additional family and friend connections;
- Father involvement interventions[8] have been traditionally neglected in the family find process and yet can offer up rich connections for children;
- Kinship support interventions[9], such as Kinship Navigator[10] programs, can also be effective in identifying relatives;
- High quality Internet searches[11]; and,
- Use of mobility or connectedness mapping[12] techniques with youth.

BRIGHT SPOT

COLLABORATIVE FAMILY ENGAGEMENT TEXAS CASA

Recognizing that the strongest indicators for child well-being is the number of committed adults in a child's life, Texas CASA has worked to stay at the forefront of connecting children and youth to these important adults by developing several new initiatives, including *Collaborative Family Engagement (CFE)*. After the success of a five-year federally funded *Diligent Recruitment* project, Texas CASA approached the 84th Legislature and received appropriated funding for a two-year *Family Finding* collaboration between CASA and the Texas Department of Family and Protective Services (DFPS).

CFE is an integrated or embedded approach that establishes a true team between CASA and Child Protective Services (CPS) to work together to complete the steps of Family Finding.[13] CFE takes "finding" of the family much further by ensuring an authentic commitment from CASA and CPS to truly and meaningfully engage with found connections. Once these connections are made, the CFE team welcomes their presence in the child's life and their continued involvement in the planning and decision making.

A unique function of the CFE team that differs from the traditional "Family Find" specialist model, is that family find activities are conducted by the CFE team with an emphasis on utilizing the child's CASA volunteer. This teaming approach models the need for and goal

of establishing a community of support, or network, around the children and their families. Everyone involved must complete specific CFE training which covers an overview of the approach, the process, and the tools involved. Ongoing training for CFE continues as Texas CASA is implementing CFE through a coaching modality, with CFE Coaches regionally located to provide hands on support to the programs involved.

To date, there are 20 programs in approximately 30 Texas counties utilizing CFE with plans to spread the approach to half of the CASA network in the state by 2020. More than 2,000 CASA and CPS staff, care providers and members of the legal community have participated in training sessions. In the CFE approach to case practice, each child's case is supported by a team consisting of the CPS caseworker and CASA volunteer assigned to the case, as well as the CPS supervisor, CASA volunteer supervisor, a CPS family meeting facilitator and other professionals as needed. Team members work together engaging in family find strategies and develop a shared plan for supporting the child.

In 2015, Texas CASA worked with Dr. Cynthia Osborne and the Child and Family Research Partnership (CFRP) to conduct a two-year implementation study of the CFE project. In year one, CFRP found that: 1) CFE provides a framework and tool to enhance standard family engagement practices and strengthen collaboration between CASA and CPS; 2) CASA and CPS focused on building implementation capacity and aligning the CFE approach and CPS processes and timelines; 3) Many components of CFE can be implemented widely to enhance family engagement and collaboration; and, 4) CASA and CPS staff reported that using the CFE approach increases meaningful family engagement, enhancing case management and planning.[14] In year two, CFRP found that CFE is identified as an important tool to increase family engagement and collaboration. The evaluation results also provide recommendations for the spread and replication of the CFE to other CASA programs in the state. In year three and four of the evaluation, the impact of CFE on child outcomes including well-being will be measured.

For more information contact
training@casaforchildren.org

To learn more:
https://texascasa.org/collaborative-family-engagement/

SELECTED RESOURCES

Below are tools and a selection of resources to support effective family finding and engagement.

Name	Description
California Social Work Education Center (CalSWEC), *Family Finding and Engagement (FFE) Toolkit*[15]	The *Family Finding and Engagement (FFE) implementation Toolkit* provides important information, documents, and materials about searching for and locating family members and other adults who will and can serve as long-term and permanent connections to children. This *Toolkit* details the process of putting a new practice, program, or intervention into action in a county or organization. It is a set of practical tools, which can be used together or separately, to help implementers systematically execute and evaluate the new practice, program, or intervention.
CASA of Los Angeles, *Family Finding Discovery and Engagement Presentation*[16]	CASA of Los Angeles has created a number of in-service handouts on family finding strategies including the *Tree of Life Exercise and Template;* a case scenario, mobility-mapping example and signs of safety residency handout.
Child Trends, *Piecing Together the Puzzle: Tips and Techniques for Effective Discovery in Family Finding (2011)*[17]	A critical component of the family find process is the discovery phase. This document provides tips and techniques for effective discovery of relatives and other important people in the child's life and shares examples of what has been successful.
Iowa Foster and Adoptive Parents Association, *Completing the Circle: Uncovering, Discovering and Creating Connections for Your Foster and Adoptive Children*[18]	This guide was created to help foster and adoptive parents identify, locate, and engage as many caring individuals as possible – biological and other – to support the child in their care over his or her lifetime.

Name	Description
National Resource Center for Diligent Recruitment, *Developing Recruitment Plans: A Tool for States and Tribes* (2016)[19]	This toolkit helps child welfare agencies develop data-driven recruitment plans, offering ideas for creating short-term plans, targeted recruitment plans focused on particular populations or areas, and comprehensive diligent recruitment plans. It provides ideas and strategies to consider, examples of ways to develop recruitment plans, tools to use in the planning processes and adapt to meet needs, key considerations, worksheets to help analyze data and use for planning, and suggestions for other resources and information to help with developing recruitment plans.
National Resource Center for Diligent Recruitment, *Diligent Recruitment Planning Tool for Tribes* (2016)[20]	This tool is designed specifically for tribal child welfare systems, providing an easy-to-use guide for discussions to develop a comprehensive diligent recruitment plan and program. This brief tool includes ideas for discussion questions and people to include in planning discussions. It can be used either as a companion to the full *Diligent Recruitment Navigator* or on its own.

ENDNOTES

1 See https://chronicleofsocialchange.org/child-welfare-2/path-foster-care-crisis-runs-family/28707

2 See https://www.childtrends.org/research/research-by-topic/evaluating-family-finding/

3 See https://www.congress.gov/bill/110th-congress/house-bill/6893

4 Note: These steps were adapted from the original resource to reflect updates to the model made by Kevin Campbell in October 2014. See https://www.childtrends.org/research/research-by-topic/evaluating-family-finding/

5 See http://www.familyfinding.org/assets/files/Defining%20Due%20Diligence%20-%20Identifying%20Relatives%20for%20Foster%20Youth%20Article%202.2014%281%29.pdf

6 See http://www.cebc4cw.org/program/family-group-decision-making/detailed

7 See http://www.familyfinding.org/assets/files/Family%20Finding%20and%20Engagement%281%29.pdf

8 See http://www.cebc4cw.org/topic/father-involvement-interventions/

9 See http://www.cebc4cw.org/topic/kinship-caregiver-support-programs/

10 See http://www.cebc4cw.org/program/kinship-navigator-program/detailed

11 See http://www.familyfinding.org/assets/files/Quality%20Relative%20Internet%20Searches%2012.2013%281%29.pdf

12 See https://www.childtrends.org/wp-content/uploads/2011/12/Child_Trends-2011_12_01_RB_FamilyFindingTips.pdf

13 http://www.familyfinding.org/

14 Child and Family Research Partnership (August 2017). *Evaluation of the Collaborative Family Engagement Pilot Project: Final Report*. The University of Texas at Austin: Lyndon B. Johnson School of Public Affairs.

15 See http://calswec.berkeley.edu/toolkits/family-finding-and-engagement-ffe-tookit

16 http://casala.org/inservice-handouts/

17 See https://www.childtrends.org/wp-content/uploads/2011/12/Child_Trends-2011_12_01_RB_FamilyFindingTips.pdf

18 See http://www.ifapa.org/pdf_docs/completingthecircle.pdf

19 See http://www.nrcdr.org/_assets/files/NRCDR-org/developing-recruitment-plans-toolkit.pdf

20 See http://www.nrcdr.org/_assets/files/NRCDR-org/dr-navigator-tribal-supplement.pdf

FAMILY TREATMENT COURTS

FAMILY TREATMENT COURTS

WHY IT MATTERS

Up to 80 percent of child welfare cases involve allegations of substance abuse by a parent or guardian. In a majority of these cases, parents are only offered short-term services that may not be well coordinated or monitored by courts. Not surprisingly, parents often fail to access or complete treatment, and as a consequence, reunification of parents and children is stalled or not possible at all. Family Drug Treatment Courts (FDTC) offer an alternative approach to handling these complex child welfare cases by helping parents better engage with services, navigate the court process, and access and complete treatment. Research demonstrates that participation in these courts result in reduced lengths of stay in foster care and significant cost savings for some jurisdictions.

Family Drug Treatment Courts offer an alternative approach to handling … complex child welfare cases by helping parents better engage with services, navigate the court process, and access and complete treatment.

In FDT courts, parents enter and complete treatment with the ultimate goal of successful reunification with their children or at least more timely decisions about alternative permanency plans if reunification is not possible. In existence since 1994, there are now over 300 FDTC courts in operation today. Although practices vary across FDTCs, courts typically hold frequent (sometimes weekly) hearings for each family involved to closely monitor progress and address parents' unique issues and needs. Participation is generally voluntary, and many parents report that they participate in FDTC because they are motivated by the hope of retaining or regaining custody of their children, as well as the enthusiastic support of the judges and other court staff.

A number of studies have reported positive outcomes for parents and their children participating in FTDCs including: parents more likely to enter substance abuse treatment earlier and remain in treatment longer; more

likely to complete treatment; significantly increased likelihood of reunification; and children spending less time in foster care compared to non-FDTC served families. Anecdotally, parents express they feel much more supported in their journey to sobriety. They feel better able to express themselves authentically when they struggle and do so without fear of punishment. They report that having the caseworker, parent attorney, volunteer advocate and court staff all on the same page makes it easier for them to navigate the court process.

ADVOCATES IN ACTION

ACTIONS

- **Learn whether the jurisdiction you volunteer in has a FDTC.** If yes, learn more about the program. The best way to do so is attend hearings that are before the FDTC. This will give you a sense of how cases are handled. Talk to other advocates and supervisors who have cases before FDTC to find out about their experiences. One important question to ask is how often FDTC holds hearings, especially for new participants. Also learn whether the courts are "open" during the hearings –meaning that all participants sit together in the courtroom during their hearings and it may be awhile before your case is called (and it may be unpredictable at which point it may be called).

- **Prepare to be an effective advocate in FDTC by learning about the dynamics of addiction and recovery.** Advocates need to understand addiction and treatment in the context of a child's healthy development. Sometimes difficult decisions about

ESSENTIAL ELEMENTS OF FAMILY DRUG TREATMENT COURTS[4]

Family Drug Treatment Courts have a number of core components, including:

- Integration of drug and alcohol treatment services within case planning and access to a continuum of related treatment and rehabilitation services.

- A non-adversarial approach by judges, the prosecution and defense counsel promotes and protects participants' due process rights.

- Voluntary participation, with placement in the program occurring as early as possible in the case.

- Frequent alcohol and drug testing to check for abstinence.

- Judges who interact often with each participant and provide personalized encouragement and redirection when needed.

- Regular monitoring and evaluation of program goals and effectiveness

- In-service training to program staff promoting effective drug planning, operations and implementation as well as new research on addiction and treatment.

- Partnerships with public agencies, community-based organizations and others to generate local support and enhance effectiveness for participants.

ADDIE'S STORY

Addie's twin sons entered the foster care system at age two when Addie was investigated for allegations of neglect, largely due to her use of heroin. Addie volunteered to participate in Family Drug Treatment Court. Initially, she attended weekly court hearings, participated in wrap-around service case planning sessions, and within one month, entered a residential treatment program with her children.

Although there were times of struggle for Addie, these challenges were addressed by the court and judge with empathy and encouragement. Addie's successes were celebrated regularly and as she became drug free, her appearances in court were needed less often. Addie was successfully reunified with her children 18 months after their removal. Her sons, family members and Addie's attorney, caseworker, CASA and FTDC judge all attended her graduation from the program. Addie now works at the FTDC as a parent navigator, helping explain the process to new parents entering FTDC and providing them with support and encouragement.

helping parents with their recovery may seem at odds with what the child needs. For example, it may be recommended that the parent enters residential treatment and brings their children with them. Understanding that parents do better in recovery in these types of placements with their children needs to be balanced with the impact it may have on the child being removed from a current, stable placement with an attached caregiver.

- **Collaborate with the entire team around what is best for the family.** Work with the parent attorney and other court personnel on how to help families prevent and deal with relapse. Everyone being on the same page regarding what is best for the family is critical to the success of the parent. If there are disagreements about what is best, discuss these away from the parents and children and involve your supervisor.

- **Understand what treatment programs and resources are available in your community** in terms of the specific needs of the parents. Because women and men respond differently to substance abuse interventions, you may want to advocate that parents be placed in gender specific programs. Some programs also focus on treatment specific to the parent's addiction (alcohol, opioids, etc.).

- **Ensure that whatever treatment is provided, it includes a trauma component.** Many times substance abuse is correlated with a response to trauma experienced by parents. Assessing and treating both substance abuse and trauma ensures that the two problems are treated together in an integrated manner.

- E**ducate children about addiction, treatment and recovery.** Help them understand what their parent is going through and some of the challenges that may continue to arise even after initial recovery. As children of parents involved in child welfare are more vulnerable to addiction themselves, it is important to be honest about their own risks and how they can protect themselves from substance abuse issues.[1]

- I**nquire about starting a FDTC in your community if there isn't one there currently.** Refer to the selected resources below to help broach a conversation with your local CASA program, the courts, and child welfare about the opportunities to create a FDTC in your community.

BRIGHT SPOT

TRAVIS COUNTY FAMILY DRUG TREATMENT COURT (TCFDTC) AUSTIN, TEXAS

As with other treatment courts, the goal of TCFDTC is to help parents begin and complete a journey of recovery from addiction and develop skills to safely parent their children. The difference between TCFDTC and other similar courts is that the majority of children stay in the care of their parents during this process. Participants are Travis County residents who have been identified by the Texas Department of Family & Protective Services, Child Protective Services (CPS) as exhibiting symptoms of substance use disorders that impact the care and well-being of their young children. Participants' average length of participation in TCFDTC is 12–18 months, during which time they engage in programs, services, and activities that challenge, encourage, and help guide them to recovery from substance dependence, maintain or regain custody of their children, and improve quality of life for themselves, their children, and their families. The goal is family preservation.

CASA volunteers, when assigned to a TCFDTC case, are active and important partnering professional team members. Initially, TCFDTC participants are required to come to court every week, then every other week, every third week and finally once a month if they are staying on course in their treatment and their court ordered services. In addition to frequent court hearings, the team, including the CASA volunteer, Child Advocacy Specialist, judge, parent attorneys, children's attorney, caseworkers, therapists, and other support personnel, staff the case prior to the court hearing, earlier in the morning. All of the families come to their court hearing at the same time, so it is common for a volunteer to spend several hours in court each week, depending on what stage in the process the case is. Additionally, there are regular CPS review hearings every three to four months for each case that the volunteer is also expected to attend and prepare a court report for.

There are also monthly case management meetings for the team to discuss cases and ensure that all the supports and services are in place and working well for the family. When participants are ready to "graduate" from the program, they present a project that they have created to the judge and the rest of the team. Projects range from participants sharing very personal accounts of their journey to sobriety to participants sharing resources that they found particularly helpful in the community that they would like to share with others. Before the case is closed, the judge and team ask the parent to reflect on how the process went and what could have gone better. Participants also have

the opportunity to participate in an alumni group of graduates. Some alumni of the program become sponsors and peer recovery coaches for other parents.

CASA volunteers who are interested in supporting a family in TCFDTC are made aware of the additional time that they will be spending, especially in the beginning of a case. The supervisor also has them observe hearings in TCFDTC prior to taking on a TCFDTC case so they have a better sense of the process and their level of engagement. The team looks to CASA volunteers to support the parents and their children in many ways. Given that the children often remain in home with their parent, the CASA volunteer can provide transparency as to how the parent and child interact and any concerns that are raised. CASA of Travis County is automatically appointed to all children ages four and older, and serves younger children by special appointment from the judge in high needs cases. It is CASA of Travis County's vision to serve all children in need. Participating in TCFDTC, while challenging, is also very rewarding for the entire team as they work together to support a family's healthy recovery.

For more information, contact
training@casaforchildren.org

To learn more:
https://www.traviscountytx.gov/health-human-services/children-and-youth/welfare/family-drug-court

SELECTED RESOURCES

Name	Description
The Judges Page Newsletter, Family Drug Treatment Courts[2]	This comprehensive newsletter produced collaboratively by National CASA and the National Council of Family and Juvenile Court Judges, provides answers to: What is a family drug treatment court (FDTC) and how is it different from the traditional dependency court process? Is FDTC an effective use of the limited resources available to courts, attorneys, CASA programs and public and private agencies charged with the responsibility of ensuring reasonable efforts, child safety, permanency and well-being in abuse and neglect cases?
Office of Juvenile Justice and Delinquency Prevention, Guidance to States: Recommendations for Developing Family Drug Court Guidelines[3]	This updated document includes recommendations for developing Family Drug Courts. The recommendations are a collaboration of a number of professional groups and based on evidenced-based outcomes for FDTC participants.

ENDNOTES

1 See Issue Brief on "Substance Abuse and Youth in Foster Care"

2 http://www.casaforchildren.org/site/c.mtJSJ7MPIsE/b.9166853/k.339E/Summer_2014.htm

3 http://www.cffutures.org/files/publications/FDC-Guidelines.pdf

4 These elements were adapted from "Family Drug Courts: The Solution" by Judge Katherine Lucero available at http://www.courts.ca.gov/documents/Family_Drug_Courts_10_Components_Revisioned.pdf

GUARDIAN ASSISTANCE PROGRAM (GAP)

GUARDIAN ASSISTANCE PROGRAM (GAP)

WHY IT MATTERS

One of the most pressing goals of public child welfare services is to ensure that children rapidly and safely achieve permanency. For many children, reunification with parents is the primary goal. However, when reunification is unsafe or not in the child's best interest, adoption or legal guardianship with a caring adult are the primary alternatives. Relative care has become a preferred option for many child welfare systems when children cannot safely remain with their parents and are placed in foster care. When compared with children in non-relative care, children in relative care experience greater stability as shown by fewer placement and school changes, and more positive feelings about their placement.[1]

Relative care has become a preferred option for many child welfare systems when children cannot safely remain with their parents and are placed in foster care.

Data indicates that approximately 45 percent of children in out-of-home care have case plan goals other than reunification. The goals include adoption (26 percent), guardianship (3 percent), and living with other relatives (3 percent).[2] State courts determine the scope of a guardian's rights and responsibilities. Definitions of guardianship and the terms of guardianship orders and agreements vary from State to State, but all States grant guardians care, custody, and control of the child and they are responsible for providing the child with a safe and stable home, food, clothing, and basic health care.

Federal adoption assistance support has been available to all States since 1980; however, federal guardianship assistance was only made available to all States under Title IV-E of the *Social Security Act in 2008*, with the passage of the *Fostering Connections to Success and Increasing Adoptions Act*.[3] Among other things, the Act established the Title IV-E *Guardianship Assistance Program (GAP)*, which allows federal funds to be used to support State subsidies for eligible children and relative guardians who are committed to caring

permanently for these children. As of this writing, 33 States, the District of Columbia and six tribes have implemented GAP.[4] The *Fostering Connections Act* gives States the option to use Title IV-E funds for guardianship assistance if the following requirements are met:

- The guardian is a relative of the child (although the law does not define "relative").
- The guardian has a strong commitment to caring permanently for the child, is a licensed foster parent, and has cared for the child in a licensed foster care home for at least six consecutive months.[5]
- The child meets eligibility requirements for receipt of Title IV-E foster care maintenance payments.[6]
- If the child is 14 years of age or older, he or she must be consulted about the guardianship.
- Neither reunification nor adoption are appropriate permanency options for the child.
- The State agrees to match federal funds with State dollars at the Medicaid matching rate.[7]

If States are not willing or able to meet these requirements or choose not to operate a Title IV-E GAP program, they may fund a relative guardianship assistance program with their own funds. The *Fostering Connections Act* allows States to pay relative guardians up to the same rate as the State's monthly foster care subsidy, but not more than this. While the federal guardianship statute sets out a basic framework for Title IV-E GAP, including eligibility requirements, States retain discretion to shape and develop their programs in unique ways including how they define "eligible" relatives, what supports they will provide beyond the monthly subsidy and what the birth parent responsibilities will be.

THE DIFFERENCE BETWEEN GUARDIANSHIP AND ADOPTION

Unlike adoption, guardianship does not require termination or relinquishment of parental rights. In many States, birth parents may retain certain rights and responsibilities, such as the right to consent to adoption of the child, major medical treatment, and enlistment in the armed forces; and they often remain responsible for paying child support. As part of the guardianship agreement, courts can allow birth parents to maintain contact with their child including regular visitation. Birth parents may also retain the right to petition the court to revoke or modify a guardianship upon a showing of changed circumstances and that changing the guardianship is in the child's best interest. Guardianship may also be the right choice in cases in which reunification is not possible or in the child's best interest, and there are no grounds for termination of parental rights.

ADVOCATES IN ACTION

GAP is the first time that federal dollars were made available exclusively for supporting children exiting foster care to permanent homes with relative guardians.[8]

ACTIONS

- **Learn if your State has been given final approval for GAP amendments.** If so, inquire as to how they are being implemented and how it has changed (or not changed) permanency outcomes for children and youth in foster care. If your State is not participating in GAP, find out if there are future plans in place to use GAP.

- **Educate CASA volunteers, judges, parents, guardians, child welfare staff, practitioners and leaders on the benefits of guardianship,** such as the fact that termination of parental rights (TPR) is not required, birth parents can remain engaged in the child's life, etc. Helping others understand the value of guardianship as a permanency option which considers guardian families' unique needs, and how best to meet those needs.

- **Review the literature on the benefits of guardianship.** Guardianship is often considered a more fragile permanency option than adoption or family reunification. Having supporting data on the benefits of guardianship will help build a case as to why it may, depending on the individual situation, be a viable alternative to adoption.

- **Understand the differences between legal guardianship, adoption, and foster care and how your State defines each in terms of service provision and support.** Help family members including relatives and fictive kin understand these differences and the possible benefits and drawbacks to each.

- **If guardianship is a viable option, help older youth understand what their rights are in terms of expressing their feelings and desires.** Just as family members and professionals need to know the differences between legal guardianship, adoption and foster care, older youth (14 years and older are required to be informed) need to be educated on these differences so they can express their opinions on the matter.

- **Pay special attention to the option of legal guardianship for American Indian and Alaska Native (AI/AN) children and families.** When AI/AN children are placed with families that do not share their culture or heritage, there is likely a loss of familial, tribal, and cultural connections. In the event that reunification will not be possible, legal guardianship can help retain familial and cultural ties, important components to well-being.

- **Make relative search, engagement, and education of guardianship status and benefits a priority.** Continually identify and engage relatives and fictive kin who may serve as guardians.

- **Make licensing relative caregivers a priority** and examine State barriers to licensure to determine if licensure can be simplified and streamlined for relative caregivers.

- **Consider guardianship for youth who are older than 18.** Permanency at any age can lessen child trauma and family conflict.[9] Relative guardianship can fill the need for permanency when neither reunification nor adoption are appropriate, or the young person has aged out of foster care.

CHECK TO SEE IF YOUR STATE OR TRIBE HAS BEEN GIVEN FINAL APPROVAL FOR THE GAP AMENDMENTS:

As of August 2017, 43 Title IV-E Agencies have submitted Title IV-E plan amendments to enable them to make claims for federal support of eligible guardianship assistance.

- **35 States and the District of Columbia** have been given final approval of those GAP amendments (Alabama, Alaska, Arkansas, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New Mexico, New York, Nevada, North Carolina, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, and Washington, West Virginia and Wisconsin).

- **8 Tribes or Tribal Consortia** have been given final approval of the GAP amendment (Confederated Salish and Kootenai Tribe, Eastern Band of Cherokee Indians, the Keweenaw Bay Indian Community, Navajo Nation, Pascua Yaqui Tribe, Port Gamble S'Klallam Tribe, the South Puget Intertribal Planning Agency, and Tolowa Dee-ni' Nation of Smith River, California (formerly Smith River Rancheria).

SELECTED RESOURCES

Name	Description
Casey Family Programs, *Guardianship Assistance Policy and Implementation: A National Analysis of Federal and State Policies and Programs*[10]	In this report, federal Title IV-E GAP, and State guardianship assistance statutes and administrative codes were reviewed in the summer of 2016. A survey of State experts in guardianship, or child welfare administrators in the States without a guardianship program currently in place, was also conducted. The report, developed in collaboration with the *Chapin Hall Center for Children*, was guided by a desire to clearly understand how States are, or are not, supporting guardianship placements in the law and in practice.
Child Welfare Information Gateway, *Kinship Guardianship as a Permanency Option*[11]	This publication reviews State laws and policies that allow a family member or other person with close ties to a child who has been placed in out-of-home care to become that child's permanent guardian.
Grandfamilies, *The Title IV-E Guardianship Assistance Program (GAP): An Update on Implementation and Moving GAP Forward*[12]	This document provides a list of the benefits of guardianship as a permanency option when reunification isn't possible for children and youth in foster care. It also provides a map of the United States identifying the States that are using Title IV-E GAP.

ENDNOTES

1 Generations United. (n.d.) Children thrive in grandfamilies. Washington, DC: Author. Retrieved from http://grandfamilies.org/Portals/0/16-Children-Thrive-in-Grandfamilies.pdf

2 U.S Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, *The AFCARS Report, 2016*. http://222.acf.hhs.gov/cb

3 https://www.acf.hhs.gov/cb/resource/implementation-of-the-fostering-connections#gap

4 Thirty-three States have been given final approval for GAP amendments, including: Alabama, Alaska, Arkansas, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, Washington, West Virginia, and Wisconsin. New Mexico has also been given approval for GAP amendments and is currently working to implement GAP.

5 Licensure of foster parents is an administrative decision made by child welfare agency personnel. States have discretion when determining whether a guardian should be licensed or whether there are acceptable waivers to licensing requirements. Retrieved from http://grandfamilies.org/Portals/0/documents/KinshipCare%20Judges-1Pager_Final.pdf

6 The Title IV-E Guardianship Assistance Program (GAP) is a formula grant that helps States, Indian Tribes, Tribal Organizations and Tribal Consortia (hereafter "Tribes") who opt to provide guardianship assistance payments for the care of children by relatives who have assumed legal guardianship of eligible children for whom they previously cared as foster parents. Retrieved from: https://www.acf.hhs.gov/cb/resource/implementation-of-the-fostering-connections#gap

7 Public Law 110-351, Sec. 101(b)(3)(A)(iii)

8 http://www.childrensdefense.org/library/data/making-it-work-using-the.pdf

9 See Issue Brief on "Permanency roundtables: Helping older youth achieve permanency."

10 https://caseyfamilypro-wpengine.netdna-ssl.com/media/Guardianship-Assistance-Policy-and-Implementation_Technical-Report.pdf

11 https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/kinshipguardianship/

12 http://www.grandfamilies.org/Portals/0/Title%20IV-E%20GAP%20Update.pdf

KINSHIP CARE SUPPORTS

KINSHIP CARE SUPPORTS

WHY IT MATTERS

With an increase in the number of children in foster care, grandparents and other relatives have increasingly stepped in to care for them. Sometimes these arrangements are informal or private, and other times they are made with the involvement of the child welfare agency. Relatives may serve as foster parents and/or legal guardians. Some relevant statistics:[1]

Evidence reveals that children in foster care who live with relatives or kin providers experience fewer placement changes, fewer school moves, and are less likely to re-enter the foster care system after reunifying with their parents. Relatives are also more willing to adopt or become permanent guardians when reunification with parents is not possible.

- Thirty percent (approximately 139,000) of children in foster care are placed with a relative. In 2014 over 40 percent of children in relative foster homes were there because of parental substance use.
- In 2016, 7.5 million children were living in households headed by grandparents or other relatives, most often with their parents also present, but most recent data suggest about 2.6 million are being raised in kinship families without their parents present.
- Large numbers of children are diverted from the child welfare system by agency staff or judges to live with grandparents or other relatives. Many receive no help in caring for the child.

Evidence reveals that children in foster care who live with relatives or kin providers experience fewer placement changes, fewer school moves, and are less likely to re-enter the foster care system after reunifying with their parents.[2] Relatives are also more willing to adopt or become permanent guardians when

reunification with parents is not possible.[3] Living with relatives helps reduce the impacts of abuse and neglect trauma, resulting in better behavioral and mental health outcomes.[4] Children and youth living with relatives are less likely to run away from their placement, they are more likely to report that they feel "always loved," they are more likely to live with their siblings and there is greater preservation of cultural identity and community connections when they live with relatives.[5]

Providing trauma-informed services to help all family members heal from the experience of separation … is needed.

With the passage of the *Fostering Connections Act of 2008*[6], there have been increased efforts to place children with relative caregivers. Additionally, the act provided for specific supports to relative caregivers to promote permanency. These include:

- **Notice to Relatives When Children Enter Care.** This increases opportunities for relatives to step in when children are removed from their parents and placed in foster care by ensuring they get notice of this removal.

- **Kinship Navigator Programs**[7]**.** These programs, available through grants, help connect children living with relatives, both in and out of foster care, with the supports and assistance they need.

- **Subsidized Guardianship Payments for Relatives**[8]**.** Helps children in foster care leave care to live permanently with grandparents and other relative guardians when they cannot be returned home or adopted and offers federal support to States to assist with subsidized guardianship payments to families for these children, generally to age 18.

- **Licensing Standards for Relatives.** States may waive non-safety related licensing standards for relatives on a case-by-case basis and requires the Department of Health and Human Services (HHS) to report to Congress on the use of licensing waivers and recommendations for increasing the percentage of relative foster family homes that are licensed.

While it is clear that the outcomes for children who live with relatives are more positive than if they were to live with non-relative foster care parents, the opioid epidemic has impacted the overall numbers of children in foster care and more relatives are being asked to care for children. The vast majority of these relatives are grandparents. Due to the difficult and unexpected circumstances that lead children to be removed from their parent's care, grandparents often face greater health, mental health, social and financial challenges than those in the general population.

Grandparents and other relative caregivers need support services that provide them with basic needs like *Temporary Assistance for Needy Families (TANF)* and housing assistance that can ensure food security for their extended family. They also may need access to mental health services for depression, stress, behavioral or emotional assistance for not only the children they care for but for themselves. Many grandparents report feeling incredible guilt when their children's children come to the attention of the child welfare system and many report having had child welfare involvement themselves as parents. Providing trauma-informed services to help all family members heal from the experience of separation and living with a substance abuse use disorder is needed.

ADVOCATES IN ACTION

"It was not easy for my grandmother to raise a child with serious needs while she was in her early 60s with little support. We need more support for grandparents like her who step up to care for us."

— Shaheed Morris, raised in a grand family

ACTIONS

- **Prioritize placement for children and youth with relatives.** Consistent with the evidence that children do best in families, children should be placed in the least restrictive, most family-like settings appropriate to their needs. Use "family find"[9] strategies to locate relatives and remember the father's side of the family as potential providers. Make sure that relatives receive notice about the child's out-of-home placement so that they have an opportunity to step in as caregivers.

- **Provide relative caregivers with the services and supports they need.** Many of the children that relatives care for come with high-level emotional, behavioral and/or physical health challenges. Both caregivers and children will need appropriate services to address their issues.

- **Learn about your local child welfare agency's jurisdiction's licensing standards for relative caregivers.** Licensing standards may be waived in some instances, making it easier for relatives to provide foster care for their kin and possibly receive financial assistance for their care.

- **Ensure that relatives can access financial assistance to meet children's needs.** Access to *Temporary Assistance for Needy Families (TANF)* or participation in other benefit programs like SNAP may be something family members may not know that they are now eligible for given their new family status.

- **Read the Issue Brief on the Guardian Assistance Program (GAP)** to learn more about relatives qualifying for subsidized guardianship payments for these children when they cannot be returned home or adopted.

- **Promote services to grand families through the network of organizations serving older Americans.** For example, all States have access to *National Family Caregiver Support Program (NFCSP)* funds[10] that are used to provide supportive services to children and caregivers in grand families where the caregiver is age 55 or older, regardless of child welfare involvement. The types of services available are support groups, counseling, respite care, training and even direct legal services. Up to ten percent of the program's funds can be used to help grand families, but most States do not make full use of these funds to support families.[11]

- **Learn about Kinship Navigator Programs** specific to your community and ensure that relatives caring for children are connected. There have been positive outcomes for those receiving kinship navigator services including higher rates of permanency, lower rates of re-entry and cost savings. There is more information about this support in "Selected Resources."

- **Help relatives caring for kin understand the complexities of the child welfare system and how to advocate for themselves.** Many caregivers find it difficult and intimidating to interact with the court systems, especially when they have to bring cases against their own family members. Encourage them to be strong and help them identify their strengths and remind them when times are tough that they are not alone and that the benefits to the children they are caring for are great.

BRIGHT SPOT

GENERATIONS UNITED (GU), SUPPORTING *GRANDFAMILIES* UNITED STATES

Generations United (GU) was founded in 1986 by the *National Council on Aging and the Child Welfare League of America*. *AARP* and the *Children's Defense Fund* soon joined in GU's efforts to promote cooperation and mutual support between generations. In 1997, GU incorporated as its own not-for-profit organization. Inspired by the 1995 *White House Conference on Aging*, the newly recruited board endorsed *Grandparents and Other Relatives Raising Children* as their first major initiative. Since then, GU has worked closely with national and local partners to advance a public policy and awareness building agenda in support of grandfamilies.

The first national expert symposium on grandfamilies was convened in 1997 and marked the first time the issue of grandparents raising grandchildren was explored from a multigenerational perspective. A follow-up symposium was held in 2004 to review progress, celebrate successes and develop the next action agenda to lead future work. The GU's *Grandparent Advisory Group* – consisting of national organizations and experts from across the country – has met regularly since 1998 and continues to act as the coordinating body for effort on behalf of grand-families. The members also identify emerging issues the families face.

Generations United champions grandfamilies and encourage positive media and progressive policies. Their work with the *American Bar Association* established www.grandfamilies.org. This resource includes every State's laws, case examples and lessons from the field. It is the one-stop shop for advocates interested in supportive State policies for grandfamilies, including *Fostering Connections*. GU continues to work to shape policies and programs that help support the success of grandfamilies – "because their success means the success of our neighborhoods, our communities and our country."

To learn more: http://www.gu.org

SELECTED RESOURCES

Name	Description
Generations United, *Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies*[12]	This report highlights key solutions and action steps to support grand families raising their kin grandchildren as a result of the opioid epidemic.
Guardian Assistance Program (GAP)[13]	The title IV-E *Guardianship Assistance Program (GAP)* is a formula grant that helps States, Indian Tribes, Tribal Organizations and Tribal Consortia who opt to provide guardianship assistance payments for the care of children by relatives who have assumed legal guardianship of eligible children for whom they previously cared as foster parents.
Kinship Navigator[14]	This website is designed to help relatives and kin navigate the caregiving system. Services they provide include: • Access to community resources including health, financial, legal services, support groups, training, and emergency funds • An easy way to ask your questions. The *Kinship Navigator* will answer or link you to the best resource to meet your needs • County guides of resources available to *Kinship Families* • Access to *Kinship Navigator* via a toll-free phone number
National Family Caregiver Support Program (NFCSP)[15]	This program advocates across the federal government for older adults, people with disabilities, and families and caregivers; funds services and supports provided primarily by States and networks of community-based programs; and invests in training, education, research, and innovation.

ENDNOTES

1 Source: Generations United. 2016. "State of Grandfamilies 2016: Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies." http://www.grandfamilies.org/Portals/0/2016%20State%20of%20Grandfamilies%20Report%20FINAL_1.pdf.

2 Annie E. Casey, *Stepping Up for Kids: What Government and Communities Should Do to Support Kinship Families. 2016.*

3 Generations United. 2016.

4 Generations United. 2016.

5 U.S. Department of Health & Human Services, Administration for Children & Families. (2005). *National Survey of Child and Adolescent Well-Being (NSCAW) CPS Sample Component Wave 1 Data Analysis Report,* April 2005. Washington, D.C.: U.S. Department of Health & Human Services, Administration for Children & Families. Retrieved from http://www.acf.hhs.gov/sites/default/files/opre/cps_report_revised_090105.pdf

6 See http://www.grandfamilies.org/Portals/0/documents/fostering/shortSummary.pdf

7 See "Selected Resources"

8 See "Selected Resources"

9 See "Family Find Strategies" Issue Brief

10 See "Selected Resources"

11 Generations United (2016). Raising the Children of the Opioid Epidemic: Solutions and Support for Grandfamilies.

12 Report available at: http://www.gu.org/OURWORK/Grandfamilies/TheStateofGrandfamiliesinAmerica/TheStateofGrandfamiliesinAmerica2016.aspx

13 Guardian Assistance Program, https://www.acf.hhs.gov/cb/resource/title-iv-e-guardianship-assistance. Also, see Issue Brief, "Guardian Assistance Program."

14 Kinship Navigator, http://www.kinshipnavigator.org/

15 National Family Caregiver Support Program, available at https://www.acl.gov/programs/support-caregivers/national-family-caregiver-support-program

PARENT REPRESENTATION PROGRAMS

PARENT REPRESENTATION PROGRAMS

WHY IT MATTERS

Legal representation and support to parents whose children are involved in the child welfare system lead to better outcomes for children and families. Effective parent representation can shorten the length of time it takes for children to successfully reunify with their families[1]. In the event that reunification is not possible, effective parent representation is supportive in reducing the time children spend in foster care awaiting a permanent placement.[2] Unfortunately, not all states require that indigent parents involved in abuse and neglect and parental rights termination proceedings have the right to a public defense attorney. Yet when adequate legal representation and support for parents is provided in child welfare proceedings, it results in better outcomes for children and families that can also lead to substantial savings of government funds.

When adequate legal representation and support for parents is provided in child welfare proceedings, it results in better outcomes for children and families.

There have been several evaluations of parent representation programs in the past decade that highlight why a quality parent representation program is good for children and families. In Washington State for example, a parent representation program was created when a study found that parents in Washington were provided with inadequate legal representation which resulted in significant consequences to parents and children including lengthy foster care stays.[3] The program created, called the *Parent Representation Program* (PRP) reduced caseloads, provided adequate compensation for parent attorneys and provided regular access to social worker staff by assigning social workers to attorneys using a ratio of one social worker per four attorneys. Results revealed that where PRP was implemented, it sped up reunification with parents and for those children

who did not reunify with their parents, the rate of permanency through adoption and guardianship was faster.

PRP is one example of a parent representation program that made a significant difference in helping children in Washington reunify with their parents and achieve permanency faster. Other programs in the United States have focused on providing parent and family representation in order to prevent children from entering into the foster care. The *Center for Family Representation* (CFR) in New York City was able to demonstrate that smaller attorney caseloads resulted in fewer children entering foster care and increased rates of reunification. The *Detroit Center for Family Advocacy* (CFA) provide attorneys to represent families during the child protection investigation with the goal of allowing parents or their family members to provide for their children without the need for court intervention. The PRP and the results from the efforts of CFR and CFA reveal how critical parent representation can be to impacting reunification rates, speeding up permanency and reducing entries.

ADVOCATES IN ACTION

Parent representation programs have been shown to speed up reunification with parents and for those children who did not reunify, the rate of permanency through adoption and guardianship is faster than for those children whose parents do not have representation.

ACTIONS

- **Learn if your state requires parent representation** for families involved in dependency and termination hearings (see below for link to map that shows requirements for representation).
- **Inquire how parents are supported and represented** if there are not parent representatives available to the parents of the children you serve. Research tells us that when parents are supported and represented, the child's outcomes improve.
- **Spend time learning about the parent representation program** if your state or local jurisdiction has one. Parent attorneys are important partners who ideally represent the best interests of the entire family, not just the parent. Find out how parent attorneys are making a difference in reunification, permanency and entries? Is there data that can highlight these outcomes? Think about how you can work with parent attorneys to improve these outcomes.

- **Spend time getting to know the individual parent attorneys.** There may be times when there appears to be conflict between the parent attorneys and child advocates. Having a respectful relationship before conflicts arise, will help when it is necessary to collaborate when parties seem to be at odds with one another.

BRIGHT SPOT

DETROIT CENTER FOR FAMILY ADVOCACY DETROIT, MICHIGAN

The *Detroit Center for Family Advocacy* (CFA) provides attorneys to represent families during the child protection investigation with the goal of allowing parents or their family members to provide for their children without the need for court intervention. The families that CFA represents are 84% African-American, 9% White and 4.2% Asian. Most of the families live in poverty and 30% are headed by a single parent. CFA represents families during the child protection investigation and helps them access legal tools to protect their own children. A CFA team of a lawyer, social worker and advocate use legal mechanisms – such as guardianships, child custody or personal protection orders, education and landlord-tenant advocacy – to allow parents or their family members to provide for their children without the need for foster care or dependency court interventions.

A study conducted in 2012 found that 100% of the cases served by CFA were closed with children residing with a permanent family outside of the child welfare system. This program as well as several others reveal how critical parent representation can be to impacting reunification rates, speeding up permanency and reducing entries.

To learn more: http://detroit.umich.edu/centers-initiatives/highlights/promoting-safe-and-stable-families-detroit-center-for-family-advocacy/ [4]

SELECTED RESOURCES

Below are tools and resources for learning more parent representation.

Name	Description
American Bar Association, *National Project to Improve Representation for Parents: Investment that Makes Sense*[5]	This document produced by the *American Bar Association* is the best go to resource on the benefits of parent representation, examples of different state models and tips for states looking to improve parent representation.
National Coalition for Civil Right to Council, *Interactive Map*[6]	This interactive map shows what each state's status is regarding parent representation for dependency/neglect and termination cases. There are three categories: 1) Categorical right to counsel (right to counsel without qualification); 2) Discretionary appointment of counsel (courts are permitted but not required to appoint counsel); and, 3) Right or appointment is qualified.

ENDNOTES

1 Thorton, E. and Gwin, B. (Spring 2012). *High quality legal representation for parents in child welfare cases results in improved outcomes for families and potential cost savings*. Family Law Quarterly, Vol. 46, No 1, p.139–154.

2 Ibid

3 Courtney, M., Hook, J., & Orme, M (Feb 2011). *Evaluation of the impact of enhanced parental legal representation on the timing of permanency outcomes for children in foster care*. Partners for Our Children, Issue Brief, Vol. 1.

4 http://detroit.umich.edu/centers-initiatives/highlights/promoting-safe-and-stable-families-detroit-center-for-family-advocacy/

5 See https://www.americanbar.org/content/dam/aba/administrative/child_law/ParentRep/At-a-glance%20final.authcheckdam.pdf

6 See http://civilrighttocounsel.org/map

PARENTAL INCARCERATION

PARENTAL INCARCERATION

WHY IT MATTERS

Approximately 15–20% of children entering the child welfare system have a parent who is incarcerated.[1] In 2013, data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) indicated that parental incarceration was a reason for entry into foster care for 19,858 children and youth, representing eight percent of all children who entered care that year.[2] Children and youth who have a parent who is incarcerated are at greater risk for staying in foster care longer than children without an incarcerated parent; an average of 3.9 years.[3] However, research indicates that children in foster care who have regular contact with their incarcerated parent are more likely to achieve permanency (whether through adoption or reunification) and the impacts to the damaging effects of separation are reduced. Because the *Adoption and Safe Families Act* (ASFA)'s timelines for initiating termination of parental rights (TPF) are strictly monitored, incarcerated parents lose their parental rights at disproportionately higher rates. Mothers are also more at risk. One study showed that 17% of incarcerated mothers lost their parental rights versus 10% of incarcerated fathers.[4]

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The majority of incarcerated parents (93%) are those convicted for non-violent crimes.[5] Children and youth who are African-American are more likely to have incarcerated parents than white children, which puts their parents at greater risk for having their parental rights terminated, as many are single parent families in the African-American community.[6] Poor children are more than three times more likely to have incarcerated parents than children in families with incomes at least twice the poverty level (12.5% versus 3.0%).[7] Similarly, children

whose parents have little education (i.e., education beyond high school) are 41% more likely to have a parent who is incarcerated versus those children whose parent had some education beyond high school.[8]

Children and youth living outside metropolitan areas (e.g., rural areas) are also more likely to have an incarcerated parent than those living in metropolitan areas (10.7% versus 6.3 %).[9]

ADVOCATES IN ACTION

Parental incarceration is not, by itself, a reason to file a termination of parental rights.[10]

ACTIONS

- **Learn how your State addresses termination of parental rights and parental incarceration.** For example, several States (e.g., Nebraska, New Mexico and Oklahoma) expressly prohibit terminating parental rights solely on parental incarceration.[11] Other State statutes list parental incarceration as an exception to the enforcement of ASFA's 15 of 22 months provision, providing longer time for the parent and child to be engaged.

- **Locate an incarcerated parent** who may be in an unidentifiable facility. To find a parent in Federal prison, visit the Bureau of Prison's website at http://www.bop.gov/inmateloc/ or the National Victim Notification Network (VINElink) www.vinelink.com, a free service available in 41 States with which you can search by name or other identifying information. This information can help identify the status of the parent's case and when they may be released.

- **Identify ways to engage incarcerated parents** through visits with their children, court proceedings, services like parenting classes, mental health or substance use counseling, anger management, counseling with their child, etc. If parents aren't involved, this will both delay the child's permanency and increase the likelihood that TPR will occur. Also, if parents aren't engaged as they should be, a parent can claim that no reasonable efforts were made for reunification and this could delay an adoptive placement.

- **Find resources that can help the child and parent maintain regular contact.** The cost of making outgoing calls from jail or prison are usually high. Check to see if there are donations available through services such as *Friends of CASA* that can help offset these costs. Identify technology such as Facetime or Skype for virtual visits. Ensure that the parent has a way to participate in the court proceedings through remote video or conference call features. Unfortunately, parents may be located long distances from where their child is living and so being creative about visits and contact will be necessary.

- **Keep the parent informed of their child's progress.** Parents are anxious to hear how their children are doing. Send pictures, selections of their drawings or other creative arts, copies of things from school, etc.

- **Advocate for State policy/legislation that supports the rights of incarcerated parents.** For example, Florida's House Bill 281 requires that the child welfare department must know the facility where the parent is incarcerated, the availability of services and the services available at the facility which must be attached to the case plan.[12]

- **Ensure that children and their parents are having regular visits** by checking in with the caseworker on the status of the visits and asking: Who initiates the visits? How far in advance does the visit need to be scheduled? What is the visiting schedule? What types of documentation or identification is required? Are there prohibited items? Are there any age minimums for visiting children? Are there any facility or community programs that can assist with the visit (e.g., travel or financial assistance)? Can the parent and child have physical contact?

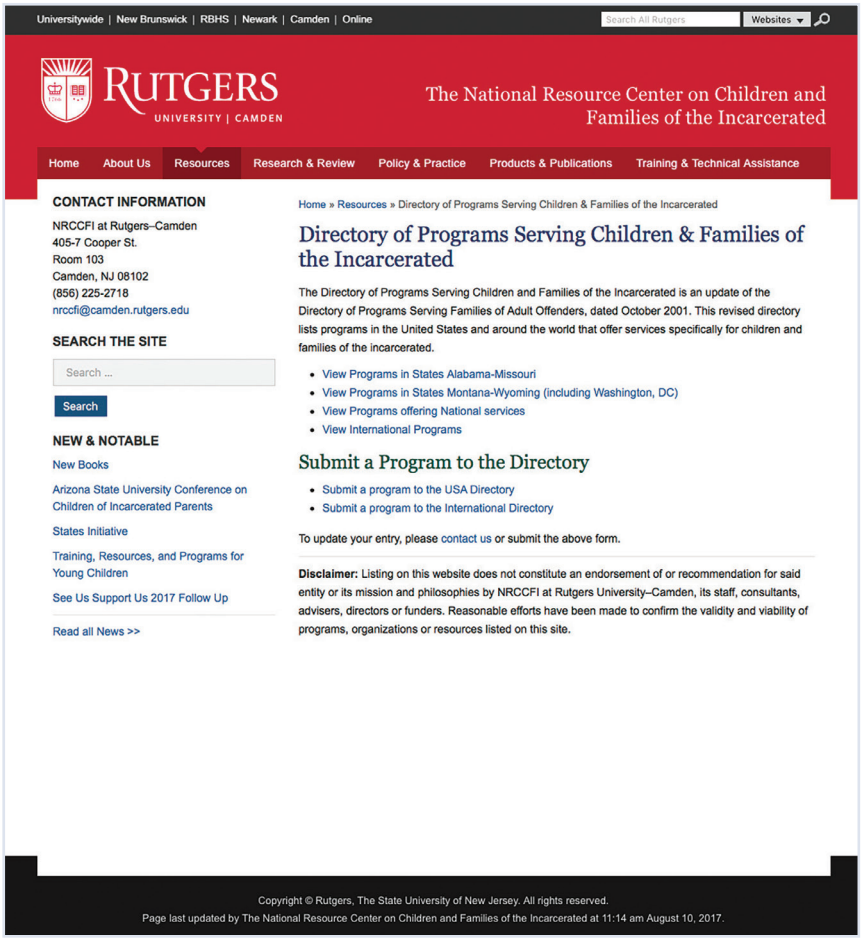
- **Help prepare children for visits with their incarcerated parents**. There are a number of selected resources identified below to help support visits, but one of the best things an advocate can do to help the child is reassure them that it is OK if they are nervous about visiting Mom or Dad in prison and try to help them understand what the process will be like. Give them some ideas of "ice-breakers" or conversation starters they can use when visiting their parents. Roleplay with them if that is age appropriate. For young children visiting their parents, inquire as to whether the parent has an opportunity to do parental things with their baby such as feed them or change them. If so, make sure the parent has the right supplies.

- **Support caregivers** by ensuring that they have the information and support needed to provide safe, loving homes for children in their care. Relative caregivers and foster parents are more likely to adopt the children of incarcerated parents in their care when they believe their needs and the needs of their children are being met. This will help boost their confidence that they are ready and able to raise a child.

BRIGHT SPOT

NATIONAL RESOURCE CENTER ON CHILDREN AND FAMILIES OF THE INCARCERATED

A number of State and local programs are available to support incarcerated parents and their children. These programs may be provided in the correctional facility to the incarcerated, to other family members in the community or both. CASA staff and volunteers along with child welfare staff can work with correctional facility staff to ensure their agencies and the community have the proper resources to support these families. The *National Resource Center on Children and Families of the Incarcerated* maintains a directory of national and local programs. Advocates can also search for mentoring, after school and other programs, as well as camps, in their community that serves children with parents who are incarcerated.



SOME OF THESE SPECIFIC PROGRAMS INCLUDE:

- The *U.S. Dream Academy*[13] provides afterschool and mentoring programs for at-risk youth, especially those with incarcerated parents in seven communities across the United States (Baltimore, Houston, Indianapolis, Orlando, Philadelphia, Salt Lake City and Washington D.C.).
- *Amachi*[14] provides training and technical assistance to local mentoring programs throughout the United States.
- The *Parenting Inside Out* program assists mothers and fathers who are parenting from prison.[15]

To learn more: http://nrccfi.camden.rutgers.edu/resources/directory/

SELECTED RESOURCES

Name	Description
Child Welfare Information Gateway, *Child Welfare Practice with Families Affected by Parental Incarceration*[16]	This resource provides tips for working with families affected by parental incarceration as well as a host of resources for helping children and families impacted by incarceration. Although written for child welfare professionals, advocates will find the "Knowledge Checklist" helpful in preparing to work with incarcerated parents and their families.
Children of Incarcerated Parents Framework Document: Promising Practices, Challenges, and Recommendations for the Field [17]	In 2015, the *Urban Institute's Justice Policy Center and the National Institute of Corrections* (NIC) released a framework document that synthesizes the lessons learned regarding the impact of parental incarceration on children. The framework highlights a range of promising and innovative practices designed to mitigate the trauma children experience when a parent is arrested, detained, and sentenced, as well as to strengthen parent–child relationships after a parent's criminal justice involvement.
National Institute of Justice, *The Hidden Consequences: The Impact of Incarceration on Dependent Children (2017)*[18]	This article summarizes the range of risk factors facing children of incarcerated parents, cautioning against universal policy solutions that seek to address these risk factors but do not take into account the child's unique needs, the child's relationship with the incarcerated parent, and alternative support systems.
National Mentoring Resource Center, OJJDP, *Mentoring Children of Incarcerated Parents (2016)*[19]	This review examines research on mentoring for children of incarcerated parents.

Name	Description
Rutgers University, *National Resource Center on Children & Families of the Incarcerated, Children and Families of the Incarcerated Fact Sheet (2014)*[20]	This fact sheet highlights the demographics of children who have parents that are incarcerated.
Sesame Workshop, *Sesame Street Toolkit: Little Children, Big Challenges (2013)*[21]	This bilingual (English/Spanish) initiative helps families with young children (ages 3–8) who have an incarcerated parent continue to develop skills for resilience.
Urban Institute, *Toolkit for Developing Family-Focused Jail Programs: Children of Incarcerated Parents Project (2015)*[22]	This toolkit and the strategies and experiences it describes are intended for people interested in developing family-focused jail programs in their own jurisdictions, including jail practitioners and community-based organizations working with jail administrators and detainees.
Vera Institute of Justice, *A New Role for Technology? Implementing Video Visitation in Prison (2016)*[23]	This study examines the current use of, and future plans to implement, video visitation through a first-ever survey of all 50 State Departments of Corrections.

ENDNOTES

1 Source: National Institute of Justice, The Hidden Consequences: The Impact of Incarceration on Dependent Children (2017) https://nij.gov/journals/278/Pages/impact-of-incarceration-on-dependent-children.aspx?utm_source=Youth.gov&utm_medium=federal-links&utm_campaign=Reports-and-Resources

2 U.S. Department of Health and Human Services, 2013.

3 National Institute of Justice

4 Ibid.

5 Ibid

6 Ibid.

7 Ibid.

8 Ibid.

9 Ibid.

10 The *Federal Adoption and Safe Families Act of 1997 (ASFA)* allows for an exception to filing for the termination of parental rights (TPR) when the agency documents a compelling reason why filing of a TPR petition is not in the best interests of the child.

11 Child Welfare Information Gateway, (2013).

12 http://www.flsenate.gov/Session/Bill/2018/281

13 http://www.usdreamacademy.org

14 http://www.amachimentoring.org

15 http://www.parentinginsideout.org

16 https://www.childwelfare.gov/pubs/parental-incarceration/

17 See https://www.urban.org/sites/default/files/publication/53721/2000256-Children-of-Incarcerated-Parents-Framework-Document.pdf

18 https://nij.gov/journals/278/Pages/impact-of-incarceration-on-dependent-children.aspx?utm_source=Youth.gov&utm_medium=federal-links&utm_campaign=Reports-and-Resources

19 http://www.nationalmentoringresourcecenter.org/images/PDF/COIP_Population_Review.pdf

20 https://nrccfi.camden.rutgers.edu/files/nrccfi-fact-sheet-2014.pdf

21 http://www.sesamestreet.org/toolkits/incarceration

22 https://www.urban.org/research/publication/toolkit-developing-family-focused-jail-programs-children-incarcerated-parents-project

23 https://www.vera.org/publications/video-visitation-in-prison

PERMANENCY ROUNDTABLES:

HELPING OLDER YOUTH ACHIEVE PERMANENCY

PERMANENCY ROUNDTABLES: HELPING OLDER YOUTH ACHIEVE PERMANENCY

WHY IT MATTERS

Every year, approximately 20,000 young people "age out" of the foster care system without achieving legal permanency.[1] The future for this population is often fraught with challenges. Over half will leave foster care without a high school diploma, many will experience homelessness in the first year after leaving care and a disproportionate number will be unemployed, involved in the criminal justice system and/or living in poverty. The likelihood that their own children will be child-welfare involved is significant.[2]

Achieving legal permanency before they leave care, whether through reunification, adoption or guardianship, reduces the aforementioned outcomes from occurring. Having a stable placement, a chance to stay in the same school, connected adults who care about the youth's well-being, and an opportunity to grow into adulthood without being "thrust" into the world, is why helping youth achieve permanency is so important.

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One strategy that has been employed to help youth in foster care find permanency is through a process called "permanency roundtables" (PRTs). PRTs are intensive, structured case consultations among agency case managers and supervisors, permanency consultants, and others related to a child's case who bring creativity and urgency to expediting permanency for children in care.[3] PRTs differ from usual case staffing in that the primary focus of the

meeting is to intensely focus on what permanency options are available to the individual child. Brainstorming amongst the team members leads to the development of a permanency action plan with steps to be accomplished within six months. Regular follow-ups on the progress toward permanency for the youth are conducted.

Casey Family Program partnered with 11 counties to conduct a multi-site evaluation of PRT outcomes.[4] The project focused on youth age 12 or older who generally had an APPLA case goal. The outcomes of the PRTs for over 700 youth across four States were evaluated for this study. All of the sites participated in a number of activities to help youth achieve permanency including:

- Implementing permanency roundtables and incorporating specific permanency strategies such as diligent search, youth engagement, family engagement, strengthening child connections, and services to meet child needs and prepare child for permanency, as well as strategies to overcome policy, legal, and financial barriers to permanency.
- Assessing caseworker/supervisor attitudes towards permanency, organizational climate and culture.
- Documenting the contextual factors that impacted the level of success of the projects
- Shared and generalized lessons learned from the project and evaluation with other jurisdictions.

Unfortunately, the results of the evaluation weren't as robust as hoped, as a much smaller number of youth achieved legal permanency at 12 months following the PRT. However, 24 months following the PRTs saw increased numbers of youth achieving permanency. There were, however, findings that should influence practice and policy recommendations when helping youth in foster care achieve permanency:

Youth who had at least one positive, lifelong connection to an adult were significantly more likely to achieve permanency.

- Youth who had at least one positive, lifelong connection to an adult were significantly more likely to achieve permanency.
- The older the youth was, the less likely they were to achieve legal permanency before exiting foster care.
- Youth whose action plans included a psychosocial, psychological, or psychiatric evaluation to determine their needs, suggesting that they had emotional or behavioral problems, were less likely to achieve permanency.
- For youth who were still in care 12 months after the PRT, permanency status increased and the restrictiveness of living situation decreased. However, the number of positive adult connections did not increase.
- Jurisdictions report that the roundtables have caused staff to have a greater awareness of the definition of legal permanency and the importance of permanency.

ADVOCATES IN ACTION

Older youth in foster care need the same things as infants, toddlers and adolescents in the system – safe and loving families that will support them now and into adulthood. They need the stability and security of a permanent family. But they also need programs and approaches recognizing that older youth in foster care face different challenges.

— Casey Family Programs

ACTIONS

Based on what we know are the poor outcomes that young people exiting foster care without permanency are likely to face, it's important to reflect on the "lessons learned" from the PRT evaluation and implement strategies that can help a young person's likelihood of achieving permanency improve.

- **Ensure youth have lifelong connections to at least one adult, and if they don't, help them identify and cultivate such a relationship.** Regardless of their age and their time in care, it is never too late for a child or youth to be connected to at least one adult who they can absolutely count on being there for them. Being connected to a caring adult has been one of the most consistent factors in youth in and from foster care achieving better outcomes later in adulthood. Help youth reconnect with siblings or significant adults that they may have lost contact with.

- **Improve preparation for permanency from the start of a child or youth's case.** Identify potential permanency resources and connections through discussions with parents and relatives. Conduct family find searches or other methods to identify potential, permanent placements.[5] Engage the youth throughout the process.

- **Address mental, emotional or behavioral issues with evidence-based interventions.** Challenges with these issues make it less likely that a child or youth will achieve permanency. Ensure that strategies for addressing these issues are tailored to the specific child's needs, age and stage of development.

- **Participate in cross-team training on values and best practices for achieving permanency,** especially for children who have large sibling groups, are living in group settings, who have been in foster care for a long time, who are older and/or who have physical, mental and/or behavioral needs.

- **Adopt innovative strategies to overcome systemic barriers the child or youth faces to legal permanency.** Inquire about waivers and exceptions. Ensure that funding and supports encourage legal permanency and do not provide an incentive to keep children in foster care.

- **Encourage the use of roundtable practices.** Adopt a structured brainstorming planning format, use of strength-based, non-blaming and solution-focused values and the inclusion of appropriate staff and external partners on roundtable teams. Develop action plans and timelines for evaluating action plans and back-up strategies if permanency is not achieved in a timely manner.

BRIGHT SPOT

PERMANENCY SUMMITS FRANKLIN COUNTY CASA, MISSOURI

In 2012, staff working with children and youth in foster care were "encouraged" by the Office of State Court Administrators (OSCA) to attend a Permanency Summit of professionals in the 20th circuit to discuss and develop plans about how to reduce barriers to permanency that children and youth in foster care were facing. This multi-disciplinary gathering included representatives from the court such as parents' attorneys, CASA Executive Director, Guardian ad Litems (GALs), the Juvenile Judge, Chief Juvenile Officer and supervisors from the Children's Division, as well as the contracting case management agency. Although the first Permanency Summit was less of a request and more of a "must-attend," the participants found it helpful and supportive in finding solutions to achieving timely permanency for children and youth whether it was through reunification, adoption or guardianship. The collaborative nature of the gathering created a commitment to continue these "permanency summits" long after OSCA had first begun this project six years before. With the leadership of Franklin CASA serving as the "host", these permanency summits continue to be held quarterly with approximately 5–10 participants attending who represent the aforementioned professional groups.

The summits, which last approximately two hours, provide an opportunity for the participants to review the current data — how many children are in foster care currently, what their ages are, what their permanency goals are and the identification of trends noted over time. Reviewing the data and working together to create and implement solutions has resulted in a number of changes to how things are done. For example, one barrier noted to permanency for older youth is that they weren't able to come to court to express their wishes without missing a day of school. This resulted in an "older youth" docket for hearings scheduled after school, whereby youth 14 and older can come to their hearings without missing precious school time. This has not only meant that more youth have the opportunity to participate in their own hearings, but the older youth docket has relieved the congestion of the morning hearings. Another outcome of the summits has been the restructuring of the service agreements to be more consistent and universal, so parents working on case goals have a clear and decisive plan for what they are being held accountable to. This too aids permanency, particularly for those parents who will be reunified with their children, as there is no question about what the expectations are.

Not surprisingly, a frequent topic of discussion at the Permanency Summits has been on helping older youth who are on the path to aging out of care. As

in many programs, the older youth tend to have the most challenging circumstances, and in the case of Franklin CASA, they represent a disproportionate number of children in the overall foster care system. Glenda Volmert, Executive Director, believes that it is the collective ideas and work of the individuals who participate in these summits that makes them successful and sustainable. Franklin County CASA is looking forward to continuing these summits and eventually expanding them to incorporate their entire circuit.

For more information, contact training@casaforchildren.org

SELECTED RESOURCES

Name	Description
Casey Family Programs, *When a Teen Says No to Permanence* [6]	This handout, created to use in preparation trainings for permanency roundtables, describes the actual messages that teenagers in foster care may be giving when they are saying "no" to permanence and provides tips for how to help the youth see a different perspective.
FosterClub, *An Introduction to Permanence* [7]	This resource contains a description of a course designed to help foster parents and caregivers regarding permanency for foster youth. In this course participants learn that permanency comes in many different shapes and sizes, and that different people can provide different types of permanency for foster youth.
Georgia Courts, *My Connectedness Chart* [8]	This chart and corresponding interview questions can be used by any team member who has a trusting relationship with a youth to learn about their perceptions of who they are connected to and whether that connection could help support permanency.
Texas CASA, *Permanency Values* [9]	This resource includes a packet of resources provided by CPS to assist CASA volunteers in working towards permanency for children in foster care. The materials explore permanency values and how partners in the child protection system can work with – and for – children and youth in care to build life-long, supportive relationships that give them a sense of family and belonging.

ENDNOTES

1 Casey Family Programs (2012). Permanency Roundtable Project: 24 Month Outcome Report. Available at https://caseyfamilypro-wpengine.netdna-ssl.com/media/garoundtable_24month_FR.pdf

2 Courtney, M. E., Dworsky, A., Lee, J. S., Raap, M., Cusick, G. R., Keller, T., et al. (2010). *Midwest Evaluation of the Adult Functioning of Former Foster Youth*. Chapin Hall.

3 https://caseyfamilypro-wpengine.netdna-ssl.com/media/garoundtable_24month_FR.pdf

4 Ibid.

5 See Issue Brief on "Family Search and Engagement"

6 http://coloradochildrep.org/wp-content/uploads/2013/10/ocr_presentation_9_27.pdf

7 https://www.fosterclub.com/foster-parent-training/course/introduction-permanence

8 http://cj4c.georgiacourts.gov/sites/default/files/cj4c/Perm%20conversations.pdf

9 https://texascasa.org/learning-center/resources/download-resources-permanency-values-training/

PLACEMENT STABILITY

PLACEMENT STABILITY

WHY IT MATTERS

According to the 2016 *AFCARS Report*,[1] the majority of children and youth (ages 5 to 17) in foster care experienced a least one placement change:

- 35% experienced one placement change
- 37% experienced two to three placement changes
- 13% experienced four to five placement changes
- 14% experienced six or more placement changes

As research clearly asserts, changing home placements is usually associated with poor outcomes in permanency, safety and well-being. Placement stability is the foundation for children to develop healthy and secure relationships and it serves to reduce the potential stressors that arise from being displaced multiple times. As more is learned about the impacts of trauma, placement changes can trigger traumatic experiences and reduce a child's ability to build resilience.

Frequent placement moves not only compound the issues of being separated from one's parents, but they may also separate siblings, school friends and supportive adults, relatives, and the very community that the child is accustomed to. Placement stability has a direct impact on a child's ability to successfully graduate high school on time. The more placement changes a child or youth has the greater likelihood that they will experience increased school absences, be retained a grade, be identified as having special needs, be more likely to have school discipline issues leading to suspensions and expulsions from school, and more likely to drop-out of school without a diploma or GED equivalent.[2]

For young children, placement changes can have a profound impact on their brain development. These disruptions can increase stress-induced related responses and create alternations in the brain. One study found that the younger the age at first foster placement along with higher number of placements are associated with altered hypothalamic-pituitary-adrenal (HPA) functioning which increases cortisol levels and stress response. Depending on what developmental stage the young child is in, changing caregivers can detrimentally impact their ability to form secure attachments and stay on target developmentally.[3]

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Factors that influence placement stability, include[4]:

- **Timing in placement**. Research studies reveal that the initial phase of placement is when children are at greatest risk for future placement instability. Getting the right placement the first time is critical, especially for babies and young children who are developmentally unable to absorb the changes.

- **Characteristics of the home**. The age of other children in the placement can impact stability. Research has found that if children are placed with similarly aged children in the home –either other children in foster care or the foster parents' own children, this can create more conflicts over belongings and attention, with more stress resulting in placement disruption.

- **Children's characteristics.** These include things like the child's gender (research reveals a greater likelihood that girls will experience placement instability), and the child's age (research shows that the older the child is at initial placement, the more likely that placement will disrupt). Evidence suggests that children of color are more likely to have unsuccessful permanency planning and are less likely to reunify. These things contribute to more placement instability. Mental and behavioral health concerns of children also are cited as one of the strongest predictors of placement instability and a common reason that foster parents request the removal of a child in their care.

- **Type of placement.** Research is continuing to compare placement stability rates between foster care and kin/relative placements and finding that some studies point to kinship care placements as being more stable.[5]

- **Foster parent characteristics.** Foster parents who have greater social support systems such as extended family, are more likely to provide a stable placement for the child. Adequate preparation and training for foster parents is also a factor in reducing placement instability.

- **Worker and agency characteristics.** The more educated the social worker assigned to the case is, has shown to be associated with reduced placement instability.

- **Worker retention.** Studies have found that worker stability is also associated with placement stability and for babies, even one change in their case worker can impact their stability significantly. The fewer workers that a child has is also related to the increased probability that they will be reunified. Having the worker make consistent and regular visits to the placement positively influences stability.

ADVOCATES IN ACTION

One foster care agency found that each placement change required at least 25 hours of additional casework time to process the change in placement. For children, they are more likely to be distressed, exhibit more emotional and behavioral problems and experience trauma.

ACTIONS

One of the most important roles an advocate can play in advocating for the best interests of the child is ensuring that their placement is healthy, secure and stable. Promoting placement stability can enhance positive outcomes in safety, permanency, and well-being.

- **Visit the child and caregivers regularly.** Regular visits at the child's placement will help both the child and their caregivers feel less isolated and more connected to your support. Just as regular visits by a social worker are associated with better outcomes for children in care, a volunteer's role can be as influential.

- **Learn about potential barriers or concerns that might impact a child's placement stability.** As an advocate, you can inquire to how things are going in the home, each and every time you visit. For younger children who may be unable to communicate their needs, you may need to make more frequent visits to understand how the child is doing in their placement and to identify any potential risks to the placement disrupting.

- **Ensure placement specific services** that will help maintain placement stability. This may include transportation assistance, respite care or foster-family counseling. Learn about what stressors are present in the placement and work to help reduce those by identifying supports through the child welfare agency and/or community.

- **Inquire about child specific services that may help stabilize placement.** Children with mental and behavioral challenges are more likely to experience placement disruption. If you suspect these issues are occurring, encourage the use of training, education, or support directly to the caregiver to help with these issues or support and training to both the child and the caregiver.

- **Identify other supports in the child's life that can help stabilize placement.** For example, research shows that a child or youth who is involved in their school through after school or extracurricular activities and doing well academically, is less likely to have a disrupted placements. Advocate for extracurricular involvement, academic tutoring, mentoring, etc. that will support a child's school success and consequently impact placement stability. Employment or volunteer activities may also help keep older children busy and engaged, creating less stress in the home.

- **Advocate for concurrent planning.** Research has shown that when concurrent planning is used effectively as designed, it can facilitate the success for achieving permanency in 12 months and reduce the amount of time that children spend in foster care. Studies show that the earlier concurrent planning is implemented and when it includes the child and/or family in the decision making process, than placement stability is more likely.

BRIGHT SPOT

ANGEL FLIGHT DALLAS CASA

Many programs face difficulties when advocating for children placed far from their local court jurisdictions. These situations threaten volunteer retention, increase costs to the local program and create barriers to regular contact with the child which as described in this issue brief, can impact placement stability. Several years ago, Dallas CASA developed a model partnership with the regional affiliate of a non-profit organization, *Angel Flight*. *Angel Flight* pilots donate their time, private planes and fuel to fly CASA volunteers, staff and children to long distance placements.

Dallas CASA has used the service for child visits, pre-placement home assessments, meetings and for special events benefiting the child. Dallas CASA built *Angel Flight* operations into its training and case assignment procedures, identifying supervisors and volunteers willing to take *Angel Flight* cases and matching accordingly. Since 2014, Dallas CASA and *Angel Flight* have flown more than 120 missions. Pilots have enjoyed using their unique skill to help CASA/GAL volunteers connect with their youth. Dallas CASA has earned respect and admiration from judges and other stakeholders for maintaining regular contact with children that others can't reach, all while reducing the costs of remote advocacy. With a network of *Angel Flight* organizations spanning across the United States, *Angel Flight* is poised to expand this partnership nationwide, with Dallas CASA's leadership, to help CASA/GAL programs provide caring and consistent advocacy to children in placements that are faraway.

For more information, contact training@casaforchildren.org

To learn more: http://aircharitynetwork.org/contact-us/

SELECTED RESOURCES

Name	Description
Child Welfare Information Gateway, *Strategies to Minimize Placement Disruptions*[6]	This resource contains a number of articles and tips for minimizing placement disruptions.
Child Welfare Information Gateway, *Instability in Foster Care*[7]	This resource discusses the causes of child placement instability and the consequences for child well-being. Also addresses strategies for combating placement instability.
National Foster Parent Association (NFPA)[8]	The National Foster Parent Association is a non-profit, volunteer organization established in 1972 as a result of the concerns of several independent groups that felt the country needed a national organization to meet the needs of foster families in the United States. Their mission is to be a respected national voice for foster, kinship, and adoptive families through networking, education, and advocacy.
National Resource Center for Diligent Recruitment, *Placement Stability and Permanency*[9]	The purpose of this resource is to provide information on: • Having a sufficient, diverse pool of foster, adoptive, and kinship families that can meet the needs of the children and youth in foster care in your child welfare system; • Engaging and supporting families from their initial contact with your agency all the way through post-placement.

ENDNOTES

1 National AFCARS file from NCANDS; data of point-in-time count of children in care 9/30/16.

2 See "Fostering Success in Education: National Fact Sheet on the Educational Outcomes of Children in Foster Care" (April 2018). Available at: http://www.fostercareandeducation.org/

3 For more information, see Issue Briefs "Early Development and Trauma Impacts on Young Children" and "Attachment Supports for Caregivers."

4 The factors summarized here were adapted from "Placement stability in child welfare services: Issues, concerns, outcomes and future directions literature review." UC Davis Extension: Center for Human Services. www.humanservices.ucdavis.edu/academy

5 For more information on Kinship placement see Issue Brief, "Kinship Care Supports."

6 https://www.childwelfare.gov/topics/outofhome/placement/strategies/

7 https://cfrc.illinois.edu/pubs/rp_19990701_PlacementStabilityStudy.pdf

8 http://nfpaonline.org/

9 http://www.nrcdr.org/placement-stability-and-permanency

POST REUNIFICATION SUPPORTS

POST REUNIFICATION SUPPORTS

WHY IT MATTERS

Reunification is the most common goal for children and youth in foster care and it is also its most common outcome.[1] Rates of re-entry for children and families who do not receive sufficient post-reunification services are higher than for those families that receive in-home child welfare services during or after foster care.[2] Best practice literature on the topic indicates that effective post-permanency or after-care services should be provided for a least 12 months following reunification, and children and families should be matched with appropriate in-home and community supports prior to reunification.[3] Without appropriate post-reunification services, the risk of re-entry is significant.

Effective post-permanency or after-care services should be provided for a least 12 months following reunification [and] should be matched with appropriate in-home and community supports prior to reunification.

Casey Family Programs' *Supporting Lifelong Families*[4] report notes that post-permanency programs should at minimum, include these components:

- **Basic family resources** including housing, employment, and income support.
- **Safety-focused practices**, which must become a major component of every service program to ensure that children are not put at further risk of maltreatment.
- **Trauma-informed approaches,** which involves understanding, recognizing, and responding to the effects of all types of trauma.
- **Evidence-based clinical child supports** including programs that address 1) the trauma that led to the child's entry into foster care; 2) the trauma associated with removal itself; and, 3) the stresses associated with transition either back to the home from which they were removed, or to a new home, separated from their biological families.

- **Caregiver supports and services** including counseling or other clinical services, skills training, child care health care services, advocacy training, educational services, parenting skills training and substance abuse treatment.
- **Support networks** including support groups, child care referrals, and respite care.
- **Navigation services** including a point-person for families to connect to resources, supports and services.

ADVOCATES IN ACTION

Research indicates that families receiving in-home child welfare services during or after foster care are considerably less likely to experience re-entry compared to children not receiving services.[5]

ACTIONS

- **Engage the family early** in planning for reunification. Partner with the family's social worker to ensure that everyone who can be a support to the family (e.g., relatives, current caregivers, and friends) are included in the planning. If the children are older (e.g., 11+) they should have involvement on the team and in the development of the permanency plan.
- **Advocate for more intensive and frequent visitation between parents and children.** Researchers, not sure whether more intensive and frequent visits are the reason for reducing re-entry or whether it is the parents' motivation for increased and intensive visits, but one of these factors is creating the outcome of fewer odds of the child re-entering foster care.[6]
- **Assess with the** caseworker the family's readiness to reunify to identify gaps and develop a plan for how to address the gaps.
- **Ensure that the family has concrete services** either in place or lined up prior to reunification. Services like respite care, transportation, housing, child care, food planning, budgeting/shopping, etc. will help the parent feel better prepared and ready to resume to role of parent.
- **Identify whether the family needs more intensive services** to be successful. Programs like functional family therapy, parent-child interaction therapy, and trauma-focused cognitive behavioral therapy may not be needed for all families but may be very helpful for some families who will struggle to reconnect with their children. Help them identify one point-person that they can connect to for resources, supports and services.

- **Engage fathers.** When fathers are engaged, families are found to be more likely to reunify and less likely to re-enter into the child welfare system. Ten years ago, there weren't many services to dads, and now there are many more. Continuing to engage fathers is a promising practice change.

- **Ensure that there are solid and healthy relationships** in place before ceasing your interactions with the family. Identify with the family and caseworker who these people are and what qualifies as a solid and healthy relationship.

limitations you may face in terms of continued contact. As a team member, you also need to know what the expectations are of others on the team in terms of your continued relationship with the child and their family.

- **Ensure you are keeping in contact with the family** especially in the initial months. Contact can be simple emails or weekly calls or text messages to let the family know you are thinking of them.

When fathers are engaged, families are found to be more likely to reunify and less likely to re-enter into the child welfare system.

- **Understand what the expectations are for your involvement post-reunification.** Ask your supervisor whether there are policies around how long you should stay involved with the family and what

- **Plan your exit strategy** and transition your support to supports available in the family's circle of important relationships as well as community supports.

BRIGHT SPOT

CATAWBA COUNTY CHILD WELLBEING PROJECT CATAWBA COUNTY, NORTH CAROLINA

With support and partnership from the Duke Endowment, in 2006 Catawba County Social Services began planning how to improve the long-term well-being of children who were and had exited foster care to reunification. With support from the University of North Carolina's Frank Porter Graham Child Development Institute, and after extensive discussions, literature reviews, and focus groups with staff, birth, adoptive parents and guardians, six areas of need were identified for families' post-care:

- Ongoing emotional support and case management for families;
- Mental health services for children to address children's attachment and externalizing behaviors;
- Educational services, supports, and advocacy to improve children's educational achievement;
- Material supports to provide financial assistance and child care;
- Parent education; and,
- Emotional supports.

The program utilized a "Success Coach" model wherein the Success Coach served as the foundation or hub for all post-care services. Additionally, an Educational Advocate helps track educational achievement and school moves for all children while they are in foster care and while they are served by the Success Coach after they leave care. Families served by Success Coaches are also eligible to receive material supports and if they meet service criteria, may be referred to Parent-Child Interaction Therapy, Strengthening Families, and Adoption Support Groups. To ensure that the program is effectively meeting the needs of children and families post care, "Program Review Protocols" were developed to assure that data are used in decision-making and assessment and assessment, and that staff engages in problem solving that reduces or eliminates barriers to implementation.

Initial results show that there has been reduced rates of re-entry into foster care following the implementation of the project.

To learn more: https://www.cssp.org/policy/body/Catawba-County.pdf

SELECTED RESOURCES

Name	Description
Family Centered Treatment[7]	Intensive services for families may include family-centered therapy. These interventions are generally used as a response to a crisis situation and are intended to diminish the impact of the crisis by stabilizing and strengthening the family structure.
Child-Parent Relationship Therapy (CPRT)[8]	The goal of CPRT is to strengthen the quality of the parent-child attachment bond as a means of reducing child behavior problems and stress in the parent-child relationship. CPRT was developed for children ages 3–8, but has been adapted for use with toddlers and preadolescents.
Theraplay[9]	Based on principles of attachment, *Theraplay* enables parents and their children –of all ages—to experience reciprocal joy and interests, cooperation and delight. This provides them with safety and a sense of closeness which creates a context where ongoing conflicts and worrisome behaviors are more likely to decrease.
Family Reunification Following Foster Care: *Tracking Checklist*[10]	This fact sheet was designed to support families being reunified after children are placed in foster care. It highlights helpful research and information to develop workable plans to aid families in reunifying and rebuilding. The checklist included in this document covers many of the strategy areas noted above.
Homebuilders[11]	*Homebuilders* is a home- and community-based intensive family preservation and reunification treatment program, designed to avoid unnecessary placement of children and youth into foster care, group care, psychiatric hospitals, or juvenile justice facilities. The program model engages families by delivering services in their natural environment, at times when they are most receptive to learning, and by enlisting them as partners in assessment, goal setting, and treatment planning. Homebuilders showed faster rates of reunification, with comparatively lower rates of reentry that sustained over time in a Utah study.

ENDNOTES

1 Lee, S., Joson-Reid, M., & Drake, B. (2012). Foster care re-entry: Exploring the role of foster care characteristics, in-home child welfare services and cross-sector service. *Children and Youth Services Review*, 34(9), 1825-1833.

2 Ibid.

3 See https://www.childwelfare.gov/fostercaremonth2016/resources/webinar/postreunificationwebinar/

4 See https://www.casey.org/media/supporting-lifelong-families-full.pdf

5 Lee, S., Jonson-Reid, M., & Drake, B. (2012).

6 Mallon, G. (2011). *Visiting the heart of reunification*. Presentation retrieved from the National Resource Center for Permanency and Family Connections website: http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/family-child-visiting.html

7 http://www.familycenteredtreatment.com/the-fct-model/

8 http://cpt.unt.edu/cprt-certification/cprt-overview

9 https://www.theraplay.org/

10 http://edis.ifas.ufl.edu/pdffiles/FY/FY136600.pdf

11 http://www.cebc4cw.org/program/homebuilders/detailed

PERMANENCY

REDUCING THE USE OF ANOTHER PLANNED PERMANENCY LIVING ARRANGEMENT (APPLA) GOAL FOR CHILDREN AND YOUTH IN FOSTER CARE

REDUCING THE USE OF ANOTHER PLANNED PERMANENCY LIVING ARRANGEMENT (APPLA) GOAL FOR CHILDREN AND YOUTH IN FOSTER CARE

WHY IT MATTERS

Each year approximately 20,000 youth age 18 and older "age out" of foster care and find themselves on their own, without a permanent family. In 2015, the percent of youth who "aged out" and had entered foster care at 13 years or older was 77.7%.[1] While more jurisdictions and states are doing away with APPLA as a case goal, long-term foster care and emancipation are often confusingly classified as APPLA, even though these goals do not imply the same characteristics of permanency. Judges, lawyers, and agency professionals are often trained to choose APPLA as a case goal only when compelling reasons make other options inappropriate. APPLA has often replaced long-term foster care as the default goal for adolescents who face additional barriers to achieving legal permanency.[2]

With no goal other than long-term foster care, youth may lose hope of finding a permanent family and instead may adopt an attitude of acquiescence that they will age out of the foster care system and will have to primarily depend on themselves to move ahead in life.

With no goal other than long-term foster care, youth may lose hope of finding a permanent family and instead may adopt an attitude of acquiescence that they will age out of the foster care system and will have to primarily depend on themselves to move ahead in life.[3] This resignation to aging out of care held by youth whose case goal is APPLA has been echoed in case manager

focus groups as well.[4] These findings suggest a diminishing standard of care for older youth in the child welfare system. Older youth with APPLA case goals are more likely to be placed in residential facilities or group homes than with stable foster families, and these group care facilities can be detrimental to adolescent development and increase the risk of youth running away.[5]

Efforts to decrease the number of APPLA cases with an emphasis on permanency options has been underway recently and there are many more interventions now employed to help youth achieve permanency before they "age out" of foster care. Yet there remains wide variation across states with regard to percentages with APPLA goals ranging from a low of 2% to a high of 22%. Advocates are uniquely situated to advocate and support permanency for older youth.

ADVOCATES IN ACTION

The percent of youth who "aged out" and had entered foster care at 13 years or older was 77.7%.

ACTIONS

- **Review the youth's case plan** to ensure that the primary placement recommendation is reunification, adoption and/or guardianship. Plan concurrently to have at least two permanency options available in the event that one of the options doesn't work out. For example, having reunification as the primary placement option and guardianship as the secondary placement option.

- **Advocate that long-term foster care or APPLA** not be included as an option on the youth's case plan. Work with the team and the youth to identify other placement options.

- **Request the team engage in planning with the youth to identify permanent options.** Consider implementing a Permanency Round Table (PRT), Family Group Decision Making process (FGDM) or Family Find strategies to help identify people in the youth's life with whom there could be "formally recognized permanency."

- **Partner with the youth to identify someone with whom they can complete a Permanency Pact.** A Permanency Pact is an individualized contractual agreement that is completed by a youth and a self-selected supportive adult.

- **Ensure that youth are engaged in all aspects of their case plan and are "trained" to self-advocate.** Provide them a safe space to express their concerns about their future as well as their dreams. Practice with them ways of expressing their needs to others.

- **Ensure that not only is the youth acquiring skills for living independently but also acquiring skills for living interdependently**. Youth need strong social supportive networks to thrive but are often at a loss about how to build these networks especially if they experienced frequent placement changes in homes and schools. Building connections with others may open the door to more permanency options.

- **Partner with community resources and programs that provide services and supports for adolescent youth.** Expanding the reach of how youth are connected in their community can expand their opportunities to build supportive relationships. Additionally, some programs around the country are mission driven to serve the needs of adolescents in foster care and have more success than traditional child welfare approaches.

BRIGHT SPOT

RED TO GREEN HEARINGS
CASA OF SOUTHWEST MISSOURI

A couple of years ago, the Juvenile Judge in Greene County Missouri expressed his concerns about the length of time children and youth were spending in foster care without achieving permanency. He was particularly concerned about the youth that had adoption as their permanency case goal but were not residing in an "adoption" foster home. With his leadership, he created a "Red to Green" hearing process to expedite permanency for these long-term cases. CASA of Southwest Missouri now participates as team members during these special hearings that focus on what it will take to get these youth to expedient permanency. A child's case flagged "red" means that it isn't moving –there is not a clear path to permanency. On the other hand, a child's case that is deemed "green" means that plans are moving forward to help the youth achieve permanency.

CASA volunteers attend the meetings and help advocate for the placement that they know will best meet the individual child's needs. Since the CASA volunteers are often the ones who know the child best, their input into placement decisions including the type of home that would be best (e.g., two parent household versus single parent, other children in the home, etc.) for that individual child.CASA volunteers also recommend other important sources of support such as therapy, post-adoption services, educational needs of the child, and so on.Hearings take place every quarter with 10 hearings each time. A case will continue to be reviewed until it is "green" and moving forward.

Another effort taking place in Greene County are monthly Residential Review Hearings. For each child who lives in a residential placement, the team looks carefully at their placement to promote a more family like setting. Children's cases are reviewed to ensure there is a plan to move the child out of the residential setting into a community-based setting or foster home. Staff at CASA of Southwest Missouri note that this is a paradigm shift for everyone involved including the residential care providers who recognize that for many children, what is best is placement in a family setting.

For more information, contact
training@casaforchildren.org

SELECTED RESOURCES

Evidenced-based practices that have increased legal permanency and decreased APPLA case goals include:

Name	Description
Concurrent Permanency Planning (CPP)[6]	Concurrent planning requires the identification of an alternative plan and also the implementation of active efforts toward both plans simultaneously with the full knowledge of all participants. Compared to more traditional sequential planning for permanency, in which one permanency plan is ruled out before an alternative is developed, concurrent planning may provide earlier permanency for the child.
Family Group Decision Making (FGDM)[7]	Family Group Decision-Making (FGDM) refers to the engagement of a family to participate in the planning, actions, and assessment of decisions that impact child safety, permanency, and well-being. Many different approaches and models to FGDM have been developed and implemented within child welfare agencies and organizations.
Family Finding[8,9]	Family find strategies are used to locate and engage relatives of children currently living in out-of-home care. The goal of Family Finding is to connect each child with a family, so that every child may benefit from the lifelong connections that only a family provides.
Permanency Round Tables (PRTs)[10,11]	Permanency roundtables (PRTs) are a strategy to increase legal permanency rates for older youth in foster care. PRTs are structured meetings intended to expedite legal permanency (defined as adoption, guardianship, or reunification) for youth by involving experts from both inside and outside child welfare agencies in creative and concrete case planning.
Permanency Pacts[12]	A strategy developed by *FosterClub*, "The Pact" is designed to help foster youth identify supportive adult connections which will continue to provide positive supports through and beyond the transition from care. As a foster parent, you can introduce a young person to this tool and help them identify those continuing supports in an effort to build a strong support network.

ADDITIONAL RESOURCES

Name	Description
FosterClub[13]	*FosterClub* is a national network for youth in and from foster care. The organization is led by youth and young adults who have experienced foster care. *FosterClub* provides numerous resources including a listing of state resources for older youth in care.
Mockingbird Society[14]	The *Mockingbird Society* is an advocacy organization that provides meaningful opportunities for youth to participate in social justice efforts toward improving the foster care system.
The Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183/HR 4980)[15]	This Act takes important steps forward in protecting and preventing children and youth in foster care.[16] The Act provides a strong framework for child welfare systems to shift current policy and practice to prioritize normalcy. It directs child welfare practice and policy to eliminate APPLA as a permanency goal for children under age 16 and adding requirements if older youth have a permanency goal of APPLA.

ENDNOTES

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2 *Supporting Success: Improving Higher Education Outcomes for Students from Foster Care* (2010). Casey Family Programs, Appendix A, pp.65-68.

3 Babcock, C. (2010). *Analysis of children with APPLA goal*. Clearwater, FL: Eckerd Community Alternatives.

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6 https://www.childwelfare.gov/pubPDFs/concurrent.pdf

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8 http://familyfinding.org/

9 See Issue Brief "Family Find Strategies"

10 http://www.tandfonline.com

11 See Issue Brief, "Permanency Roundtables"

12 https://www.fosterclub.com/foster-parent-training/course/fosterclubs-permanency-pact

13 https://www.fosterclub.com/about-us/who-we-are

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16 *Implementing the Preventing Sex Trafficking and Strengthening Families Act (P.L. 113-183) To Benefit Children and Youth* (2015). The Children's Defense Fund, Child Welfare League of America First Focus, Generations United Foster Family-based Treatment Association and Voice for Adoption, January 14.

REUNIFYING FAMILIES WITH SUBSTANCE USE DISORDERS

REUNIFYING FAMILIES WITH SUBSTANCE USE DISORDERS

WHY IT MATTERS

With substance abuse being one of the primary reasons for removal from their homes (accounting for up to a third of all removals in 2015)[1] timely reunification of children and youth in foster care with their parents can be a challenge. Recovery is a lifelong and cyclical process, with relapse not uncommon and often a part of the process to recovery. The federal *Adoption and Safe Families Act* (ASFA) requires that children achieve permanency within 15 months of their 22 months in care, a difficult challenge at best, but especially for those getting treatment for substance abuse. The tension between these two timelines — the urgency for children to be reunified with their families as soon as possible, versus the time needed for recovering parents to engage in services and prepare to safely care for their children — is a challenge.

The tension between these two timelines — the urgency for children to be reunified with their families as soon as possible, versus the time needed for recovering parents to engage in services and prepare to safely care for their children — is a challenge.

The single strongest predictor of re-unification for families affected by substance abuse is completion of treatment. Studies have shown that women who complete 90 or more days of treatment nearly double their likelihood of reunification.[2] Mothers who enter early into substance abuse treatment programs are more likely to reunify than mothers who don't, and their children spend less time in foster care.[3] Strategies that help motivate parents to enter and remain in substance abuse services are critical to enhancing treatment outcomes.

ADVOCACY IN ACTION

8.7 MILLION CHILDREN nationwide have a parent who suffers from a substance use disorder.[4]

ACTIONS

- **Identifying the issues related to substance abuse early** is critical to the success of reunification and long-term recovery. Screening family members for possible substance abuse with culturally appropriate and validated tools should be routine. As the child's advocate, inquire whether this has been completed.

- **Engage recovery coaches.** Studies show that parents are more likely to enter treatment quickly and stay longer if they have a recovery coach. Recovery coaches work with parents, child welfare caseworkers, treatment agencies and advocates to remove barriers to treatment and provide ongoing support to families.

- **Provide encouragement and frequent feedback to parents.** Well-deserved praise can have a powerful impact on adult behavior. Recognize the hard work and struggle that is happening in the recovery and treatment process. Feedback that is timely, therapeutic and motivating instead of punitive or authoritative will be far better received.

- **Inquire about Family Treatment Drug Courts (FTDCs)**[5]**.** FTDS are courts that bring together treatment services with case management in a supportive setting and coordinate those efforts with child protective services. Research shows that family reunification rates are higher, and children spend less time in care, when their parents participate in FTDC.[6]

- **Ensure that parents are set up for success.** Although reunification is a motivating force for recovery, mothers and fathers report experiencing significant stress from parenting for lengthy periods of time after they have regained custody. The emotional stress of being reunified can overwhelm coping resources and increase the risk of relapse. In addition, many parents do not have strong support networks in place to assist them after they reunify with their children. Help parents identify new and healthy relationships and supports to avoid social isolation. Make sure that they have things in place to be successful in reunification like stable housing, child care, a mentor, a schedule for meetings located in a convenient place, etc.

- **Participate in the development of a safety plan in the event of relapse.** Ensure that the team is coordinating with treatment providers to develop and implement a safety plan in the event of parental relapse. The plan may include identifying individuals who regularly check on the well-being of children. This plan can identify homes where the child can stay if the parents are unable to provide a safe environment. The plan can help the parent identify trigger behaviors that would necessitate safety planning.

- **Celebrate families and equip them with supports** as they journey on their road to recovery. A combination of therapies and other direct services tailored to meet the parent's needs might include housing, transportation, child care, employment, and educational services. Studies show that treatment that provides parenting support and employment opportunities results in higher rates of reunification.[7]

Ensure that the team is coordinating with treatment providers to develop and implement a safety plan in the event of parental relapse.

- **Learn about addiction and how it affects the whole family.** Learn how treating the family holistically — rather than an individual child or parent in isolation — can be more effective in addressing a family's underlying issues.

- **Consider attachment-based parent-child therapy and/or trauma-informed services** as key components to improving parent-child relationship given the stress that addiction can create in child-parent relationships.

- C**ollaborate widely and often.** Integrated service provision with providers who are flexible and committed to the success of parents is needed. When all parties work together, studies have shown that treatment works better, faster, and produces stronger families.[8]

BRIGHT SPOT

SOBRIETY TREATMENT AND RECOVERY TEAMS (START)
MULTIPLE SITES, UNITED STATES

START serves families involved with child welfare in which caregiver substance abuse is a factor in the child abuse or neglect allegation and in which at least one child is age five years or younger. Specially trained child protection caseworkers and parent mentors share a caseload of 12 to 15 families to provide intensive intervention based on a holistic assessment, shared decision-making, access to treatment, and supportive services such as flexible funding. Parent mentors are recovering individuals with at least three years of sobriety who themselves have been involved in child welfare. Services are based on a holistic assessment and include prompt intervention and access to treatment, shared-decision-making, and flexible funding.

In an evaluation involving a sample of 322 families (531 adults; 451 children), mother's achieved sobriety at 1.8 times the rate of those receiving usual treatment and their children were placed in out of home care at only half the expected rate. 40% of men and 66% of women achieved sobriety compared with treatment as usual rates of 37% for both men and women. Currently, work continues to refine the model to improve treatment outcomes for all recipients, but especially for men.

To learn more:
http://www.addictionpolicy.org/single-post/2017/03/08/Sobriety-Treatment-and-Recovery-Teams-START

SELECTED RESOURCES

Below are tools and examples of programs that support reunification of families with substance use disorders.

Name	Description
Celebrating Families[9]	This family-inclusive, trauma-informed, skill-building program is for families with a parent with a substance addiction. It was developed to prevent children's future addiction and mental and physical health problems. The program combines prevention and intervention to support the healing of families in early recovery while developing skills to prevent future addiction.
Engaging Moms (EM)[10]	This 12 week home-based intervention is designed to promote maternal enrollment and retention in substance abuse services. Program specialists address barriers to treatment (e.g., transportation, child care), and therapeutic contacts focus on validating a mother's feelings about delivering a substance-exposed baby; highlighting losses and missed opportunities as well as competencies and strengths; helping a mother understand her life situation as a consequence of her difficult life circumstances; instilling hope; and strengthening bonds between a mother and her child, family, and other natural supports. The program has been found to increase the percentage of women who enroll in drug treatment programs and receive at least four weeks of services.
Parent-child interaction therapy (PCIT)[11]	PCIT is an evidence-based treatment for young children with behavioral and emotional challenges that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. It uses a unique combination of behavioral therapy, play therapy, and parent training to teach more effective discipline techniques and improve the parent-child relationship. Research shows that parents who participate in PCIT learn more effective parenting techniques, the behavior problems of children decrease, and the quality of the parent-child relationship improves.

ENDNOTES

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SIBLINGS AND FOSTER CARE PLACEMENT

SIBLINGS AND FOSTER CARE PLACEMENT

WHY IT MATTERS

Siblings can be a consistent source of comfort, support, and strength, and, in many cases, are the longest-lasting relationships we will ever experience. To a child in foster care, a sibling may be the only continuity between past and present homes, and may be a dependable comfort when adults in the child's life are unreliable. Children who have experienced traumas may rely on one another for support and understanding of their shared history and thus be especially emotionally attached.[1,2] Yet, when it comes to out-of-home placement for children, efforts focus on building and preserving relationships between children and their biological and foster parents, often to the detriment of relationships with siblings. It is estimated that at least two-thirds of children in foster care have a sibling.[3] Nevertheless, more than 50% of siblings in foster care are separated.

Evidence suggests that siblings placed in the same home are more likely to experience positive well-being outcomes, such as fewer emotional and behavioral problems. Siblings can be a source of strength and hope for one another, and can be instrumental in developing resiliency.

Except in cases when one sibling is preventing another sibling from thriving, joint placement is considered best practice in child welfare. Research has repeatedly found that most youth believe being separated from their siblings is an additional burden and loss during what is often the most difficult time of their lives.[4,5] Evidence suggests that siblings placed in the same home are more likely to experience positive well-being outcomes, such as fewer emotional and behavioral problems. Siblings can be a source of strength and hope for one another, and can be instrumental in developing resiliency.

The *Foster Connections to Success and Increasing Adoptions Act of 2008* mandates that "reasonable efforts" be made to keep siblings together, but specifics are left to the interpretation of the States.[6] Sibling

placement policies exist in over 50% of States, and visitation statutes in even more, but these statutes vary widely in their scope and impact.[7] Fewer States require visitation if the siblings are not placed together. Small sibling groups and those that are placed with a relative are more likely to be placed together, but it can be difficult to find placements for larger groups of siblings, particularly when resources are tight.[8] Other risk factors for sibling separation include older age, greater differences in age, special needs of one or multiple siblings, and entering care at different times.[9,10]

If given the opportunity, volunteers should advocate for joint placement when it is in the best interest of a sibling group; however, in circumstances when siblings must be placed separately, it is important to recognize that an advocate can be instrumental in ensuring that siblings continue to have access to one-another. Remember that the child may be your greatest resource in understanding the importance and closeness of a particular sibling bond.

ADVOCATES IN ACTION

Experts estimate that 23% to 75% of foster care children with siblings are placed separately at any given time, and that separation is more likely in traditional family foster care than in kinship care.[11] Separation from a sibling can be an additional loss that brings its own stress, grief, and fear during an already turbulent time in a child's life.

ACTIONS

- **Compile information about your State legislature's policy on this topic.** Know whether your State has a statutory protection for sibling relationships and whether there are requirements for visitation when siblings are not placed together. Understand the technicalities of how your State defines a sibling relationship.
- **Develop resources for foster parents of sibling groups.** When foster parents are willing to be a placement for sibling groups, it becomes imperative that every support possible be provided for that family.

- **Be aware that there are many types of siblings, and only the child knows the value of each relationship.** Children can form a deep and intimate bond and a shared history, regardless of whether they are full-, step-, half-, or non-biological siblings[12]. Be sure to recognize and respect cultural and circumstantial differences in defining sibling relationships.

In the event that siblings can't stay together in foster care even when it is in their best interest, focus on ensuring they have as much contact as possible.

- **Thoroughly assess a child's feelings towards his or her siblings when you first meet the child.** Seek to understand the child's perspective on bonds with other children in the household by asking questions about the length of time that they've lived together, and the quality of the relationship. Recognize that some siblings rely on one another for emotional support, while other sibling relationships may have a negative impact on a child's well-being.

- **Develop strategies for assessing sibling bonds when a sibling group is particularly large.** Given that large sibling groups are less likely to stay together during foster care, it is important to understand the nuances of each sibling bond and advocate for preserving the relationships that are most critical to the well-being of the child. Strategies include questions about which sibling a child relies on the most when that child is afraid, which sibling the child enjoys playing with the most, and which siblings spend the most time together.

- **Advocate for visitation and look for programs in your area that support sibling contact.** In the event that siblings can't stay together in foster care even when it is in their best interest, focus on ensuring they have as much contact as possible. Talk with the caseworker about arranging phone calls, video calls, and in-person meetings as frequently as possible. Look for sibling meet-up opportunities in your area. For example, Sibling Connections is a non-profit in Massachusetts that organizes monthly meet-up groups for siblings separated by foster care. Run predominantly by volunteers, the organization coordinates events like pumpkin patch visits or afternoons at the roller rink, so sibling groups can spend the day together.

BRIGHT SPOT

CAMP TO BELONG
MULTIPLE LOCATIONS, UNITED STATES

Camp to Belong is a national non-profit with the goal of reuniting siblings separated by foster care through a week-long summer camp for siblings. Siblings spend the week together engaging in activities that encourage healthy, strong connections. The camp entails challenging and exciting outdoor activities like horseback riding and canoeing, but what is arguably more significant is the time spent sharing meals, exchanging stories, and relaxing together in a safe environment. Moreover, there is no judgement or stigma about being in foster care, as all kids in the camp are experiencing it.

There are currently camps in over 10 States (plus Australia), with new locations being added regularly. If there is not a camp in your area, check to see if a similar program exists, or start one yourself! *Camp to Belong* is continually looking for volunteers to start a camp in a new State, with the goal of eventually having at least one camp in every State.

To learn more: http://camptobelong.org/

SELECTED RESOURCES

Below are tools and resources for supporting siblings in foster care.

Name	Description
Neighbor to Family Sibling Foster Care Model	The *Neighbor to Family Sibling Foster Care Model* is a unique child-centered, family-focused foster care model designed to keep sibling groups, including large sibling groups, together in stable foster care placements while working intensively on reunification or permanency plans that keep the siblings together. Neighbor To Neighbor began in 1994 serving targeted communities in Chicago where the majority of children came into foster care. The program uses a community-based, team-oriented approach, including foster caregivers and birth parents as part of the treatment team. Trained and supported foster caregivers are key to the model's success. Foster families, birth families, and children receive comprehensive and intensive services including individualized case management, advocacy, and clinical services on a weekly basis. Te program was incorporated in 2000 with geographic presence beyond Illinois. The goals of the *Neighbor to Family Sibling Foster Care Model* are: • Siblings referred to *Neighbor to Family* will placed together in one foster home. • Neighbor to Family caregivers will receive 90 hours initial training and then 50+ hours annually. • Siblings will stay in their original placement until discharged from care. • Siblings will be returned home, be in an alternate permanent placement, or be in the process of being adopted in less than 12 months after placement.
Keep Siblings Together: Past, Present, and Future	For more on the legal angle of keeping siblings together, this informational brief provides information about how research has and has not been translated to effective policies in the US. The publication describes California's progressive sibling rights policies to demonstrate the kinds of legal protections that could be advocated for around the country.
Sibling Issues in Foster Care and Adoption	*Child Welfare Gateway's* bulletin on this topic details the legal framework for joint placement of siblings, as well as ideas for maintaining relationships when siblings are placed separately.

ENDNOTES

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2 McCormick, A. (2010). *Siblings in Foster Care: An Overview of Research, Policy, and Practice*, Journal of Public Child Welfare, vol. 4. DOI: 10.1080/15548731003799662.

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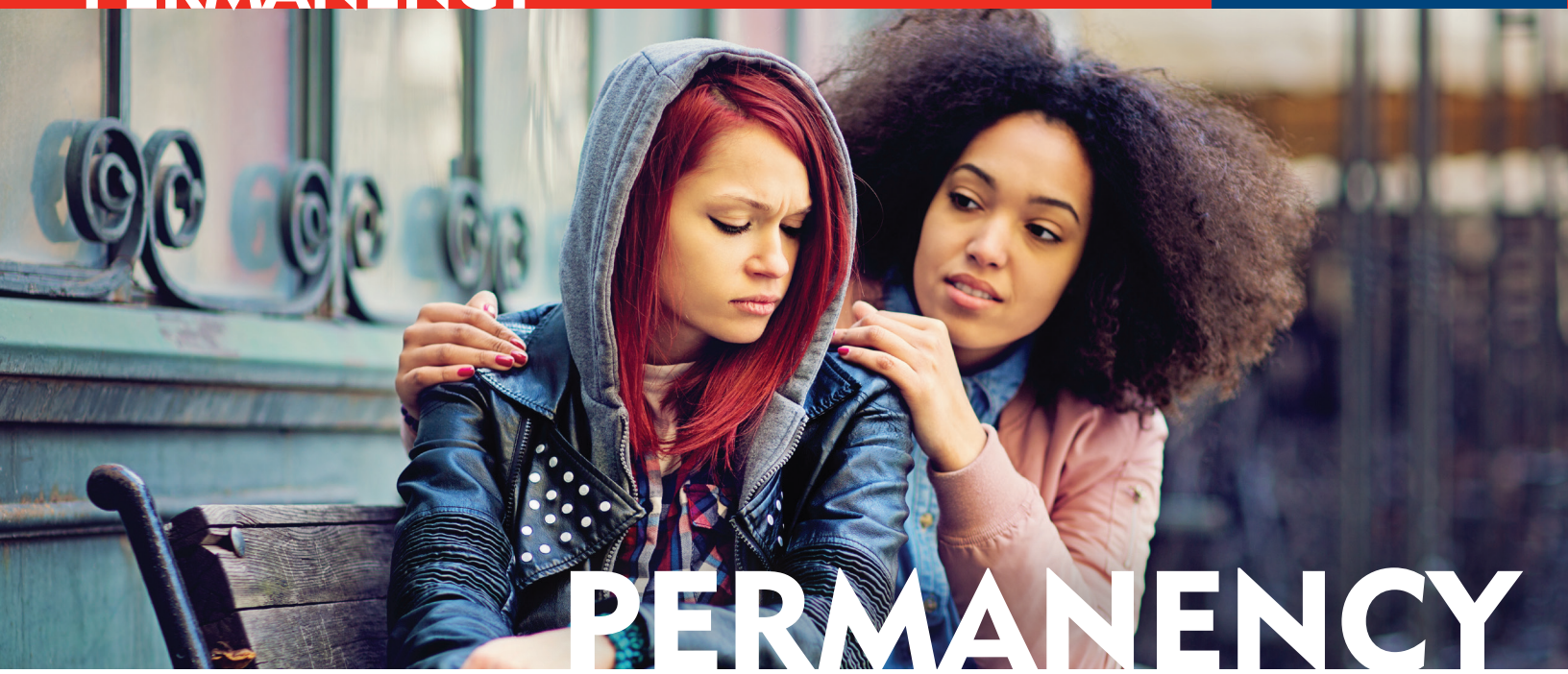

TRAUMA INFORMED PRACTICE: SUPPORTING CHILDREN, YOUTH AND FAMILIES IMPACTED BY ABUSE AND NEGLECT

TRAUMA INFORMED PRACTICE: SUPPORTING CHILDREN, YOUTH AND FAMILIES IMPACTED BY ABUSE AND NEGLECT

WHY IT MATTERS

Children involved in the child welfare system have been exposed to traumatic situations. Many have developed neurologically in the context of ongoing instability, danger, and lack of attachment. Additionally, systems-imposed stressors, such as removal from the home, can compound pre-existing stressors and re-traumatize children who already may be carrying significant burdens. Learning how to cope with adversity is an important part of healthy development. While moderate, short-lived stress responses can promote growth, *toxic stress* is the strong, unrelieved activation of the individual's stress management system in the absence of protective adult support. Without caring adults and targeted interventions to mitigate the effect of these experiences for children, the unrelenting stress caused by extreme poverty, neglect, abuse or severe maternal depression can weaken the architecture of the developing brain, with long-term consequences for learning, behavior and both physical and mental health.[1]

While moderate, short-lived stress responses can promote growth, "toxic stress" is the strong, unrelieved activation of the individual's stress management system in the absence of protective adult support.

Untreated adverse childhood events (ACES) worsen over time if they aren't addressed. Undiagnosed and untreated complex trauma can manifest in symptoms and behaviors that parallel Attention Deficit Hyperactivity Disorder and Oppositional Defiance

Disorder. Children are often labeled with these diagnoses and inappropriately medicated. Untreated trauma in adolescence for example, has been shown to manifest itself in destructive ways. Adolescents with multiple adverse early childhood events are more likely to find themselves placed in juvenile facilities, more likely to have mental health and substance abuse challenges and more likely to be behind the academic curve.[2] Untreated adverse early childhood events increase the likelihood that as an adult, individuals will experience a number of physical and mental health issues including psychiatric problems, drug and alcohol addiction, criminal involvement, heart disease, adult onset diabetes and even early death.[3]

Systems that are trauma informed are better prepared to help the children and families they serve, and staff and volunteers are better able to recognize their own vulnerability to secondary trauma. According to the U.S. Department of Health and Human Services,[4] service improvements as a result of becoming trauma-informed include more children receiving trauma-informed screening, assessment, and evidence-based treatments, which may impact outcomes, such as: fewer children requiring crisis services; decreased use of psychotropic medications; fewer foster home placements, disruptions, and reentries; reduced length of stay in out-of-home care; and improved child functioning and increased well-being. While these recommendations are directed to child welfare systems, all systems that engage with vulnerable children and families should strive to become trauma informed. CASA programs and their volunteers often find themselves on the "front line" with children and families who have and are experiencing trauma. Being equipped with the knowledge, skills and strategies to engage productively with these challenging circumstances is critical. Lastly, being trauma informed means having the ability to recognize when you or your staff and volunteers are being impacted by secondary trauma and how to manage possible burn-out.

TRAUMA DEFINED

According to the *National Child Traumatic Stress Network*, trauma is defined as, "extreme events that are threatening to physical safety or bodily integrity of oneself or loved one." *Acute trauma* is a single event that is limited in time such as a car crash or a terrorist attack. *Chronic trauma* refers to multiple traumatic events occurring over time. *Complex trauma* is the exposure to a traumatic event and the subsequent development of a trauma reaction. Complex trauma can also be magnified by the trauma having been perpetrated or abetted by caregivers charged with protecting and caring for a child. A *trauma reaction* is a response to a traumatic event, which leaves the person feeling terrified and powerless to respond. When this reaction becomes generalized to other situations, their normal response to danger becomes overwhelmed. Their response to this perceived danger is to first flee to avoid the situation, and if that's not possible the fight reaction is implemented in self-defense. The last reaction is a freeze response – a type of neurological collapse or playing dead to stay alive.

ADVOCATES IN ACTION

Trauma can affect children's brains, bodies, behavior, and ways of thinking — It can also be treated.

ACTIONS

- **Become trauma informed by participating in training and ongoing educational opportunities.** This topic is a fast growing one with new information coming to light every day. Encourage your CASA program to host regular trainings that cover all the different facets of trauma including: the neurobiology of trauma, toxic stress, resilience, historical trauma, and executive functioning and compassion fatigue.

- **Learn how the systems that interconnect with the children and families you serve are trauma informed.** Encourage cross-systems integration of trauma informed practices and capacity building efforts. Responding to trauma in a uniformed way will help families and children and it will relieve the burden of one system/agency taking it on by themselves.

- **Ask if child welfare professionals are using trauma informed screening and assessments** for children who come to the attention of child welfare agencies. Encourage their use as both an initial assessment and as an intervention planning tool.

- **Encourage and ensure that there is an array of evidence-based, trauma-informed treatments** for children and families.

- As**k how your program knows if it is trauma informed?** What actions, policies, and outcomes can support the claim that your program is trauma informed?

- **Check to see if you're local CASA program has policies and practice models** to ensure alignment with trauma-informed care. Let staff at National CASA know if you need help putting these things in place.

- **Recognize when you are starting to feel the impacts of secondary trauma or burn-out.** Let your supervisor or other colleagues know how you are feeling. Take time to care for yourself and each other. Remember that the work you do every day is incredibly important and can also be incredibly demanding and draining. Taking time to recharge will help you and the children and families you support.

BRIGHT SPOT

COURTHOUSE FACILITY DOGS CASA OF CHAVES COUNTY NEW MEXICO

Anna, 14, wanted to be in court to talk to the judge but was terrified of her drug addicted, physically abusive mother, who would also be present. Anna had panic attacks before previous hearings and could never walk in the courtroom. So, Emma, a Golden Retriever facility dog met Anna several times before her court date to provide her with support and comfort through the process. Emma then accompanied Anna to her hearing. Anna was able to speak to the judge regarding her concerns, holding Emma's leash throughout the process. Anna was empowered to speak up about her abuse and her placement choices.

As more information comes out about the devastating impact of trauma on children, there is increased recognition that coming to court for a hearing can be re-traumatizing for many children. A growing number of judges and personnel recognize the need to provide a safe and secure environment in their courtrooms for victims of abuse and neglect. One successful intervention has been the use of "facility dogs." Courthouse facility dogs are professionally trained dogs whose purpose is to provide emotional support to victims, witnesses and children. To date, there are now over 180 facility dogs working in 35 States and in Chile and Canada in a program called *Courthouse Facility Dogs*.

In 2010, members of the *New Mexico Children's Justice Act* advisory group learned about the use of facility dogs in the courtroom and realized how helpful they could be to promoting trauma informed practices by providing vulnerable children and families with supports in a "manner that limits additional trauma to victims." These specially trained dogs (and their handlers) help children and youth impacted by trauma in a variety of ways: in forensic interviews, in supervised visitations, transition to new homes, in court and more. Programs such as Chaves County CASA, now employ five working facility dogs. This program and others like it have paved the way for other CASA/GAL programs to apply for a facility dog. Currently there are CASA/GAL facility dog programs in:

- Osceola County GAL, Florida
- Guardian ad Litem Program of Hillsborough County Florida
- Monroe County CASA, Bloomington, Indiana
- Delaware County CASA Program, Muncie, Indiana
- Elkhart County CASA Program, Elkhart, Indiana
- Albuquerque CASA New Mexico
- CASA of Chaves County New Mexico
- Williamson County CASA Tennessee
- CASA of Titus, Camp and Morris Counties Texas
- CASA of Lea County New Mexico

The mission of the *Courthouse Dogs Foundation* is "to promote justice with compassion through the use of professionally trained facility dogs to provide emotional support to everyone in the justice system." Founded as a 501(c)(3) nonprofit organization, staff educate members of the legal profession and the public about the use of facility dogs, along with supporting assistance

dog organizations, and promoting scientific research in this field. A facility dog is a professionally trained assistance dog. While there are many different types of assistance dogs, a facility dog works alongside a professional in a service capacity to assist people. When speaking to the experts in this area, it is important to note that these dogs are different from "therapy" dogs who are not qualified to work in this professional level. Facility dogs are highly trained and bred for this specific purpose. Since 80% or so of a dog's temperament is due to their genetic makeup, the breeding of assistance dogs is one of art and science. Just as children have sensitive periods of development, so do dogs and it is important that their "training" begins as soon as they are born.

However, while it is understood that the dogs need to be specially trained for their role, so do their handlers. Consequently, handlers of facility dogs need training to be trauma-informed so that they do not say or do anything that will re-traumatize or victimize the very individuals that benefit from having the dogs present. In this regard, having a program like *Courthouse Dogs* means more opportunity to educate and train others about trauma informed practices and how and why facility dogs can help mitigate a child's trauma and enhance their resiliency.

For more information, contact training@casaforchildren.org

To learn more: https://courthousedogs.org/dogs/dogs-at-work/casa-programs/[5]

SELECTED RESOURCES

Name	Description
Child Welfare Information Gateway, *Developing a Trauma-Informed Child Welfare System*[6]	The issue brief provides an overview of trauma and its effects and discusses some of the primary areas of consideration in the assessment and planning process, including workforce development, screening and assessment, data systems, evidence-based and evidence-informed treatments, and funding.
Child Welfare Information Gateway, *Treatment for Traumatized Children, Youth and Families*[7]	This web site includes evidence-based resources to help professionals identify and implement treatment programs to meet the needs of children, youth, and families affected by trauma.
Georgetown National Technical Assistance Center for Children's Mental Health, *Trauma Informed Care: Perspectives and Resources - A comprehensive web-based, video-enhanced resource tool*[8]	This tool is comprised of issue briefs, video interviews, and resource lists designed to tell a story of implementation of trauma-informed services and provide guidance and resources to support leaders on their implementation journey.
National Center on Substance Abuse and Child Welfare, *Trauma Informed Care*[9]	This resource provides strategies for systems and agencies that work with children and families for avoiding triggering or unintentional re-traumatization for both parents and children. They state, "In a trauma-informed organization, every part of the organization – from management to service delivery – has an understanding of how trauma affects the life of an individual."
The National Child Traumatic Stress Network, *Trauma Assessments*[10]	This site contains a comprehensive list of evidence-based trauma assessments and checklists for children 0-18 years of age.
US Department of Health & Human Services, *Guide to Trauma-Informed Human Services*[11]	The Administration for Children and Families, the Substance Abuse and Mental Health Services Administrations, the Administration for Community Living, the Offices of the Assistant Secretary for Health and the Assistant Secretary for Planning and Evaluation at HHS co-created this guide as a "road map" to relevant trauma-informed strategies and resources.

ENDNOTES

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2 Abram, Karen M. "Posttraumatic Stress Disorder and Trauma in Youth in Juvenile Detention," *Archives of General Psychiatry* 61 (April 2004).

3 Adverse Childhood Experiences (ACE). http://www.cdc.gov/ace/index.htm

4 See https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf or https://www.childwelfare.gov/pubPDFs/trauma_informed.pdf

5 https://courthousedogs.org/dogs/dogs-at-work/casa-programs/

6 https://www.childwelfare.gov/pubPDFs/trauma_informed.pdf

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8 https://gucchdtacenter.georgetown.edu/TraumaInformedCare.html

9 https://ncsacw.samhsa.gov/resources/trauma/default.aspx

10 https://www.nctsn.org/resources

11 https://www.acf.hhs.gov/trauma-toolkit?utm_source=blog&utm_medium=blog

VISITATION CONSIDERATIONS AND YOUNG CHILDREN

VISITATION CONSIDERATIONS AND YOUNG CHILDREN

WHY IT MATTERS

A baby's first years of life are almost entirely about building trust and security. Through experiences with caregivers, a baby develops expectations about the dependability of attachment figures to provide comfort, support, nurturance and protection in times of need. Attachment behaviors develop within the first three years of life. Early brain development scientists refer to the serve and return[1] nature that needs to be present in order to develop a sense of security and trust with others. When babies are removed from their primary caregiver during these critical developmental periods, the ability to form positive relationships later in life may be compromised and difficult to attain.

The largest percentage of children placed in foster care are children between the ages of zero and five.

Twenty-six percent of the foster care population is less than four years old.[2] This group is the least likely to reunify with their parents and over 25% of these children will re-enter care after initial discharge. For babies and young children who have been abused and neglected, a nurturing relationship helps buffer stress and supports coping. While the removal of a baby from their mother's or father's care is required to protect them from harm, disrupted relationships are painful. If the parent is their attached caregiver, babies can experience reduced thresholds for stress management which further compounds toxic stress the baby already struggles with due to the abuse or neglect. The first consideration when removing babies from an attached caregiver is balancing the current "harm" with the potential "harm" of being separated

The first consideration when removing babies from an attached caregiver is balancing the current "harm" with the potential "harm" of being separated from their caregiver.

from their caregiver. Can the baby stay with the parent if the appropriate resources are put in place to support the parent in safely caring for their child? If not, and removal is imminent, can the baby be placed with a relative or fictive kin member with whom the baby already has a relationship? What else can be done to reduce the negative impacts on the child of separation from their caregiver? A primary buffer is to ensure frequent and quality visitation with their parent(s).

All children in foster care deserve frequent and quality visitation with their parents as it is safe and appropriate to do so. However, it is vital for young children as they are developmentally unable to "hold a memory" of their parent from day to day. Evidence suggests that visitation is linked to improved permanency and well-being and withholding visitation should not be used as a threat or punishment for a parent, as it irrevocably harms the child. Benefits of frequent visitation include: strengthening of the parent-child relationship; ease of pain of separation and loss for the child and parent; enhancement of a parent's motivation to do well; involves parents in their child's everyday activities; helps parents gain confidence and practice new skills; allows for coaching and modeling positive parenting skills; provides information to the court on the family's progress to determine whether reunification is the best permanency option for the child; and, helps with the transition to reunification.[3]

SUMMARY OF ATTACHMENT

- Infants are strongly biologically predisposed to attach to caregivers
- Adults are strongly biologically predisposed to attach to their babies (biological or otherwise)
- Once babies reach a cognitive age of 7–9 months, their attachments begin to consolidate and focus in on specific individuals
- Attachment is a process which develops over the first several years of life based upon nurturing experiences with caregivers
- Attachments may be different with different caregivers, but all babies need one consistent, loving adult who they can depend on to keep them safe and secure.

ADVOCATES IN ACTION

Research shows that regular, frequent visitation increases the likelihood of successful reunification, reduces time in out-of-home care, promotes healthy attachment, and reduces the negative effects of separation for the child and the parent.[4]

ACTIONS

- **Ensure that visits are in the child's best interest.** Unless the court finds evidence that visitation or supervised visitation places the child at risk, parents should be visiting their children. However, if there is any doubt, advocate for a thorough assessment of the child, parent and their relationship to understand possible concerns. Recommend a mental health clinician who can evaluate what is in the best interest of the child if there are any doubts about the visit's impact on the safety and well-being of the child.

- **Consider what makes a quality visit for a young child.** For example, avoiding traveling long distances for either party for a visitation will allow for more frequent visitation and will prevent a young child from disruption to their routines for a visit. The environment where the visit takes place is ideally in a family setting, or if that is not possible, a "family-like" setting which allows the parents to interact in regular routines with the baby such as feeding, bathing and napping. The environment should also have appropriate toys and books for the parent to use with baby and space to get down on the floor with baby and play. If a home setting isn't available as the first option, recommend that visits occur in an environment that closely resembles a home setting (e.g., preschool class, an early childhood provider's office, church classroom, etc.).

- **Engage the foster parent and/or relative care providers in the visits** by getting their buy-in to support the visits. In a number of places, foster parents receive training and support to supervise visits in their home so birth parents can be involved in the child's daily routines. For kinship caregivers, advocate for training and assistance so they can be involved in concurrent planning, support the parent-child relationship and teach and model parenting skills.

- **Ensure the frequency, length and timing of visits to promote attachment.** Infants and toddlers need to spend significant time with parents, ideally daily for infants and every two-to-three days for toddlers. To minimize the impact of separation from a parent during the initial removal, a visit with the child should be scheduled as soon as possible and no longer than 48 hours after removal.

- **Encourage visitation activities that promote parent-child attachment and support the child's development.** Visits that facilitate engagement in routines between the parent and child such as feeding, bathing, diapering, etc. have been shown to increase attachment and a sense of security for the baby. Request that parents receive services that educate them about their infant or toddler's specific developmental needs. Programs such as Home Visiting[5], Early Head Start and other early intervention programs[6] can provide opportunities for parents to interact with their child in a supervised setting while also learning to support the child's development.

- **Recognize the emotional impact visits can have on the child**. It is important to recognize that a young child's emotional dysregulation during or following a visit does not necessarily mean that the parent did something harmful during the visit. Separation from a caregiver to a parent and then separation back from a parent to a caregiver can be confusing and overwhelming to a young child. Some ways to alleviate these disruptive transitions include having the visits in the caregiver's home and initially in the presence of the caregiver so that the child has their sense of security intact. Ensuring

that the visits are happening frequently with a stable routine in place that the parent carries out with the child will help them have a sense of control during the visit. Helping the parent understand what the child is going through during these periods and encouraging them to be patient, comforting and soothing, will help both parent and child.

- **Ease transitions between "physical" visits with parent.** Provide something that the child always has with them to remind them of their parent whether it is pictures of them, their voice recorded on a recordable story-book, a piece of their clothing, etc. Work with foster parents who may feel that the visits are emotionally hard on the child to understand how they can help with the transitions by preparing the child for the visit, staying for the initial first minutes of the visit if possible and talking positively about the parent to the child between visits.

Provide something that the children always have with them to remind them of their parent, whether it is pictures of them, their voice recorded on a recordable story-book, a piece of their clothing, etc.

- **Ensure that visits are well documented.** Caseworkers or visitation supervisors are required to carefully document the family's progress (or lack thereof) during visits, emphasizing the objectives of the visitation plan, the interactions between parent and child, and evaluate the risk to the child and the parent's ability to care for child. Review these records regularly and when possible observe visits to make sure these considerations are in place. Providing a summary of visits in court reports and to a judge will be an important consideration in reunification, especially for young children who can't communicate for themselves.

BRIGHT SPOT

HOST VISITATION PROGRAM CASA OF WESTCHESTER COUNTY, NEW YORK

In 2012, CASA of Westchester County had an enviable problem – too many people who wanted to volunteer to help children and families in their community, but not enough cases to go around. The solution happened to coincide with a *Court Improvement Project* (CIP) with a focus on improving the quality and quantity of visits for children and youth in foster care. Consequently, the *Host Visitation* program in Westchester was "born." *Host Visitation* is a model based on research that shows how essential it is for children and families living apart from one another, to have frequent and ongoing contact. It is an intensive, time limited three to six-month service that is used to enhance visitation plans that are already in place by increasing the frequency and duration of visits. A key to the program is the use of Visit Hosts. Visit Hosts are professionally trained community volunteers who assist families by supervising and supporting them as they visit one another. So with the "extra" volunteers or with volunteers that didn't have quite enough time to serve as a CASA but wanted to help their community, the *Host Visitation* program was offered up as an alternative volunteer opportunity.

Volunteers participate in a 15-hour training and are assigned to one family. They supervise the visits and coach the family using the "Coached Visitation" model developed by Dr. Marty Beyer. Visits Hosts learn how to guide parents as they cope with their own feelings, respond to the unique needs of their children and build on the strengths in each family. Coached visitation helps parents plan for each visit, making visits meaningful to families, in a natural environment and community-based whenever possible. The primary goal is to increase parental capacity and skills in order to move the family from coached visitation to unsupervised visits or permanency. *Host Visitation* is designed to serve families in a variety of settings, including but not limited to the department's offices, parks, libraries, malls, restaurants, community centers, and homes. Decisions about visit settings are made in conjunction with case managers. Host staff work collaboratively with department staff to assess a caregiver's ability to progress visitation, such as moving into the community, increasing duration or frequency of visits, as well as behavioral changes as outlined in goals.

Volunteer retention for the program has been high and volunteers work with each other to ensure that visits are covered when they are on vacation or unavailable. CASAs are able to observe visits only with the consent of DSS staff and the parent(s). For that reason, policy and procedures around the volunteer hosts is clear that they communicate primarily with department staff and that their observation notes, etc. are kept in the child and family's case records. Since September 2012 to March 2018, 151 families have been served by this program and 54 volunteers have been trained to be Visit Hosts.

For more information, contact
training@casaforchildren.org

To learn more:
https://www.martybeyer.com/content/visit-coaching

SELECTED RESOURCES

Name	Description
Advocates for Children of New Jersey, *Family Visitation: Key to Safe Reunification for Children in Foster Care*[7]	This report highlights findings from a study that looked at the quantity and quality of visits for children in foster care on the likelihood they would be reunified with their families. It provides a number of recommendations for consideration including increasing the quantity of visits, especially for younger children.
Children's Law Center, University of New Mexico, *Parent-Child Visitation*[8]	This is a useful bulletin that describes best practices around visitations including what responsibilities different roles play in ensuring beneficial visits.
National Resource for Permanency and Family Connections, *Organizational Self-Study for Parent-Child and Sibling Visits*[9]	This self-study assessment tool can be used by agencies to review the core principles of parent-child and sibling visiting. The tool is designed to review overall agency readiness, assess administrative policies, and identify strengths and challenges in your parent-child and sibling visiting practice. Sharing this tool with an agency who is struggling on "best practice" visitations, can help shape their technical assistance needs.

ENDNOTES

1 *Center on the Developing Child* at Harvard University (2017). https://developingchild.harvard.edu/science/key-concepts/serve-and-return/

2 Source: https://www.acf.hhs.gov/sites/default/files/cb/afcarsreport24.pdf

3 Smariga, M. (2007). *Visitation with Infants and Toddlers in Foster Care: What Judges and Attorneys Need to Know.* American Bar Association, Center on Children and the Law.

4 Ibid.

5 See Issue Brief on "Home Visiting Programs"

6 See Issue Brief on "Early Interventions in Child Welfare"

7 http://acnj.org/downloads/2014_08_13_family_visitation_key_to_safe_reunification_for_children_in_foster_care.pdf

8 http://childlaw.unm.edu/docs/BEST-PRACTICES/Parent-Child%20Visitation%20%282011%29.pdf

9 http://www.hunter.cuny.edu/socwork/nrcfcpp/info_services/family-child-visiting.html

YOUTH WHO RUN AWAY FROM FOSTER CARE

YOUTH WHO RUN AWAY FROM FOSTER CARE

WHY IT MATTERS

Approximately one in eight youth run away from home, and a large majority of those are youth living in foster care.[1] In their 2015 article, *Running away from foster care: What do we know and what do we do,* researchers Kimberly Crosland and Glen Dunlap share the risk factors, motivations, and ramifications of running away from foster care:[2]

Risk factors: The many reasons why a youth may be placed in out-of-home care (e.g., abuse, neglect, family conflict) are the same risk factors that make it more likely that a youth will run away. Age and gender are also risk factors: youth between the ages of 15 and 17 are more vulnerable to running away, as are females. Substance abuse, mental health diagnoses, and instability of placements are all risk factors.

Motivation: Motivation for running away typically falls into two categories: running "to" something (friends, family, activities) or running "away" from something (untenable living circumstances). Often both of these reasons may be motivation for a youth to run. For example, youth may run away from a placement they find difficult in order to meet up with siblings or relatives they haven't seen in some time. In addition, research shows the relationship of the youth with their primary caregiver to be an important factor in whether a youth decides to run.

The ramifications for youth who run away are immediate and potentially long-lasting. There are higher risks for delinquency and victimization. Running away can be the gateway to human trafficking and criminal behavior. Both education and employment opportunities are reduced, as youth who run are more likely to dropout of high school, leading to poor employment prospects.

Ramifications: The ramifications for youth who run away are immediate and potentially long-lasting. There are higher risks for delinquency and victimization. Running away can be the gateway to human trafficking

and criminal behavior. Both education and employment opportunities are reduced, as youth *who run are more likely to dropout of high school, leading to poor employment prospects*.

While few studies have reported interventions specific to decreasing runaway behavior of youth in foster care, social capital has been identified as one potential preventative factor. Stabilizing placements, allowing for more access to normalized and age-appropriate activities, and ensuring that there is at least one caregiver or other adult to whom the youth feels connected in a positive way are offered as possible strategies for reducing the likelihood that a youth will run.

ADVOCATES IN ACTION

Approximately one in eight youth run away from home, and a large majority of those are youth in foster care.

ACTIONS

- **Recognize the risk factors that make a youth vulnerable to running** away and ensure that they are well connected to multiple people in their lives who provide them with support, encouragement and confidence. Use person-centered approaches that allow youth to voice their goals and hopes as well as identifying functional and environmental reasons a youth might have for running away.

- **Provide a counseling session** after a youth runs to find out more about why and where they went. Try to understand the motivation for running and see what can be done to remove those motivations from occurring again and replace them with motivations for not running. For example, a youth may have been motivated to run to spend time with a sibling who they haven't had contact with in a while. If this was the motivation to run, it could be addressed by providing more time for future sibling visits.

- **Examine the youth's placement** to ensure that it is the most appropriate placement for the youth. Decrease boredom. Identify interests and activities that the youth enjoys and develop a care plan that incorporates those activities. Having a positive relationship with caregivers is one of the motivations expressed by youth for not running.

- **Increase the youth's connections** to agency staff and peers, and ensure that bullying and abuse are not occurring in the placement, in school or other places. Work with school personnel to find ways to better connect youth in the school community. Identify other community opportunities for the youth to feel connected –faith based groups, YMCA, etc.

- **Ensure that the youth has regular visits** with family members and friends when feasible. Many youth worry about parents or siblings that they haven't seen in some time. If this was the motivation to run, it could be addressed by providing more time for future family visits.

Keep the youth at the center of the conversation. Allow the youth to express their feelings and reasons for running without fear of punishment or negative consequences.

- **Be frank with youth who are at risk for running** or who have run in the past about the risks and dangers of running. Don't judge or try to downplay their motivations or desire to run. This is an opportunity to listen carefully to what is making the youth's current situation challenging for them.

- **Be aware of the increased risk for running** of youth who live in group or residential care such as congregate care. Research has shown an increase in the number of youth placed in these settings who run.

- **Work collaboratively with the team to identify motivations for running.** Keep the youth at the center of the conversation. Allow the youth to express their feelings and reasons for running without fear of punishment or negative consequences. The team needs to be on the same page about how to address a running away event in a manner that prevents it from happening again but also empowers the youth to feel that their needs are being heard and appropriately responded to.

BRIGHT SPOT

RESPONDING TO YOUTH WHO RUN AWAY FROM FOSTER CARE, PRACTICE BULLETIN MINNESOTA DEPARTMENT OF HUMAN SERVICES (DHS),

This guide from Minnesota DHS is designed to inform stakeholders of the policies and procedures required when youth, for whom the agency is legally responsible, are reported or believed to have run away.

Recommendations included are relevant for staff and volunteers to consider when making decisions about whether to support the current placement or advocate for a new one. The recommendations below have been adapted for a CASA/GAL audience.[3]

PLACEMENT CONSIDERATIONS: CURRENT PLACEMENT

- When a youth for whom the runs away from a placement and is still missing after 24 hours, agency staff and caregiver(s) must make a decision regarding continuation of the youth's placement location. CASAs should be able to weigh in on their recommendation as well.
- When deciding whether to return the youth to the last placement, CASA volunteers should ask the caregiver and youth separately to determine why the youth ran away.
- With the CASA supervisor, discuss reasons given by the caregiver and the youth to determine whether the reasons for running away are related to the placement itself, and whether services would be beneficial to stabilize the placement and mitigate future incidents. Consider a new or alternate placement.

PLACEMENT CONSIDERATIONS: NEW PLACEMENT

- Any new placement in a substitute care setting must include a determination of the individual needs of the youth, and the ability of the prospective caregiver(s) to meet those needs.
- If the youth has a history of running away or indicates that s/he will not accept a specific placement, the caseworker and the CASA shall discuss with the youth, and take into account, where s/he wants to live or what type of placement the youth is willing to accept, such as:
  - » A particular relative
  - » A former caregiver or another adult with whom the youth has formed a relationship
  - » Reunification with parent(s), if possible
  - » A group home or congregate care setting

To learn more: http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-287675.pdf

SELECTED RESOURCES

Name	Description
Capacity Building Center for States, *At Risk for Sex Trafficking: Youth Who Run Away from Foster Care (2015)*[4]	This product is provided to prompt conversations about youth who run away from state custody, how data can be used to learn more about this high-risk population, and how this knowledge can inform interventions.
Children's Services Practice Notes, *Preventing and Responding to Runaways from Foster Care (2012)*[5]	This newsletter directed to North Carolina Children's Services staff provides strategies and tips to help prevent and address youth running away from foster care.
National Resource Center for Permanency and Family Connections, *Youth Missing from Care: Guidelines for Residential Treatment Facilities and Group Homes*[6] and *Residential Runaway Risk Assessment Guide*[7]	In 2010, the National Resource Center for Permanency and Family Connections hosted a webinar session addressing youth who run away from residential care, which highlighted a range of approaches and related tools including guidelines for residential treatment facilities and group homes and a risk assessment guide.
National Runaway Safeline[8]	This is a resource for youth and teens as well as parents and other providers to use as a resource when there is a run-away event or a youth is considering running away. It provides a hotline number that youth can call.
U.S. Department of Health and Human Services, ACF, *Information Memorandum: Serving Youth Who Run Away from Foster Care (2014)*[9]	The purpose of this memorandum is to provide guidance on serving youth 18 and under who run away from foster care.
youth.gov, *Child Welfare (n.d.)*[10]	This overview highlights the statistics of youth who are homeless and who run away, with some resources identified.

ENDNOTES

1 Voices of Youth Count, Chapin Hall at the University of Chicago [Website]. (n.d.). Retrieved from http://www.voicesofyouthcount.org

2 Crosland, K., & Dunlap, G. (2015). Running away from foster care: What do we know and what do we do? *Journal of Child and Family Studies*, 24(6), 1697–1706.

3 http://www.dhs.state.mn.us/main/groups/publications/documents/pub/dhs-287675.pdf

4 https://capacity.childwelfare.gov/states/focus-areas/preventing-sex-trafficking/

5 http://practicenotes.org/v17n3/runaway.htm

6 http://www.nrcpfc.org/teleconferences/4-21-10/BEST_PRACTICE_GUIDELINES.pdf

7 http://www.nrcpfc.org/teleconferences/4-21-10/Runaway_Risk_Assessment_User_Guide_.pdf

8 https://www.1800runaway.org/

9 https://www.acf.hhs.gov/sites/default/files/fysb/info_memo_rhy_foster_care_20141104.pdf

10 https://youth.gov/youth-topics/runaway-and-homeless-youth/child-welfare-system

Go to Table of Contents

WELL-BEING

WELL-BEING

Child and adult well-being are central to living productive, satisfying and healthy lives. The federal Administration for Children, Youth and Families (ACYF) describes child well-being as follows:[1]

Children's behavioral, emotional and social functioning [are] those skills, capacities and characteristics that enable young people to understand and navigate their world in healthy, positive ways.

Sadly, many children and youth experience poor outcomes during their time in foster care and many who age out of foster care without achieving permanency, have significant challenges. Children and youth in foster care face long-term risks from their exposure to violence, child maltreatment and other adverse childhood experiences. The good news is that there is an increasing body of evidence-based strategies that state child welfare systems can develop to improve children's well-being.

ACYF has identified four primary domains for measuring well-being: cognitive functioning, physical health and development, behavioral/emotional functioning and social functioning. Addressing these domains through the provision of effective interventions and through a trauma-informed lens is critical to helping children and youth impacted by abuse and neglect and out-of-home placement, succeed as adults.

While improved permanency and safety are clearly related to the reduction of children and youth in foster care, it isn't always clear what the relationship of improved "well-being" is to reduction. It is widely understood in the United States that education is the key to successful employment and that successful employment is key to being able to provide for one's self and one's family. It's also understood that mental and physical health, and appropriate services or accommodations for those who have challenges, are key to learning and earning. Statistics clearly document that poverty and lack of access to resources is linked with the inability of some parents to properly care for their families and that, all too frequently, such lack of care leads to child welfare placement. Attaining well-being outcomes is critical to maintaining safe permanency or reduction, especially in reducing the cyclical nature of child welfare.

The following assumptions illustrate how well-being measures for cognitive functioning (education and employment), physical health and development (including early development), behavioral/emotional functioning and social functioning are linked to reduction, permanency and safety.

THE CONNECTION BETWEEN EDUCATION AND REDUCTION

A quality education with positive outcomes helps reduce the number of children in the foster care system at each of the critical junctures: entry, duration and exits to permanence. Educational achievement is associated with more positive outcomes for children and families across socioeconomic status, race, ethnicity and gender. On the other hand, child abuse and neglect are associated with parental education levels and economic status. One study found that the rates of severe abuse against children are 1.5 times higher for fathers with less than a high school education. Youth who drop out of high school are more likely to be unemployed, earn lower wages, have higher rates of public assistance, be single parents and have unplanned pregnancies in their teens. Having a high school diploma increases employment and earning opportunities while serving as a protective factor against single parenthood and involvement with the child welfare system.

THE CONNECTION BETWEEN EARLY CHILDHOOD EDUCATION OPPORTUNITIES AND REDUCTION

Ensuring that young children (five and under) are involved in quality early childhood educational experiences that involve both birth and foster parents has been shown to be effective in reducing the length of time they are in foster care as well as their re-entry into foster care. One research study found that high quality early education programs reduce foster care placement rates for children who do not have quality early education by two times.[2]

PLACEMENT STABILITY AND EDUCATION STABILITY ARE MUTUALLY BENEFICIAL

Education success increases placement stability. When children experience greater school stability and success, foster parents report feeling better equipped to help children in their home, not only with school related activities, but with other issues. This increases the likelihood of permanent, stable placements. On the other hand, behavioral challenges in school that lead to frequent school suspensions and expulsions have been proven to lead to greater lengths of stay in foster care, disruptions in current placements leading to increased school changes and more involvement with the judicial system.[3]

EMPLOYMENT CONTRIBUTES TO BREAKING THE CYCLE OF FOSTER CARE

Employment preparation, training and placement services help youth in foster care transition into adulthood with jobs that provide the financial security needed to support healthy families. Employment helps stabilize families whose children have been brought to the attention of the child welfare system. Employment training and post-secondary education support programs targeted toward youth provide promise for affecting lifelong positive outcomes. Making these programs and resources broadly available to youth transitioning out of foster care will help reduce the rates at which their own children enter the foster care system.[4]

THERE IS A CONNECTION BETWEEN ACCESS TO EFFECTIVE, COMMUNITY-BASED MENTAL HEALTH SERVICES AND REDUCTION

Access to comprehensive, effective mental health services and supports for both parents/caregivers and children can play a significant role in safely reducing the number of children entering foster care, can shorten the duration of placement in foster care and can contribute to stable exits to permanency for children. Research reveals that between 50 and 80 percent of children in foster care suffer from moderate to severe mental health problems. The prevalence of mental health problems among children in foster care can be the result of abuse, neglect or other traumas and experiences prior to entering care. However, acute reactions to separation from their family and adjustment to multiple changes in their lives brought on by out of home placement only compounds the problems. A commonly cited reason for placement disruption in foster care is caregiver difficulty in managing aggressive, delinquent and other behavioral challenges. Children and youth, birth parents and foster parents/kin providers all benefit when they have access to effective mental health services and supports.

Addressing the well-being outcomes of children and youth is an important role of the CASA volunteer advocate. Advocates are uniquely positioned to have a holistic understanding of the child's well-being needs and can advocate for their best interests in all the areas that make up a child's life including advocacy for them to get the supports they need to thrive.

WELL-BEING

This section includes issue briefs on programs and practices that impact well-being outcomes for children and youth in foster care. Due to the developmental differences in needs and supports, these issue briefs are divided into three sections: 1) Children 0 to 5 years of age; 2) School age children and youth, K–12 or 5–17; and, 3) Youth who are 18 and older.

Issue Topics: **Children 0–5 years of age**	Assessing the needs of young children
	Early childhood development: Impacts of trauma on brain development
	Early intervention in child welfare
Issue Topics: **School age children (K–12)**	Education advocacy in dependency court
	The Every Student Succeeds Act (ESSA)
	High school graduation and post-secondary preparation
	Meeting children and youths' special needs with quality services
	Normalcy: Letting kids be kids
	Pregnancy prevention
	Preventing serious behavior issues in school: Trauma informed strategies
	Promoting resiliency
	Psychotropic medication and children in foster care
	School stability and seamless transitions
	Substance abuse, behavioral and mental health issues among children and youth in foster care
Issue Topics: **Young adults (18 and older)**	Promoting youth engagement
	Post-secondary education supports
	Supporting young adults: Independent living needs

ENDNOTES

1 Children's Bureau, *Information Memorandum (ACYF-CB-IM-12-04).* U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families. Washington, D.C., April 2012.

2 Fisher, P.A., Hyoun, H.K., & Pears, K.C. (2008). *Effects of Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) on reducing permanent placement failures among children with placement instability.* Science Direct.

3 Fostering Success in Education: National Factsheet on the Educational Outcomes of Children in Foster Care (April 2018). Available at: www.fostercareandeducation.org

4 Ibid.

ASSESSING THE NEEDS OF YOUNG CHILDREN IMPACTED BY ABUSE AND NEGLECT

ASSESSING THE NEEDS OF YOUNG CHILDREN IMPACTED BY ABUSE AND NEGLECT

WHY IT MATTERS

Early childhood is a foundational period of development. When that development is derailed by trauma, abuse and/or neglect, it can have long-term, negative consequences for the child. Intervening as early as possible to prevent and support healthy development is key. Unfortunately, infants and toddlers comprise a disproportionate number of children who are abused and neglected and removed from their families. Some estimates suggest that this group makes up as much as one-fourth to one-third of the foster care population.[1] Infants and toddlers are also more likely to experience recurrent maltreatment and remain in out-of-home care longer than older children.[2]

Many young children and their families do not receive the services they need, services are not effective or child welfare agencies lack confidence about how to successfully and safely serve young children in homes where parents struggle with mental health issues, domestic violence, poverty, substance abuse or a combination of any of these issues. What is known is that when quality early intervention is provided to young children in need, the return on investment is significant. A recent economic analyses estimates the national lifetime costs of maltreatment as $124 billion for maltreatment occurrences in a one-year period.[3] Ensuring that young children receive the most effective interventions begins with assessing them early and often.

Ensuring that young children receive the most effective interventions begins with assessing them early.

The *Keeping Children and Families Safe Act of 2003* (P.L. 108-36), required States to develop "provisions and procedures for referral of a child under age three

who is involved in a substantiated case of child abuse or neglect to early intervention services funded under Part C of the *Individuals with Disabilities Education Improvement Act*."[4] Although it varies from state to state, the following are the basic steps in the early intervention process:[5]

1. **Referral:** A child under the age of three is referred to Part C because of a possible developmental delay or disability. Many states require that all infants and toddlers in foster care be referred due to the known impact of abuse and/or neglect on early development.

2. **Eligibility determination:** The lead agency (the agency administering the assessments) has 45 days to make eligibility determinations and to hold the initial Individualized Family Service Plan (IFSP) meeting. It is during this stage that a screening, evaluation or assessment will be conducted. States have the option to screen a child to determine if the child is suspected of having a developmental delay before moving on to evaluation. If the child has a known disability (e.g., Down syndrome) they will be automatically eligible for services. For those children without a known disability who were NOT screened out in the earlier step, they receive a complete evaluation. If the evaluation determines the child is eligible, two assessments are conducted: 1) a multidisciplinary assessment to determine the child's unique strengths and needs and which services may be appropriate and 2) a family-directed assessment that focuses on supports and services the family may require to meet the developmental needs of the child.

3. **Initial Individual Family Service Plan (IFSP):** The IFSP is a written plan that lays out the functional outcomes for the child and family and describes the services that will be provided to the child and family. If possible, caregivers for the child as well as birth parents should attend this meeting together.

4. **Services:** Early learning services are provided that meet the identified functional child outcomes and the family's identified concerns and priorities. For a complete list and description of early intervention see the Part C regulations[6] and *Early Interventions Issue Brief*.[7]

5. **IFSP review and renewal**. At least every six months, the IFSP team reviews the plan to determine the degree of progress that has been made and whether any revisions are necessary.

6. **Transition plan and exit:** A transition plan must be included in the child's IFSP not fewer than 90 days and, at the discretion of all parties, not more than nine months before the child's third birthday. If the child is still eligible for services past age three, they will move away from Part C of the IDEA to Part B. If the child is assessed to no longer have need for services, they are exited from the program.

The benefits of Part C for young children who are child welfare involved are primarily in the State's capacity to provide IFSP services; help States provide family-centered services that safely maintain children in their own homes, and in turn promote prevention of removal, reunification and stabilize placements. Most jurisdictions now recognize the importance of early interventions and have put in place policies to ensure that young children who come to the attention of child welfare and/or are placed in foster care, are appropriately assessed. For a listing of specific assessments, see "Selected Resources."

ADVOCATES IN ACTION

Research has consistently found a high need for early intervention and early childhood education services among young children in foster care as a result of their developmental, emotional and behavioral problems.

ACTIONS

- **Learn how your State and local child welfare system ensures that appropriate early intervention services are available to all eligible infants and toddlers** including those who are in foster care, in the custody of a public child welfare agency, or otherwise considered a ward of the State.

- **Inquire how Part C services are being administered and utilized for all eligible children.** Learn how Child Find systems are being used to identify, locate, and evaluate children needing early intervention services. A lead agency (usually associated with the Department of Education but may vary State to State) must coordinate Child Find activities with other programs, including child protection and foster care.

- **For children zero to three, review all assessment results to understand their developmental strengths and gaps.** If they are eligible based on assessment results, ensure that their needs are being met through the Part C steps identified in this brief.

- **Find out who the Early Intervention (EI) coordinator is** as this person is generally responsible for helping families and child welfare professionals navigate the eligibility process, design an IFSP and ensure needed services are provided.

- **Attend trainings on child development, referring children to the Early Intervention Program (EIP), and working with the EIP** especially if a majority of children you work with are zero-to-three years of age. Many of your child welfare and court colleagues may have limited training in identifying the developmental needs of children in foster care and Part C services. You can provide important advocacy and education to this issue with a better understanding through training opportunities.

- **Find out whether there is a State Interagency Coordinating Council (ICC) to advise and assist the lead agency in implementing the Part C program.** The ICCs generally include representatives from various State agencies including the State child welfare agency. At least 20 percent of the members of ICCs must be parents of children with disabilities. Advocate that at least some of these parents be caregivers, birth parents and/or kinship providers of children placed in foster care.

- **Participate in meetings and/or encourage meetings** with your child welfare colleagues to determine if caregivers (birth and foster parents) would benefit from early intervention services that help them manage the stress of parenting. See the Issue Brief, *Early Intervention Services in Child Welfare*.

BRIGHT SPOT

EARLY CHILDHOOD PROJECT

ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS) AND ERIKSON INSTITUTE

The *Early Childhood Project*, is a collaboration between the Illinois Department of Children and Family Services (DCFS) and the Erikson Institute which serves children, most of whom are younger than five and have become involved with the child-welfare system because of abuse and neglect. The Erikson Institute's developmental specialists focus on interrupting patterns of abuse and are experts in understanding the needs of young children who have experienced significant trauma. They also support DCFS in making crucial decisions that affect the lives of young children and their families.

One of the goals of the project is to ensure that all children in care, birth to four, receive developmental and social-emotional screenings to identify at-risk behaviors and refer them to Early Intervention and mental health services as soon as possible. The project also works to support child welfare professionals by offering training and consultation around the needs of young children.

A companion piece to the *Early Childhood Project* is the DCFS School Readiness Initiative which ensures that children in care aged three to five are enrolled in a quality early childhood education program so that they enter kindergarten ready to learn. The School Readiness team:

- Works with caseworkers to reduce or eliminate barriers to enrollment;
- Provides caseworkers with early education options;
- Assesses and identifies children receiving early intervention services;
- Assists with transition into an education program, and…
- Tracks early childhood education enrollment data Statewide.

To learn more:
https://www.erikson.edu/services/early-childhood-project-illinois-department-children-family-services/

SELECTED RESOURCES

AMERICAN ACADEMY OF PEDIATRICS, *EARLY CHILDHOOD SCREENING TOOLS*

The American Academy of Pediatrics has identified three valid, reliable, and specific early childhood screening tools for assessing the developmental progress of young children. They are:

Name	Description
Ages and Stages Questionnaire[8]	The ASQ-3 is a series of 21 parent-completed questionnaires designed to screen the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. The age-appropriate questionnaire is completed by the parent or caregiver.
Child Development Inventories[9]	The Child Development Inventory (CDI), completed by parents at home, assesses the development of social, self-help, motor, language, letter and number skills, and presence of symptoms and behavior problems of children between the ages of 15 months and five years.
Parents' Evaluation of Developmental Status (PEDS)[10]	Parents' Evaluation of Developmental Status (PEDS) is an evidence-based method for detecting and addressing developmental and behavioral problems in children aged from birth to seven years and 11 months. PEDS is a 10-item questionnaire that is completed by the parent and/or caregiver.

OTHER RESOURCES

Name	Description
Department of Health and Human Services, ACF, Children's Bureau, CAPTA, Assurances and Requirements, Referrals to IDEA, Part C[11]	This site provides the policies and provisions around Part C services with particular attention to infants and toddlers who have been placed in out-of-home care and/or referred to CPS.
Department of Health and Human Services, ACF, Office of Planning, Research & Evaluation, Services for Families of Infants and Toddlers Experiencing Trauma[12]	This "research to practice brief" discusses what is known about the impact of trauma on infants and toddlers, and the intervention strategies that could potentially protect them from the adverse consequences of traumatic experiences.
Research on Social Work Practice, Systematic Review of Systematic Review of Social–Emotional Screening Instruments for Young Children in Child Welfare[13]	This study reviews the substantive and psychometric properties of screening instruments designed for children ages ten and younger in child welfare. Twenty-four instruments met review criteria, and eight show above-average measurement properties and testing, tap children's strengths and concerns, and have evidence of validity with families similar to child welfare–involved families.
State and territories definitions for IDEA, part C eligibility[14]	States are able to develop their own criteria for determining the presence of developmental delays and what physical or mental conditions qualify a child for eligibility. To view a summary of State definitions including links to State websites, visit this resource.

ENDNOTES

1 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, www.acf.hhs.gov/cb Preliminary Estimates for FY 2016 as of Oct 20, 2017 (24), p 4.

2 Ibid.

3 Fang, X., Brown, D.S., Florence, C.S. & Mercy, J.A. (2012). *The economic burden of child maltreatment in the United States ad implications for prevention*. Child Abuse &Neglect, 36, 156-165.

4 http://ectacenter.org/topics/earlyid/capta.asp

5 Adapted from Child Welfare Information Gateway, *Assessing the Needs of Young Children in Child Welfare: Part C – Early Intervention Services*. Available online at: http://www.childwelfare.gov/pubs/partc.cfm

6 Part C regulations: http://www.gpo.gov/fdsys/pkg/CFR-2012-title34-vol2/xml/CFR-2012-title34-vol2-sec303-13.xml.

7 Issue Brief, "Early intervention programs and child welfare."

8 https://agesandstages.com/resource/systematic-review-social-emotional-screening-instruments-young-children-child-welfare/

9 https://www.ncbi.nlm.nih.gov/pubmed/7543037

10 https://www.rch.org.au/ccch/peds/

11 https://www.acf.hhs.gov/cwpm/public_html/programs/cb/laws_policies/laws/cwpm/policy_dsp.jsp?citID=354

12 https://www.acf.hhs.gov/sites/default/files/opre/opre_nitr_brief_v07_508_2.pdf

13 http://journals.sagepub.com/doi/pdf/10.1177/1049731516686691

14 http://nectac.org/~pdfs/topics/earlyid/partc_elig_table.pdf

EARLY CHILDHOOD DEVELOPMENT: IMPACTS OF TRAUMA ON BRAIN DEVELOPMENT

EARLY CHILDHOOD DEVELOPMENT: IMPACTS OF TRAUMA ON BRAIN DEVELOPMENT

WHY IT MATTERS

According to the most recent national estimates of the age of children in foster care[1] children zero to five years represent 41% of the total foster care population. The largest percentage of children entering foster care in 2016 was younger than one year old (18%) and for all children age five and under entering foster care, they represented almost half of the population of children entering foster care (49%).[2] Babies are the least likely of all age groups to exit care to permanency within six months. Not only are these numbers concerning, but the vulnerability is extremely high for babies in care. Many are born low birth weight and prenatally exposed to alcohol or addictive drugs. Developmental delays occur at rates that are four to five times greater than that of children not involved in the child welfare system.[3] Until recent years, most child welfare professionals believed that these children are easy to parent, more portable and easier to place among different foster families as they do not yet have the ties to schools, peers and community.[4]

> **Early experiences affect the development of brain *architecture*, which provide the foundation for all future learning, behavior, and health.**
>
> *– Center on the Developing Child*

An understanding of brain research is vital for serving children involved in the child welfare system. Many children impacted by abuse and neglect and removed from their parent's care have experiences that negatively affect their brain development. Understanding how the brain rewires itself, prunes unused synapses and functions during sensitive periods helps lead to specific interventions that can improve the child's chances of

educational achievement and life success. Intervening early in the lives of young children impacted by abuse and neglect is critical. As we understand the impact of the positive and negative influences on children's brain development we know what should be done to prevent and reduce these influences while supporting and facilitating the positive ones.

There are several salient aspects of early brain development and possible insults to the brain that explain why infants and young children involved in the child welfare system are particularly vulnerable. These include persistent fear and anxiety (toxic stress), prenatal exposure to substances and alcohol, poverty and attachment or lack thereof to an accessible, loving and known caregiver. Fortunately, an understanding of early learning brain science can support a child's resilience and ability to develop positively despite these negative impacts.

ADVOCATES IN ACTION

ACTIONS

Strategies for alleviating impacts to the developing brain of a young child impacted by abuse and neglect are identified below for toxic stress, prenatal substance exposure, and attachment. While these are addressed separately, they are naturally intertwined and one often impacts the other.

EARLY BRAIN DEVELOPMENT – A PRIMER [13]

At birth, the brain is the most undifferentiated organ in the body. The first five years of a child's life determine the organization and function of the brain, define personality traits, develop mechanisms for coping with stress and emotions and structure the learning process. The brain of a newborn is about one quarter the size of the adult brain and has about 100 billion neurons ready and waiting to be connected to other neurons. As the infant interacts with the environment, synapses are formed between the neurons allowing areas of the brain to communicate and function together in a coordinated way. The number and organization of the connections in the brain influence everything the child does, from learning language to recognizing letters to managing complex social relationships, something that scientists refer to as "executive functioning".

In most areas of the brain, no new neurons are formed after birth. However, the brain continues developing by wiring and rewiring; forming new connections and breaking or pruning others. At eight months of age, a baby may have 1,000 trillion synapses in his brain, many more than will be present in adulthood. As a child becomes older, the synaptic connections that are not being used will be eliminated or "pruned" and those with a purpose will be kept. The first few years of life are the critical period of rapid proliferation and overproduction of synapses and also a time of continual pruning. By five years of age, the brain is 90% of its adult size, yet the formation of synapses continues (more slowly) into adulthood which allows the brain plasticity in development of many functions. However, some areas of the brain are less malleable over time. Scientists are discovering critical or sensitive periods in brain development, primarily associated with the child's age. At these times, specific environmental stimuli must be present for the child to develop normal capabilities for future growth and to prevent dysfunction.

TOXIC STRESS

The human body and brain is built to respond in a self-preserving way to stress. Small amounts of positive stress are useful during the first few years of life for normal development. When stress is persistent and excessive, the human body and brain adapt and development is dramatically changed. Infants exposed to intense stress over time, such as situations of abuse, neglect, harsh or unresponsive parenting, family violence and/or parental mental illness experience long-term exposure to elevated levels of cortisol and adrenaline.[5] This flood of stress hormones makes it harder for the neurons to form connections in the child's brain that are necessary for continued development. Unlike peers experiencing positive and tolerable levels of stress, these hypervigilant infants and children cannot easily or quickly soothe themselves or calm down once upset. Infants under great amounts of stress may have behaviors such as apathy, poor feeding, withdrawal and failure to thrive. They may experience problems with self-regulation that caregivers may view as colic, excessive fussiness and sleeping and feeding problems.

ACTIONS FOR SUPPORTING BABIES EXPERIENCING TOXIC STRESS:

- **Ensure that infants and young children are in placements with loving, consistent and supportive caregivers.** A powerful "stress hormone blocker" for infants and young children is a loving, supportive relationship with at least one caregiver. Ideally, this will be the primary caregiver for the baby and can include the birth parent, foster parent, or relative caregiver.

- **Educate caregivers about the impacts of toxic stress on baby's behavior.** Some babies experiencing toxic stress tune out the world around them and this translates to the caregiver as a baby who is easy to manage because they never cry or fuss. However, it is a behavior to be concerned about. The caregiver will need to know how to connect with the baby in a meaningful way – physical contact primarily. On the other hand, a fussy baby will require a lot of physical comfort as well, so they can feel safe, which will help their cortisol levels go down.

- **Connect caregivers to in-home support services** with professionals that can model for them ways to support the baby experiencing the effects of toxic stress. Home visiting programs can be very helpful in this regard.[6]

- **Help create a network of support for the caregiver.** Caring for a baby in general is often a stressful and isolating experience. Caring for a baby who is constantly fussy or difficult to soothe can be exhausting and frustrating. Help the primary caregiver build a network of support so they can have respite and someone to talk to when the going gets tough.

- **Support parents during visitation by modeling for them how to care for the baby and provide comfort.** Reassure them that they are important to the baby – especially babies that tend to withdraw during stressful situations. Consider having visits in the presence of the primary caregiver for the child who will lend a sense of safety and calm to the baby.

- **Encourage regular routines for caregiver and child.** Babies and children impacted by trauma and toxic stress benefit when they have predictable, regular routines. his helps them develop their self-regulation strategies, and gives them assurance of knowing what is coming next.

IMPACTS OF PRENATAL AND ALCOHOL SUBSTANCE ABUSE

A large majority of infants are placed in foster care with a removal reason of parental substance neglect. Infants with prenatal exposure to drugs and alcohol are more likely to be born prematurely, weigh less, have smaller heads and be shorter than unexposed infants. They also tend to exhibit difficulties in delaying gratification, tolerating frustration and handling stress. The timing and degree of exposure may impact children's development in different areas. However, isolating the effects of one substance is often difficult as infants may have been exposed to multiple substances and live with other environmental risks such as poverty, poor maternal nutrition or inadequate postnatal care.

Infants with prenatal exposure to drugs and alcohol are more likely to be born prematurely, weigh less, have smaller heads and be shorter than unexposed infants.

ACTIONS FOR SUPPORTING BABIES PRENATALLY EXPOSED

- **If you know or suspect a baby has been prenatally exposed to drugs or alcohol** ask that they be screened for developmental delays or disorders. This is important to establish the need for early intervention services.
- **Learn about the different impacts that the child may experience** related to the substance they were exposed to. While not a lot is known about the long-term impacts of some substances to the developing child (e.g., opioids), for some, like the effects of alcohol exposure prenatally, a lot of information and recommendations are known and can be implemented right away.
- **Recognize the importance of early childhood education.**[7] The baby or young child may qualify for early intervention services through the *Child Abuse and Prevention Treatment Act* (CAPTA) and/or *Part C* services under the *Individuals with Disabilities Education Act* (IDEA). Part C services may include family training, counseling, an home visits, medical services, vision, orientation and mobility services an physical therapy, to name a few.
- **Ensure that the substance issues of the parents are addressed.** Helping ensure that the parent(s) are receiving treatment for their substance use disorder is important regardless of whether the case plan is reunification or something else. Children are part of the larger family structure and when parents are supported, this in turn supports their children.

ATTACHMENT

A strong, nurturing and consistent relationship with a caregiver(s) is the key to the overall healthy development of children. It is not the biological connection of the caregiver to the child, but the *quality of the relationship* that is most important in development. For a long time, developmental researchers have exemplified the positive outcomes of strong and loving relationships. Through neuroscience, they have observed that these relationships produce physiological changes in the brain resulting in stronger and more complex brain structures.

In order to create the many meaningful connections in the brain during the first few years of life, children must feel safe to explore the world, be able to manage stress, and feel some control over the world around them. Having a secure bond with a caregiver sets the stage for those tasks to be accomplished.

It is not the biological connection of the caregiver to the child, but the quality of the relationship that is most important in development.

ACTIONS FOR SUPPORTING ATTACHMENT

- **Provide in home supports that help with the caregiver/child attachment.** Provide role modeling of effective strategies for how to better interact with the child that are developmentally appropriate.
- **Carefully consider transitions in line with critical developmental periods.** Babies who are securely attached (generally to one preferred caregiver) at 6 to 18 months, are vulnerable to toxic stress and other trauma insults if they are abruptly removed from a preferred caregiver. If a placement change needs to occur, make sure careful transition planning occurs that will support the baby's developmental needs.
- **Make the first placement the only placement.** Stable placements are important for all children and youth in foster care, but for babies in care, they are especially important. A caregiver is the center of a baby's universe and having to change caregivers can upend that baby's world.
- **Ensure frequent and meaningful visitation** in natural, family like settings. For babies and young children, quantity is as important as quality in the visits as they cannot keep the memory of their time with parents in the same way an older child can. Meaningful visits include having the parents engage in caregiving routines with their child just as if they were caring for the child full time.

BRIGHT SPOT

EARLY EXPERIENCES MATTER: IN-SERVICE TRAINING VIDEO AND SUPPORT MATERIALS, CASA OF IOWA

Several years ago, as a result of participating in Safe Babies Court hearings and learning about the importance of "serve and return" interactions between young children and their caregivers, Clare Gee, CASA Program Supervisor, developed a video and training materials with the purpose of educating CASA volunteers assigned to children four years old and younger. She noted that when reading observation summaries of the parent/caregiver-child interaction, the summaries weren't useful in understanding the quality of the interaction and identifying the strengths and gaps. Educating volunteers on "serve and return" provided them with a useful and meaningful way of summarizing these observations. The 16 minute video that Gee produced describes the "serve and return" interaction and provides visual images of what these interactions look like when there are quality exchanges occurring. Gee also developed an "Infant and Toddler Observations and Warning Signs" checklist that volunteers use during their observations.

Before any CASA is assigned to a case with a child four years or younger, they watch the video and answer questions to assess that they understand the "serve and return" concepts. Gee reports that the observation summaries changed quite dramatically in terms of the specificity of detail in the interactions. So much so that the judges who were reading the summaries complained about them being too long and detailed. This led to training for judges to help them better understand the importance of "serve and return" and how these interactions can reveal the strengths and gaps in the relationship, leading to more directed recommendations for parents. The judges also viewed the video and received similar training to the CASA volunteers'. After training, they are now more inclined to interpret the observation summaries with a strength-based lens. They are much more aware of how critical these early years are in a young child's healthy development, and are more likely to ask for a CASA to be assigned to the babies and toddlers who come before them.

In order to ensure that observations are distributed to all team members on a case, they are provided to the child welfare agency (DHS) case workers and the Guardians ad Litem assigned to the child at least once a month. CASA volunteers are available to talk to these colleagues about their observations and recommendations.

Using a peer coordinator model, called "Coaches," there are five coaches in all and two assigned to the Safe Babies Court to support CASAs as every case in the Safe Babies Courts has a CASA volunteer assigned. The coaches are knowledgeable in the principles of early development and provide needed guidance to CASAs and the rest of the team. Gee notes how critical the team approach is in helping to achieve the best safety, permanency and well-being outcomes for the babies and toddlers served in them.

For more information, contact training@casaforchildren.org

Early Experiences Matter video link: https://youtu.be/l4V7MSk2HZs

SELECTED RESOURCES

Name	Description
Attachment-Bio-Behavioral-Catch-Up (ABC) Intervention[8]	This intervention is tailored to teach birth parents and foster parents how to address attachment concerns of children who have been abused and/or neglected.
Early Head Start and Head Start for Children in Out-of-Home Care: Q and A[9]	This Q and A provides important information on the supports and services provided by Early Head Start and Head Start programs, as well as the eligibility requirements of prioritizing serving young children in out-of-home care in these settings.
HelpGuide.org, *Building a secure attachment bond with your baby*[10]	This site provides tips for parents and caregivers on how to securely attach with their babies. It also includes a section on myths and truths that can be very helpful to a new or struggling parent.
Promoting First Relationships[11]	Promoting First Relationships (PFR) is a home-based program designed to strengthen relationships between infants and toddlers and their caregivers, to support socio-emotional development in these children, and to improve caregiver sensitivity. An experimental study found that children in the group receiving PFR had significantly higher socio-emotional competence scores than children in the control group at the post-test evaluation.
Zero to Three[12]	This organization provides extensive resources and information on raising healthy and happy babies and children. It includes several sections addressing the needs of babies and their caregivers who have been impacted by trauma, experienced attachment disruption and are living in out-of-home care.

ENDNOTES

1 U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, https://www.acf.hhs.gov/cb

2 Ibid.

3 Ibid.

4 Ibid.

5 National Scientific Council, 2011. https://developingchild.harvard.edu/science/national-scientific-council-on-the-developing-child/

6 See Issue Brief "Home Visiting Programs"

7 See Issue Brief "Early Interventions in Child Welfare"

8 _____

9 http://www.theotx.org/wp-content/uploads/2014/09/HeadStartEarlyHeadStart_OutofHome.pdf

10 https://www.helpguide.org/articles/parenting-family/building-a-secure-attachment-bond-with-your-baby.htm

11 https://www.childtrends.org/programs/promoting-first-relationships/

12 https://www.zerotothree.org/

13 https://developingchild.harvard.edu/

EARLY INTERVENTION IN CHILD WELFARE

EARLY INTERVENTION IN CHILD WELFARE

WHY IT MATTERS

Forty-one percent of the total foster care population is comprised of children and babies who are five years old and younger.[1] Many of the babies that come into foster care are prenatally exposed to substances, are born underweight and have developmental delays. In fact, developmental delays occur at rates that are four to five times greater than that of children not involved in the child welfare system.[2]

Early childhood is a foundational period of growth with critical and sensitive times for brain development.[3] Missed opportunities to grow and flourish during these critical times can have long-term negative outcomes. The good news is that early intervention can both prevent and mitigate long-term harm.

Early intervention can both prevent and mitigate long-term harm.

The *Adverse Childhood Experience* (ACE) study found that adverse childhood experiences have a profound negative impact on adult health and are a prime determinant of poor adult health status in the United States.[4] There is great need for early intervention and early childhood education services among young children in foster care or at risk for child welfare involvement as a result of their developmental, emotional and behavioral problems.

Fortunately, federal policy exists that require states to develop procedures for referral of a child under age three who is involved in a substantiated case of child abuse or neglect.[5]

While it is important for many young children to receive early intervention services, placing a very young child in a low- or poor-quality child-care situation may cause further harm to a child already suffering from developmental or mental health issues. Things to be aware of are the quality of teacher training, teacher-to-child ratio, and rate of staff turnover, as it is important for young children to have consistent adults in their lives. One study actually found that experiencing multiple types of early care and education is a risk factor for foster placement.[9]

Services that are available for eligible children include[6]:

- Family training, counseling and home visits
- Nursing, health, and nutrition services
- Service coordination
- Medical services for diagnostic or evaluation purposes
- Occupational and physical therapy
- Psychological and social work services
- Vision, orientation, and mobility services
- Speech-language pathology services
- Transportation services
- Age-appropriate special education services

Programs such as Early Head Start, that serve infants and toddlers under the age of three, provide intensive comprehensive child development and family support services to low-income infants and toddlers and their families. Babies in foster care are categorically eligible for Early Head Start regardless of their income level.[7] In 2016, Head Start programs served 17,672 children in their programs which children in foster care, ages three to five are also categorically eligible.[8]

Other resources available for young children in need of early intervention services include early childhood mental health consultants who work with caregivers to reduce behavioral problems, helping young children prepare to enter preschool and kindergarten. Infant mental health specialists help provide intensive intervention for infants, babies and toddlers who are struggling with infant depression, attachment with a caregiver, inability to self-regulate and lacking motivation or interest in exploring their environment. There are also a number of infant mental health treatment/intervention models that are evidenced-based.

ADVOCATES IN ACTION

ACTIONS

- **Ensure that infants, babies and toddlers are assessed and enrolled in the Medical Assistance Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program** and receive comprehensive evaluations.[10]
- **Include parents and caregivers in treatment for the young child.** Multi-generational approaches to treatment have been found to be the most promising in preventing and treating mental health problems in young children.

- **Encourage families to enroll babies and young children in quality child care settings and/or Early Head Start and Head Start programs.** While there may not always be an Early Head Start or Head Start program in proximity to the child's home, there are safeguards that can be put in place to make sure the child is attending a quality program.

- **Ensure that caregivers of young children have information on the child's medical and developmental needs** and have received training and support to be effective providers.

- **Advocate for children with disabilities ages three to five** and make sure they have been referred and evaluated, and receiving appropriate preschool early intervention programs under the Individual with Disabilities Education Act (IDEA).

- **Identify community partners** who can help identify and provide appropriate services to the child and their families. Educate others who work with the family about the developmental risks to the child when they don't have stable placements, consistent environments and the same caseworker over the course of the case.

- **Learn about infant mental health concerns** and programs and supports for helping babies and their caregivers with these issues.

- **Support and promote nurturing and stable relationships in the child's life.** Babies and young children thrive when they have secure attachments with their primary caregivers. Help support these relationships by helping the caregiver with things they need so they can be ready and able to focus on the baby.

- **Talk to families about their important role in early childhood and brain development** including the need for early interventions.

A national study found that 32% of children, ages zero to five, need early intervention, yet only 13% had a service plan indicating services.

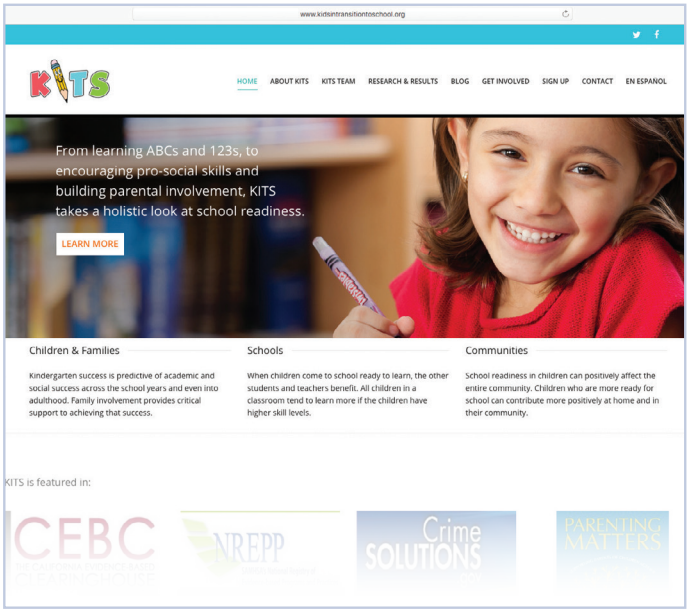
BRIGHT SPOT

KIDS IN TRANSITION TO SCHOOL (KITS) OREGON

Kids in Transition to School, or KITS, is an evidence-based school readiness program developed at the Oregon Social Learning Center. It is a short-term, intensive intervention designed to enhance psychosocial and academic school readiness in children at high risk for school difficulties. The program provides a boost to children's literacy, self-regulation, and social skills just prior to kindergarten via a system of positive teaching and behavior change strategies. The program focuses on both children and their families.

A randomized control trial of the *Kids in Transition to School* (KITS) showed that children in foster care participating in this pre-kindergarten program were reported to show considerably less aggressive or oppositional classroom behavior than a comparison group.

To learn more:
http://www.kidsintransitiontoschool.org/about-us/[11]



SELECTED RESOURCES

Name	Description
211 Quality Child Care Organization, *Quality Checklists*[12]	This resource from the Office of Child Development provides checklists to assist in identifying quality child care. Checklists include: *Infant Toddler Check List, Preschool Check List , School Age Check List* and Health and Safety Check List for Homes with Young Children
Child Abuse and Prevention Treatment Act (CAPTA), *Referral Requirements under CAPTA and IDEA (Individuals with Disabilities Education Act)*[13]	CAPTA requires states to develop policies and procedures for referral of a child under age three who is involved in a substantiated case of abuse or neglect to Part C services under IDEA. This resource provides updates to existing policies and new recommendations for services.
Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program[14]	The *Early and Periodic Screening, Diagnostic and Treatment* (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services.
Head Start and Early Head Start[15]	This resource provides information on the application process for enrolling a child in a *Head Start* or *Early Head Start* program. Of note is the qualification: *Children in foster care, homeless children, and children from families receiving public assistance (Temporary Assistance for Needy Families or Supplemental Security Income) are categorically eligible for Head Start and Early Head Start services regardless of income.*
Individuals with Disabilities Education Act (IDEA), Parts B and C[16]	This is the go-to site for information on the rights of young children with disabilities through Part C services (0–3) and Part B services (3–5). In addition to many resources, information about local and state programs available to provide services, can be found on this site.
Zero to Three[17]	The mission of *Zero to Three* is *to ensure that all babies and toddlers have a strong start in life. At ZERO TO THREE, we envision a society that has the knowledge and will to support all infants and toddlers in reaching their full potential.* There are many valuable resources on this site that caregivers, volunteers, case workers, etc. would find helpful.

SAMPLE EVIDENCED-BASED INFANT MENTAL HEALTH TREATMENT/INTERVENTION MODELS:

Name	Description
Attachment and Behavioral Catch-Up[18]	*Attachment and Biobehavioral Catch-up* (ABC) is a parent-training intervention aimed primarily at children between 6 and 24 months of age and their caregivers. ABC targets young children who have experienced early adversity, such as maltreatment or disruptions in care, and addresses several issues that have been identified as problematic among children who have experienced early adversity, including behaving in ways that push caregivers away and behavioral and biological dysregulation.
Circle of Security[19]	The *Circle of Security* network provides attachment-based consultation, outpatient therapy, in home therapy for parents and caregivers of children from birth through adolescence who have experienced significant challenges or disruptions to their relationships and/or attachment bonds with their parents or other caregivers.
Parent-Child Interaction Therapy (PCIT)[20]	PCIT is an evidence-based treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. Children and their caregivers are seen together in PCIT. Most of the session time is spent coaching caregivers in the application of specific therapy skills.
Triple P (Positive Parenting Program)[21]	*Triple P* gives parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior and prevent problems from developing.

ENDNOTES

1 Source: https://www.acf.hhs.gov/opre/resource/nscaw-ii-wave-3-report-wave-3-tables

2 Ibid.

3 See Issue Brief "Impacts of trauma on development"

4 Source: www.cdc.gov/ace/index.htm

5 See the Child Abuse and Prevention Treatment Act (CAPTA) and Part C under the Individuals with Disabilities Education Act (IDEA).

6 See Issue Brief "Assessing the needs of young children impacted by abuse and neglect" to learn more on qualifying for services

7 https://eclkc.ohs.acf.hhs.gov/policy/head-start-act/sec-642b-head-start-collaboration-state-early-education-care

8 https://www.nhsa.org/files/resources/2016_head_start_foster_care_fact_sheet.pdf

9 Klein, S., Fires, L., & Emmons, M.M. (September 2017). *Early Care and Education Arrangements and Young Children's Risk of Foster Placement: Findings from a National Child Welfare Sample*. Children and Youth Services Review.

10 See Issue Brief "Assessing the needs of young children impacted by abuse and neglect."

11 http://www.kidsintransitiontoschool.org/about-us/

12 http://www.211childcare.org/parents/quality-checklists/

13 http://ectacenter.org/topics/earlyid/capta.asp

14 https://www.medicaid.gov/medicaid/benefits/epsdt/index.html

15 https://www.benefits.gov/benefits/benefit-details/616

16 https://www2.ed.gov/about/inits/ed/earlylearning/early-intervention-specialed-30th.html

17 https://www.zerotothree.org/

18 https://nrepp.samhsa.gov/ProgramProfile.aspx?id=68

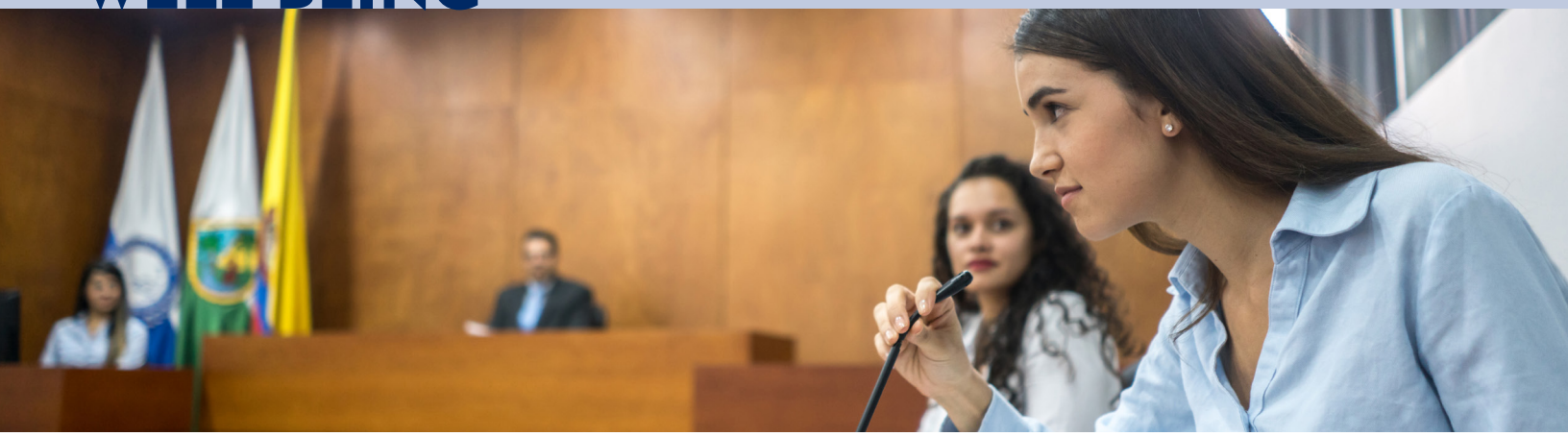
19 https://www.circleofsecurityinternational.com/

20 http://www.pcit.org/

21 http://www.triplep.net/glo-en/home/

WELL-BEING

EDUCATION ADVOCACY IN DEPENDENCY COURT



EDUCATION ADVOCACY IN DEPENDENCY COURT

WHY IT MATTERS

The body of research on the educational outcomes of students in foster care has grown significantly over the past several years. And the research has shown a consistent theme: children in foster care face significant barriers to their educational progress, starting from before school begins and extending through postsecondary education. Yet education provides opportunities for improved well-being in physical, intellectual, and social domains during critical developmental periods and it supports economic success in adult life. Recognizing the importance of supporting the educational needs of students in foster care, child welfare agencies, education agencies, and courts have been working together to improve policies and practices around the country. For more than a decade, there has been growing momentum at the federal, state, and local level to prioritize the educational needs of students in foster care.

Advocates in the courtroom can improve school outcomes, boost graduation rates, reduce disciplinary actions, increase college attendance and help break the cycle of justice system involvement.

Many judges and courts are working with advocates and systems to alter children's educational paths. These efforts can improve school outcomes, boost graduation rates, reduce disciplinary actions, increase college attendance and help break the cycle of justice system involvement.[1] Unfortunately, there are courts that don't yet recognize the critical role they play in promoting educational success. Consequently, social workers and advocates may not come prepared to talk about the educational strengths and concerns of a child. Judges who ask about education services, special education plans and how the

child is doing in school, hold others accountable and social workers, as well as advocates, quickly learn to come to court prepared to share this information.

One survey of 169 judges, 65 key stakeholders, and 1,1107 CASAs, conducted in partnership with Casey Family Programs and the National Council of Juvenile and Family Court Judges (NCJFCJ), found that there was widespread agreement by all respondents that judges have a role in ensuring that the educational needs of youth in care are met.

In this study, the following issues were noted: 1) School placement stability is a significant concern with the transfer of records and paperwork cited as the number one barrier to timely school enrollment; 2) Special education services are often lacking with the court not always addressing special education on a regular basis; and, 3) Children do not always have educational advocates in court.[2] Judges also reported that a consistent barrier to effectively addressing education concerns was that caseworkers were unprepared or not knowledgeable about educational issues, a lack of information from or involvement of the school, and infrequency of court hearings.

ADVOCATES IN ACTION

"Part of a judge's leadership role is to always build a sense of urgency in the lives of these children. We can't burn days of these kids' lives. We can't take three months to update their IEP or to figure out what we're going to do when they're high school juniors, 17 years old, and have 8 credits. That's an emergency." [3]

— Judge Egan Walker

ACTIONS

The good news is that advocates can help support education advocacy in the courtroom by doing a number of things that bring attention to the importance of educational success and modeling the urgency that Judge Walker describes is so needed.

- **Know how children or youth are doing developmentally (for younger aged children) or academically.** Keep regular track of their achievements and challenges to prevent things from falling through the cracks or blow up into bigger problems. Meet their teachers, principals, and counselors as appropriate so they can provide you updates and concerns. The *Questions to Ensure That the Educational Needs of Children and Youth in Foster Care Are Being Addressed* tool developed for judges by the National Council for Juvenile and Family Court Judges (NCJFCJ) provides an extensive list of checkpoints for understanding how children and youth are doing educationally.[4]

- **Look for education-related flags.** Actions or behaviors that should concern all involved include poor school attendance, tardiness, a drop in school performance, a deviation from positive behavior in school, lack of stable home environment with support and structure to succeed in school, running from home, out-of-control, unmanageable behavior at school or a lack of urgency to address a child's education needs. Sound the alarm when something is "off" and advocate for needed supports or interventions.

they perceive as their strengths and need areas will help individualize the uniqueness of the child's situation and prompt others to both celebrate the child's strengths and achievements as well as provide needed supports in the areas they are missing or struggling in.

- **Remember that going to school is bigger than just academics.** Many students in foster care report that school was the one place where they could just be kids and feel normal. Help students participate in

Many students in foster care report that school was the one place where they could just be kids and feel normal.

- **Be prepared to update the court on developmental or educational progress and concerns.** Even if it isn't a part of the court's culture to ask questions about the child's development or academic part of their lives, present the outcomes consistently both in your reports and in the courtroom. Your education advocacy may influence the behaviors of others involved in the child's case, causing them to pay more attention to the education issues of the child. See below for how Delaware's Office of the Child Advocate addresses this issue.

- **Ask children and youth what specific information they would like reported (if they are not able to be in court) about their educational experience.** Having them either share directly or indirectly what

extracurricular activities, after school clubs, sports, dances, etc., things that they identify as important to them. Advocate that the court not schedule hearings that involve children and youth during school hours, or that caseworkers not visit children at school if possible. Protect the child's privacy when contacting school people so as not to "out" them to their peers and classmates.

- **Ask whether your CASA program has volunteers that are currently or have been teachers, school counselors, school social workers, etc.** These individuals have invaluable insight as to the "workings" of the education system and can provide consultation and support to volunteers who may not be as aware of educational rights and supports of students.

BRIGHT SPOT

COMPREHENSIVE EDUCATIONAL REPORT FOR CHILDREN IN FOSTER CARE, DELAWARE'S OFFICE OF THE CHILD ADVOCATE

Helping child attorneys, CASA volunteers and staff recognize the importance of education well-being has long been a priority of Delaware's Office of the Child Advocate. To this end, CASA volunteers and child attorneys receive regular training in the following topics:

- How to advocate for school stability and its connection to placement stability and well-being,
- How to examine grades, IEPs, school discipline records, and other school documents for red flags,
- The importance of attending school meetings and introducing yourself as a contact for education administrators,
- How to examine a student's credits and graduation requirements,
- How to inquire and support individual students' current and future educational goals including their plans for graduation. Finding out about extracurricular programs or school activities they participate in or would like to participate in, and,
- Learning how to request special education evaluations for IEP/504 protections.

However, to ensure that not only child attorneys and CASA volunteers are knowledgeable about these issues, Delaware's Office of the Child Advocate, also provides training for judges, caseworkers and educators on the educational rights and needs of children and youth in foster care. A tool that has been helpful in ensuring that everyone is on the same page regarding a child's educational progress is the "Comprehensive Educational Report for Children in Foster Care." This 2–3 page snapshot of a child's education experience is shared with all appropriate parties including the child's teacher, the caseworker, the attorneys and advocates involved in the case, as well as the Family Court judge presiding over the case.

The education report is generated from a dashboard (EdInsight Dashboard) by each school by the Foster Care Liaison. The report can be emailed or faxed as a PDF document to any individual with authorized access to educational records including the child protective services caseworker, the child's attorney, the child's CASA, the parent(s) and school administrators. Important key school performance characteristics that are pulled into the report include child's name, school information, enrollment history, attendance, discipline, state standardized test scores, grades and credits and special services. CASAs can request the report from the Foster Care Liaison about a week before they need it and then use it as the Education Court Report to the Family Court regarding the child's academic progress. The report can also be used for best interest determination meetings, discipline hearings, for health care/mental health providers and any time when a snapshot of the student's academic history is necessary.

As the staff with Delaware's Office of the Child Advocate will tell you, education advocacy can have far reaching impacts on a child's education outcomes as well as their permanency. Regularly presenting an education report to a judge and other parties of the case can help others consider the importance of educational stability and success in a child's life. Working across disciplines means that more eyes are on the child's educational strengths as well as needs. In Delaware, the educational outcomes of children and youth in foster care has taken hold in state legislation. Recent legislation now states that the court can appoint an education decision maker for a child or youth in care regardless of whether they have special education status. Many times, the CASA volunteer is appointed this role. Furthermore, students in foster care are no longer punished for changing schools with different graduation requirements from their last school as there is now a minimum floor requirement for graduation for students in care.

Delaware notes that the data is clear. More students in foster care are graduating from high school on time. Less are being suspended from school and less are experiencing school placement moves. While education advocacy in the courtroom is just one piece of much larger efforts in the state to improve education outcomes of students in foster care, it is an important piece.

For more information, contact
training@casaforchildren.org

To learn more please contact Delaware's Office of the Child Advocate: 302-255-1730

SELECTED RESOURCES

Name	Description
American Bar Association, Children and the Law, Legal Center on Foster Care and Education[5]	The *Legal Center on Foster Care and Education* has created a suite of tools related to improving the education outcomes of children and youth in foster care. Some tools that advocates may find helpful by using the site's searchable database include:[6] • Addressing the educational needs of children in foster care, New York State Permanent Judicial Commission on Justice for Children: *A Guide for Judges, Advocates and Child Welfare Professionals* • Q & A: *How can courtroom resources support judges to address the education needs of children in care?* • Special education decisions: *Fact Sheet for Judges*
National Council for Juvenile and Family Court Judges (NCJFCJ)[7]	One of the largest and oldest judicial membership organizations in the nation, the NCJFCJ serves an estimated 30,000 professionals in the juvenile and family justice system including judges, referees, commissioners, court masters and administrators, social and mental health workers, police, and probation officers. A frequent partner of CASA and GAL programs, NCJFCJ has created numerous resources including education checklists for judges, to support the educational success of children and youth in foster care.
School-Justice Partnership: Keeping Kids in School and out of Court, National Resource Center[8]	The purpose of this project is to enhance collaboration and coordination among schools, mental and behavioral health specialists, law enforcement and juvenile justice officials to help students succeed in school and prevent negative outcomes for youth and communities. The larger goal of the project is to enhance collaboration and coordination among schools, mental and behavioral health specialists, law enforcement and juvenile justice officials at the local level to ensure adults have the support, training, and a shared framework to help students succeed in school and prevent negative outcomes for youth and communities.

ENDNOTES

1 Chiamulera, C. (2017). *The court's role in supporting education for court-involved children*. Child Law Practice, 36, (6).

2 *Court-based education efforts for children in foster care: The experience of the Pima County Juvenile Court*. Casey Family Programs and National Council of Juvenile and Family Court Judges.

3 This quote was originally published in: Chiamulera, C. (2017). *The court's role in supporting education for court-involved children*. Child Law Practice, 36, (6).

4 For a copy of the checklist see: https://www.ncjfcj.org/sites/default/files/education%20checklist%202009.pdf

5 http://www.fostercareandeducation.org/

6 http://www.fostercareandeducation.org/Database.aspx

7 http://www.ncjfcj.org/

8 https://schooljusticepartnership.org/

WELL-BEING

EVERY STUDENT SUCCEEDS ACT (ESSA)

EVERY STUDENT SUCCEEDS ACT (ESSA)

WHY IT MATTERS

There is evidence to suggest that educational success and stability are linked to increased permanency, reduced placement instability and reduced re-entry into foster care after permanency. Unfortunately, the growing body of research on this topic reveals some painful truths; students in foster care are in educational crisis with disproportionate rates of school failure. Two recent studies illustrate how poor the outcomes are for students in foster care even when compared with other at-risk populations.[1,2] What they revealed is that when compared to students with low socioeconomic status, English learners, and students with disabilities, students in foster care are most at-risk academically. They were more likely to change schools during the school year, more likely to be enrolled in the lowest performing schools, less likely to participate in state testing and more likely to drop out and less likely to graduate on time. A cost/benefit analysis study in 2013 estimated that in the past decade over 300,000 youth have left foster care without the supports needed to successfully transition from adolescence to adulthood.[3] They also estimated the cost of the youths' less than average outcomes in academic achievement, too early pregnancy and involvement in the criminal justice system at $226 billion or just under a quarter of a trillion dollars.

The growing body of research on [educational success and stability] reveals some painful truths; students in foster care are in educational crisis with disproportionate rates of school failure.

Studies like the ones described above were instrumental in the passage of a recently enacted federal law that contains for the first time provisions for students in foster care. The *Every Student Succeeds Act* (ESSA) was signed by President Obama in December 2015. The ESSA provisions, coupled with the existing Fostering Connections school stability provisions directed to child

welfare, creates dual agency responsibility for ensuring school stability and success for children in foster care. The ESSA provisions include:

1. Collaboration to appoint local education (LEA) points of contact, triggered by the appointment of child welfare points of contact;
2. Collaboration to keep students in their school of origin when in their best interest to do so;
3. Immediate enrollment in school and transfer of student records;
4. Coordinated transportation plans and clear procedures on how transportation to the school of origin will be provided, arranged and funded;
5. Inclusion and coordinated efforts with charter schools;
6. Establishment of a designated point of contact within the state educational agency;
7. "Awaiting foster care placement" language removal in McKinney Vento Homeless Assistance Act; and,
8. New data collection and reporting requirements on student achievement and graduation rates.

Legislation, like ESSA, is promoting provisions for students in foster care that will support their educational opportunities and success. Collaboration between the child welfare and education systems, the collection of key data measures to insure accountability of student progress and points of contact at state and local education areas (LEAs) will encourage schools to be better equipped to help students in foster care, ultimately preparing them to pursue their post high school goals. Pairing these strategies with those of the CASA volunteer who provides educational advocacy, has the potential to greatly improve the educational trajectory of students in foster care.

ADVOCATES IN ACTION

One cohort year (of students in foster care) graduating at the rate of the general population would increase earnings over a working life $1,867,000,000 and increase taxes paid by $430,000,000.[4]

ACTIONS

- **Learn what your state and local school districts know about ESSA and whether they are following the provisions included in the law.**

Begin by visiting the state's education agency's website and finding out who the designated point of contact for students in foster care is. If you can't locate information locally, start by contacting the state person.

- **Educate judges, judicial officers and other legal advocates about the foster care protections in ESSA.** Depending on where you live, there is a good chance that court personnel and other advocates don't know about these provisions. You can help lead efforts to bring this information to your colleagues.

- **Ensure judges inquire about school stability and immediate enrollment at every stage of the court process.** Doing so will likely safeguard that the ESSA provisions are attended to by all parties involved in the child's case.[5]

- **Encourage court data systems to collect and share information relating to educating children and youth in foster care.** Doing so will provide incentive to agency staff, caregivers and others working with the child to ensure that they are not only aware of the education provisions of ESSA but they are supporting the educational needs and success of their children and youth.

BRIGHT SPOT

Data from the 2016–2017 school year found that 89% of participating students demonstrated growth academically, behaviorally, or both.

FOSTERING OPPORTUNITIES JEFFERSON COUNTY, COLORADO

Education stability is one of the cornerstones of the Every Student Succeeds Act foster care provisions. In Jefferson County, Colorado, a collaboration between the child welfare agency and school district called "Fostering Opportunities" is designed to support the educational stability for youth in foster care. The project involves monthly meetings with the specialist and the student's teacher, using a rubric designed to guide the conversation. A "Best Interest Determination" process was developed in the fall of the 2016–2017 school year to increase school stability and ensure the most appropriate educational placement for students who historically have been impacted by multiple school moves. This project also identifies and addresses individual needs, such as the need for special education services or adaptive accommodations in the classroom. Data from the 2016–2017 school year found that 89% of participating students demonstrated growth academically, behaviorally, or both.

To learn more visit,
https://www.jeffersoncountycylc.com/education[6]

SELECTED RESOURCES

Below are tools resources to support school placement stability and seamless transitions:

Name	Description
American Bar Association, Legal Center for Foster Care and Education, *Every Student Succeeds Act Implementation Toolkit*[7]	The toolkit contains a series of adaptable tools and resources for states and counties to support the school stability and success of students in foster care. Individual implementation tools from the toolkit appear in the sidebar.
Children's Defense Organization, *Foster Care and Education Q & A: How will the Every Student Succeeds Act (ESSA) Support Students in Foster Care?*[8]	This Q and A answers questions about all of the ESSA provisions impacting students in foster care including questions on school stability, best interest determination, points of contact for the education and child welfare agencies, transportation, immediate enrollment and charter schools.
U.S. Department of Education and U.S. Department of Health and Human Services *Guidance on the Foster Care Provisions in Title I, Part A of the Elementary and Secondary Education Act of 1965, as Amended by the Every Student Succeeds Act of 2015*[9]	This guidance sends a strong message to schools and districts that the needs of children in foster care must be addressed. These provisions went into effect December 10, 2016. State and local child welfare and education agencies must immediately begin conversations about their shared responsibility to support the school stability and success of students in foster care.

ENDNOTES

1 Barrat, V. & Berliner, B (2013). *The Invisible Achievement Gap: Education Outcomes of Students in Foster Care in California's Public Schools*. WestEd.

2 *Improving Education Outcomes for Children and Youth through Data Sharing*. Colorado Department of Education (2014).

3 *Investing to Improve the Well-Being of Vulnerable Youth and Young Adults: Recommendations for Policy and Practice* (2015). Youth Transition Funders Group (YTFG).

4 *Investing to Improve the Well-Being of Vulnerable Youth and Young Adults: Recommendations for Policy and Practice* (2015). Youth Transition Funders Group (YTFG).

5 See Issue Brief on "Education Advocacy in Dependency Court."

6 https://www.jeffersoncountycylc.com/education

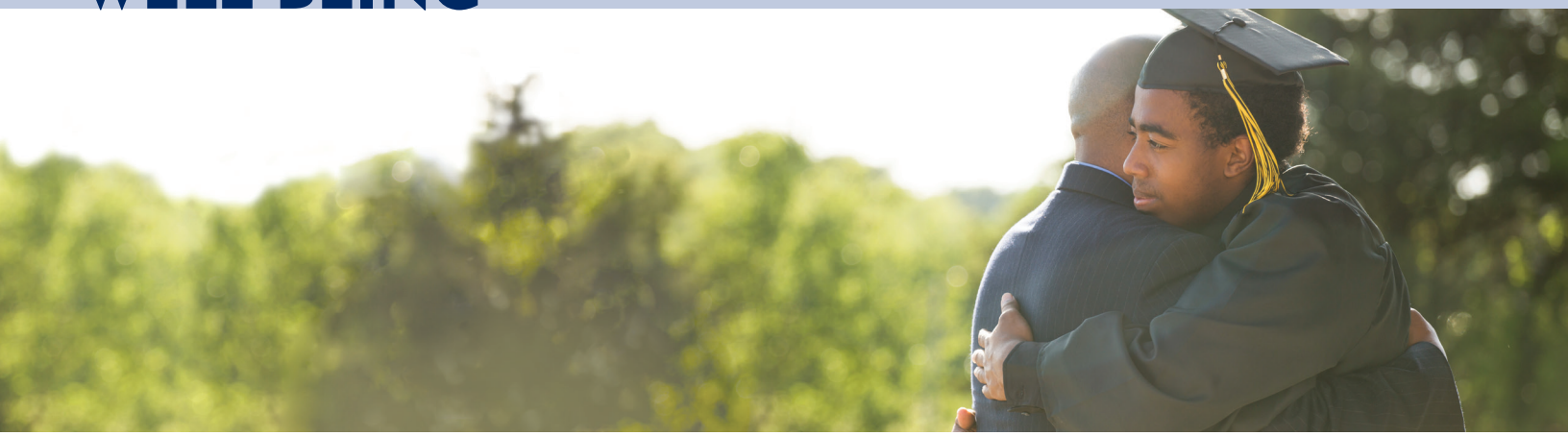
7 See http://www.fostercareandeducation.org/AreasofFocus/EducationStability.aspx

8 See http://www.childrensdefense.org/library/data/how-will-the-every-student.pdf

9 See https://www2.ed.gov/policy/elsec/leg/essa/index.html

WELL-BEING

HIGH SCHOOL GRADUATION AND POST-SECONDARY PREPARATION



HIGH SCHOOL GRADUATION AND POST-SECONDARY PREPARATION

WHY IT MATTERS

Recent studies on the high school graduation rates of youth in foster care highlight a sad truth – students in foster care are far less likely to complete high school than their non-foster care peers including peers who are homeless.[1] Considering that high school graduates earn an average of $8,500 more per year than their peers who do not complete high school is a troubling concern.[2]

Students in foster care are far less likely to complete high school than their peers not in foster care.

There are many reasons why students in foster care are at risk of not graduating high school on time. Evidence suggests that young people in foster care are less likely to graduate if they experience repeated changes in their foster care living arrangements. They are also more likely to complete high school with a GED than with a high school diploma and for youth of color, they are less likely to have a high school diploma and more likely to have a GED than youth in foster care who are non-Hispanic white. While having a GED can improve the life chances of individuals who do not graduate from high school, a GED is not equivalent to a regular high school diploma when it comes to labor market outcomes and post-secondary educational attainment. Compared to high school graduates, individuals who have GEDs earn less and are less likely to graduate from college.[3]

Not surprisingly, successfully achieving a post-secondary education is also challenging for youth in and from foster care. Numerous studies have found lower college enrollment rates and lower college completion rates, among young people who have been in foster care than among other young adults.[4] Young people in and from foster care report that they don't receive the kind of supports and experiences they need to be motivated and knowledgeable of how to even prepare for a postsecondary education.

ADVOCATES IN ACTION

"Something that's missing is that the foster care system and the education system don't really work in collaboration… They need to do something to keep us in our schools so that we can graduate."

– Youth, aged 18

ACTIONS

- **Encourage youth to complete their high school education and prepare for post-secondary education opportunities.** Youth from care who were successful in completing high school and college often point to adults in their lives who believed in them, helped them overcome barriers and celebrated their successes.

- **Advocate for school stability** when in the best interest of the child. Children and youth in foster care do better educationally with greater chances for high school completion when they have school stability.

- **Assess current educational progress.** Due to inconsistent school histories and placements, many youth in foster care have gaps in their education. Review their transcripts regularly to see how they are progressing. If they are missing credits because of school moves or time out of school, see if there are policies that can help them get back those credits. If they are failing or struggling with content, help find a tutor or academic coach. If they have disabilities, ensure that their IEP is up to date and that appropriate services are being delivered.

- **Learn about opportunities for structured post-secondary education planning.** Many youth in foster care are eligible to participate in programs like Outward Bound or Gear-Up which support first generation or at-risk students in following their postsecondary education dreams. Visits to college campuses, hearing from alumni of care who completed college and helping them sign up for things like SAT preparation programs, college tours, etc. are all supports that have been proven to help.

- **Inquire if your state allows students to stay in foster care until age 21.** Some research shows that staying in foster care until age 21 leads to greater likelihood of attending and completing a post-secondary education as well as high school for those students who need more than four years to complete.[5]

- **Encourage experiences outside of school that support high school graduation and post-secondary preparation.** Youth are more likely to be successful educationally and in their future careers when they have access to extra-curricular activities and employment opportunities through volunteering, internships, entrepreneurships, summer employment and part-time regular employment during high school.

- **Become knowledgeable about the Every Student Succeeds Act (ESSA).**[6] In addition to a number of provisions that support students in foster care such as school stability and points of contact between education and child welfare agencies, there is a provision related to new data collection on student achievement and graduation rates. Check to see that schools are aware of these requirements.

- **Learn about different practices and programs** helping students in foster care graduate from high school. If there aren't any such programs in the schools your students attend, share information and encourage the consideration of these types of opportunities.

- **Remember that you may be their best educational advocate.** CASA volunteers are in a unique position to understand the individual needs of the child or youth as well as the bigger picture of what they need in order to be successful. Take any opportunity you can to bring others involved in the youths' case up to speed on their educational needs, gaps and successes.

- **Teach youth how to self-advocate.**[7] Not only can you model how to advocate, but you can explicitly teach youth how to advocate through role play, practice and positive feedback. Learning to self-advocate will help youth the rest of their lives.

BRIGHT SPOT

GRADUATION SUCCESS WASHINGTON

The *Graduation Success* program at Treehouse in Washington state works with youth in care in middle and high school to create individualized plans helping them reach academic success. *Graduation Success* monitors students' academics, behavior, and attendance while connecting them with academic resources such as tutoring, college counseling, and career preparation. *Graduation Success* also works with students facing obstacles common amongst youth in care such as transitioning between schools, retrieving course credit, and addressing special education needs. Treehouse Education Specialists work one-on-one with *Graduation Success* students to:

- Create their own plan for high school graduation and beyond
- Build problem-solving and self-advocacy skills
- Connect to resources like tutoring, credit retrieval and college and career prep
- Recognize and develop available support systems around them, from caregivers, to social workers, to school teachers and counselors
- Resolve education barriers like school transitions, special education needs, disciplinary actions and credit retrieval

Statewide, youth in foster care graduated high school on time at 43%. For the past two years, students participating in Graduation Success have graduated on time at a rate of 64-68%.

To learn more, visit: http://www.treehouseforkids.org/our-services/academic-support/[8]

SELECTED RESOURCES

Name	Description
American Bar Association's (ABA), Legal Center for Foster Care and Education's Fostering Success in Education Blueprint for Change: Education Success for Children in Foster Care[9]	*The Blueprint for Change: Education Success for Children in Foster Care* is a tool for change. The 8 goals and 56 corresponding benchmarks are a framework or checklist for direct case advocacy and system reform. Leaders should use the *Blueprint for Change* framework to identify a jurisdiction's strengths and areas for improvement.
ABA's Legal Center for Foster Care and Education's *Questions and Answers: Credit Transfer and School Completion*[10]	This Q and A offers examples of state policies to address the issue of credit transfer for youth in foster care who change schools often. It also provides strategies for child welfare agencies to address the issues impacting credit retrieval and on-time graduation
Developmental Summer Bridge Programs – *College prep and support program.*[11]	Developmental summer bridge programs are designed to help new college students prepare for the rigor of the college experience, both academically and socially. By providing a supported, intensive environment, developmental summer bridge programs allow students to work through their developmental coursework with built-in academic assistance, thus giving them the opportunity to start at a higher level in the targeted course sequence in their first semester.
National Conference of State Legislatures (NCSL), *Foster Care Bill of Rights*[12]	NCSL's "Foster Care Bill of Rights" webpage provides access to the 14 States' Bill of Rights for Children in Foster Care. These bills are designed to inform foster children and foster parents of their rights within the child welfare system, including why they are in foster care and how the process works, some of them specifically call out credit transfer as an educational right for children in foster care.

Name	Description
Talent Development High Schools[13]	Talent Development works to give students the knowledge and skills they need to be successful at high-quality, demanding academic courses. Known as transition or acceleration classes, these courses concentrate on mathematics and English Language Arts, with a first-semester ninth-grade course, Freshman Seminar, for all students.
Texas Education Agency, *Foster Care and Student Success*[14]	The resources and materials in this guide provide guidance related to the unique circumstances surrounding students who are in the foster care system and attend Texas public schools. In Texas, nearly 16,000 school-age students are in foster care at any given time.
Upward Bound – *College readiness program* for students from low income families[15]	Upward Bound provides fundamental support to participants in their preparation for college entrance. The program provides opportunities for participants to succeed in their precollege performance and ultimately in their higher education pursuits. Upward Bound serves high school students from low-income families and high school students from families in which neither parent holds a bachelor's degree. The goal of Upward Bound is to increase the rate at which participants complete secondary education and enroll in and graduate from college.

ENDNOTES

1 Clemens, E.V (2014). *Graduation and Dropout Rates for Colorado Students in Foster Care: 5-Year Trend Analysis (2007–08 to 2011–12), University of Colorado*. The Colorado Department of Education began reporting on graduation, completion and mobility rates for students in foster care. The graduation rate for students in foster care included in the Class of 2013 was 27.5%. This is compared to the state graduation rate of 76.9% and the rate of students who are homeless who had a 42% graduation rate. https://www.cde.state.co.us/dropoutprevention/5-year_foster_care_trend_study

2 Okpych, N.J. & Courtney, M.E. (2014). Does education pay for youth formerly in foster care? Comparison of employment outcomes with a national sample. *Children and Youth Services Review*, 43, 18–28.

3 *Why Education Matters to Children in Foster Care: Education Fact Sheet* (January, 2014). National Working Group on Foster Care and Education.

4 Ibid.

5 Ibid.

6 See Issue Brief on the "Every Student Succeeds Act"

7 See Issue Brief on "Youth Engagement"

8 http://www.treehouseforkids.org/our-services/academic-support/

9 See http://www.fostercareandeducation.org/DesktopModules/Bring2mind/DMX/Download.aspx?EntryId=1624&Command=Core_download&method=inline&PortalId=0&TabId=124

10 See https://www.americanbar.org/content/dam/aba/migrated/child/education/QA_2_Credits_FINAL.authcheckdam.pdf

11 See https://www2.ed.gov/documents/college-completion/mdrc-1.pdf

12 See http://www.ncsl.org/research/human-services/foster-care-bill-of-rights.aspx

13 See http://www.tdschools.org/

14 See https://tea.texas.gov/FosterCareStudentSuccess/

15 See https://www2.ed.gov/programs/trioupbound/index.html

MEETING CHILDREN'S AND YOUTH'S SPECIAL NEEDS WITH QUALITY SERVICES

MEETING CHILDREN'S AND YOUTH'S SPECIAL NEEDS WITH QUALITY SERVICES

WHY IT MATTERS

Several studies show that children and youth in foster care are between 2.5 and 3.5 times more likely to receive special education services than their non-foster care peers. Research also indicates that children in foster care experience rates of emotional and behavioral problems impacting their education at higher rates than their peers who have not been involved in the child welfare system.[1] Furthermore, children in foster care who are in special education tend to change schools more frequently, are placed in more restrictive educational settings, and have poorer quality education plans than their non-foster care peers in special education. Studies conducted with California caregivers and school liaisons indicate that children in foster care need more intensive educational and support services to succeed in school.[2] While screening foster youth for special education needs has been shown to increase the chance that youth receive needed services, one study showed that 84% of foster youth whose screenings indicated potential special education needs did not receive related services within 9–12 months.[3]

Having a disability and being in special education only compounds a student in foster care's ability to educationally succeed.

Unfortunately, while children and youth in foster care are more likely to be identified as having a disability, there are also many children and youth who, because of early, often unaddressed trauma associated with abuse and neglect, and placement and school instability, have learning difficulties that require extra support, but they do not have disabilities. Often these children may be misdiagnosed and either don't receive the kind of support they need or are burdened with a label that is inaccurate. Children of color are especially at risk of inappropriate placement in special education programs for students with emotional and behavioral disabilities.

Each individual child should be assessed and evaluated for their individual strengths and needs. This is the basis of the *Individual with Disabilities Education Act* (IDEA), a federal law that requires local education agencies to provide a "free appropriate public education" (FAPE) to children with a qualifying disability. [4] A child with a disability is entitled to a program of special education and related services that will help them make meaningful academic and behavioral progress. These services are listed in an *Individualized Education Program* (IEP). Whenever possible, children with disabilities should be taught in regular classrooms, learning what other students are learning and with the extra support and help they need.

For children who struggle with learning and behavioral problems but have not been diagnosed with a disability according to IDEA, they may need extra supports to help them address the instability and trauma they have experienced. Some students may qualify for 504 services, a part of the IDEA law.[5] Other students struggling in school, but not qualified for special education services, may benefit from participating in trauma informed classrooms and schools. [6]

Determining who can make decisions for a child who needs special education begins with the IDEA's complex definition of "parent." A child cannot be evaluated or begin to receive special education services until an IDEA parent has given written permission. In most cases it is the IDEA parent who provides consent to evaluations and services through the IEP or who disagrees with the IEP that the school district is proposing. Child welfare agencies that have an effective IDEA parent are ensuring that children with disabilities in foster care get the special help they need to reach their learning potential.

WHO IS THE "IDEA PARENT" FOR A CHILD IN FOSTER CARE? [7]

- **An active birth or adoptive parent.**

  In the absence of judicial intervention, a birth or adoptive parent who is participating in IEP meetings and is actively involved in the special education process should be viewed as the child's IDEA parent. This is true even if the child is living in a foster home or a group setting.

- **Another qualified person**.

  If the birth or adoptive parent is not "attempting to act," any of the following individuals can be the IDEA parent:

  - » A foster parent not barred by State law from serving as an IDEA parent
  - » A guardian
  - » A person acting in the place of the parent with whom the child lives
  - » A person legally responsible for the child's welfare
  - » A surrogate parent [8]

- **A person designated by the judge.**

  Federal rules give a judge broad power to designate a specific person to function as the IDEA parent and to make special education decisions for a child in the custody of the child welfare agency. [9]

ADVOCACY IN ACTION

Compared to their peers, young people in foster care are five times as likely to be eligible for or to receive special education services.

ACTIONS

- **Learn if children you advocate for have a disability.** If they do, review their evaluation results and most recent IEP, find out when the next review meeting is scheduled or was held. Review their school history to determine how long they have been receiving special education services and whether they are making reasonable progress on their IEP stated goals. Identify who is the IDEA parent for the child. Raise concerns you have with your supervisor to identify a course for action.

- **For children you suspect may have a disability but do not have an IEP**, inquire about their school history. Find out if they have ever had a referral and/or evaluation completed or if they have been on an IEP or 504 plan in the past. Remember that past or current trauma and/or school and placement instability may be contributing to their challenges in school. If you believe that the child has a disability as outlined in IDEA, work with your supervisor to make a referral for an evaluation.

- **When possible, support the birth or adoptive parent as the IDEA parent for the child.** Most children in foster care return to their birth or adoptive families. When possible and in the child's best interests, help parents stay involved and empowered to make education decisions for their children. All parties involved should respect the parent's rights and treat parents the same way they would treat any other member of the team.

- **Make sure there is an IDEA parent.** The rules for determining who the IDEA parent is are often complicated. As an advocate you can inquire about who is serving in the parent role for meetings and important education decisions. You can remind the school and child welfare agency professionals that the birth parent retains education-decision making rights. Or find out who the judge has appointed to be the IDEA parent if it is not clear to you.

- **Raise concerns you have if you don't believe that the current IDEA parent is the right person to make educational decisions for the child**. If you have concerns that the IDEA parent is not acting in the best interest of the child when making education decisions, you should suggest a specific person to serve in this role who is known to the child and who you think would do a good job. Ask the child or youth who they think would be the best decision maker. Or ask the child's caregiver. Any number of people such as a family member, family friend, church member or even yourself may be the best person to serve in this role.

- **Know your state law and how it affects who can be an education decision maker and when.** States have different laws about who can serve as an IDEA parent. For example, in some states, foster parents can and in some states they can't.

- **Participate in IEP meetings, recommend surrogate parents and ensure that the child or youth is making adequate yearly progress on their IEP goals.** The IEP is basically the "roadmap" for what the child is to learn or acquire and the supports and accommodations for how to get them there. The IEP should always be thought of as a dynamic, ever evolving tool to support the child's progress. If you are concerned that the IEP is not being used in this way effectively, raise the issue with the team and advocate for more appropriate goals, supports, accommodations or even "graduation" off the IEP, if applicable.

- **Inform the judge and other court personnel of a child's educational status including whether they are on an IEP or in need of an evaluation.** Courts typically do not order school districts to provide special education services, but they may order the child welfare agency to refer a child for evaluations and services. If a child is not receiving the services to which he or she is entitled, a due process action must be filed but this cannot be resolved by the dependency court.[10]

- **If a school move is in the child's best interest, work with others to expedite enrollment and alert the new school about the child's special education needs.** When a child with an IEP moves to a new school in a new district, that school must provide the child with a free appropriate public education (FAPE). If the school wants to change or discontinue services, they must first conduct an evaluation or develop a new IEP.[11]

BRIGHT SPOT

EDUCATIONAL DECISION-MAKER PROGRAM
CASA PHILADELPHIA

In 2011, the Pennsylvania Supreme Court amended the Juvenile Court Rules to ensure judges proactively address the educational needs of dependent children who come before them at all stages of the adjudicatory process. One of the most significant changes was the addition of two new rules that require judges to appoint an "Educational Decision Maker" (EDM) for children in both dependency and delinquency proceedings when such an appointment is needed. When a child needs an EDM, child advocates or another party may suggest individuals to appoint, such as grandparents, adult siblings, family friends, guardians ad litem, former foster parents, or other adults in the child's life. But for many children, particularly those in residential placements, there is no one in their lives who can serve in this role. The absence of an EDM presents a critical barrier to educational success for this at-risk population.

Realizing their unique position to train volunteers to be EDM's, CASA Philadelphia developed a pilot project to train six volunteers to serve in this role. Following this learning experience, CASA Philadelphia applied for and obtained a grant from IMPACT 100 Philadelphia to expand its program to train and supervise a pool of CASA volunteers to serve as educational decision makers for children in out of home care. Working in collaboration with the Education Law Center, the program developed a training curriculum and "EDM

Toolkit" that can be used across Pennsylvania to train and support high-quality volunteers to serve as court-appointed EDMs for children in foster care. The EDM program builds on CASA Philadelphia's demonstrated ability to recruit, screen, train, and supervise volunteer advocates for children in the foster care system. The Program has been highly successful and currently provides EDMs for 80 children in foster care.

Advocates who want to become EDMs receive intensive CASA training as well as an EDM training and opportunities to attend quarterly meetings to ask questions and expand their knowledge about education issues. CASA EDMs who have extensive special education expertise also provide additional support to EDM volunteers by providing technical assistance.

A dedicated EDM Supervisor is responsible for supervising the EDM Volunteers and providing the initial and ongoing training and is facilitating quarterly group supervisor sessions. The Volunteer Coordinator and Program Manager, when recruiting and screening new volunteers, do so with an eye towards identifying and encouraging potential volunteers with skills sets that would naturally help them become an EDM for a child in foster care. The EDM Supervisor has the volunteers complete quarterly reports that collect information about the child's educational progress, any barriers that have been identified and what the EDM volunteer activities have been to address or remove the barriers. EDM CASA volunteers are often able to advocate for more than one child at a time and will frequently become the EDM for two or more children at a time.

In addition, CASA Philadelphia's EDM Program also established a stakeholder workgroup which includes DHS Philadelphia, the School District of Philadelphia and others who work collaboratively to address systemic barriers to academic success and provide targeted interventions for children in foster care.

Having an EDM assigned to a child has resulted in greater school stability, expanded access to public school instead of an "on-grounds residential school" and placement in a least restrictive environment.

CASA Philadelphia currently has 30 EDM CASA volunteers and other CASA volunteers who serve as EDMs advocating for the educational rights and needs of children and youth in foster care. The vast majority of these children with EDMs are students with disabilities, and the majority live in residential placements. Having an EDM assigned to a child has resulted in greater school stability, expanded access to public school instead of an "on-grounds residential school" and placement in a least restrictive environment. There is a currently a waiting list for EDMs to be assigned as judges have truly embraced the value of these important people in the lives of children and youth.

For more information, contact training@casaforchildren.org

SELECTED RESOURCES

Name	Description
Legal Center for Foster Care and Education, *Special Education Tools and Resources*[12]	The Legal Center for Foster Care and Education have created a number of resources related to this topic including specific tips for CASAs and child attorneys.
U.S. Department of Education and U.S. Department of Health and Human Services, *Guidance on the Foster Care Provisions in Title I, Part A of the Elementary and Secondary Education Act of 1965, as Amended by the Every Student Succeeds Act of 2015*[13]	As part of the new provisions for students in foster care under the Every Student Succeeds Act, there is specific considerations around the educational supports for students in foster care and special education. This guidance is addressed in detail in this document.
U.S. Department of Education, *Individual with Disabilities Education Act*[14]	Updated recently, this site provides extensive information on IDEA, rights of children and parents, due process, etc.

ENDNOTES

1 See "Fostering Success in Education: Educational Outcomes of Students in Foster Care" (March 2018). Available at: http://www.fostercareandeducation.org/

2 Ibid.

3 Ibid.

4 See: https://www2.ed.gov/about/offices/list/osers/osep/osep-idea.html

5 For more information on 504 services see: https://www2.ed.gov/about/offices/list/ocr/504faq.html#protected

6 For more information, see the Issue Brief, "Preventing Behavior Issues in School."

7 Adapted from the Legal Center for Foster Care and Education, http://www.fostercareandeducation.org

8 Education agencies must determine whether a surrogate parent is needed when: 1) a child does not have anyone who meets the definition of an IDEA parent (for example, a birth or adoptive parent or a foster parent who is not barred by state law from serving as an IDEA parent); 2) the education agency cannot locate an IDEA parent after reasonable efforts; 3) the child is a ward of the state under the laws of the state; or 4) the child qualifies as an "unaccompanied homeless youth." For children in out-of-home care, a Surrogate Parent must always be appointed in situations 1 and 2.

9 For more information see "Special Education Decision-Making: Role of the Judge." Available at: http://www.fostercareandeducation.org/portals/0/dmx/2012/10/file_20121003_104020_Xsp_0.pdf

10 To learn more about due process under IDEA see: https://www2.ed.gov/policy/speced/guid/idea/tb-safeguards-3.pdf

11 To learn more about school placement stability for youth in foster care see Issue Brief: "Supporting school stability and seamless transitions."

12 http://www.fostercareandeducation.org/SearchResults.aspx?Search=special+education

13 https://www2.ed.gov/policy/elsec/leg/essa/edhhsfostercarenonregulatorguide.pdf

14 https://sites.ed.gov/idea/?src=pr

NORMALCY: LETTING KIDS BE KIDS

NORMALCY: LETTING KIDS BE KIDS

WHY IT MATTERS

Being a teenager is not an easy feat for anyone. But being a teenager in foster care is a maze of difficulty, red tape, and oftentimes isolation. Until recently, many children in foster care were unable to participate in the childhood activities their peers not in foster care often take for granted – sleep overs, playing sports, field trips, scouts, school pictures, going to a movie, dating, getting a job, having an allowance, a driver's license or even volunteering. These "normal" activities are referred to as normalcy. Normalcy "encompasses the collection of age- and developmentally-appropriate activities, experiences and opportunities that should make up the daily lives of young people within the context of a caring and supportive family." [1]

Normalcy encompasses the collection of age- and developmentally-appropriate activities, experiences and opportunities that should make up the daily lives of young people within the context of a caring and supportive family.

Childhood activities are important, not just because they are fun, and give a sense of belonging to children and teens, those activities help in brain development, relationship building skills and healthy risk taking. When participating in these activities, youth build networks of relationships or social capital. Social capital is built through participation in activities through which young adults learn to work with others in a community, build networks of support and friend groups. Building lasting relationships outside of the foster home is critical for teens who may age out of the foster care system and need support in what could be a difficult transition. This social capital means having, and being able to, depend on lasting lifelong friends, resources and opportunities, including jobs and internships. Oftentimes youth in foster care have already experienced loss and disruption and have a great need for the community bonds and social capital that normalcy activities can facilitate.

An adolescent's brain continues to develop through the teen years and their experiences and relationships are essential to the teen's brain growth. "Psychological development occurs in the adolescent brain's frontal lobes, particularly in the prefrontal cortex, which governs reasoning, planning, decision making, judgement, and impulse control."[2] The relationships built, and the experiences created in the activities of childhood create a safe place for learning and healthy risk taking in an environment where caring adults can provide boundaries, advice and a safe environment. Caring adults can be the teen's foster parents, school teacher, employer, faith-based organizer, dance instructor, or scout leader. Risk taking is a normal and healthy part of growing up- best done with access to caring adults.

As summarized by one *Florida Guardian ad Litem* volunteer:

> *Participation in normal age-appropriate activities gives the children a feeling of being safe and nurtured which adds to their self-esteem and willingness to try new things and to have a decreased level of frustration because they are developing a sense of belonging to a stable environment. The children's basic needs are being provided and, therefore, they are willing to reach to a high level of development.*[3]

Previously, the foster care system was so risk averse, it created an atmosphere of isolation for teen's in foster care. They were unable to participate in regular activities as simple as getting their high school yearbook picture taken or having a sleep over at a friend's house without background checks and court orders. Thankfully, those days changed with the passage of the *Preventing Sex Trafficking and Strengthening Families Act in 2014*.[4] Before that only five States – Florida, California, Utah, Washington, and Ohio – had laws promoting normalcy. The *Strengthening Families Act*, and the 37 states who have responded to its requirements, have removed barriers to normalcy by allowing foster parents and placements the authority to make normalcy decisions for children in their care.

Foster parents are now empowered by these new laws to make decisions regarding day-to-day activities for the children placed in their care. From dating and babysitting, to sports and employment, there is no longer a need for foster parents to go to the case worker to get permission for children in their care to participate in age appropriate activities as long as foster parents make decisions adhering to the reasonable *prudent parent standard*. The same laws apply to youth placed in congregate care. There must be an identified decision maker in the group home and the youth should understand how to seek permission from the caregiver to participate in normalcy activities.

Reasonable Prudent Parent Standard. The foster parent or placement (this includes children placed in group homes or institutions) must make decisions that maintain the health, safety, and best interest of a child and to make normal, day-to-day decisions affecting children in their care regarding extracurricular, enrichment, cultural, social or sporting activities.

Participation in Age and Developmentally Appropriate Activities. Many states specifically use language in their normalcy statutes addressing the older youth's rights to participate in age and developmentally appropriate activities. The court may address whether or not the youth is attending family celebrations, spending time with peers and mentors, or even assuming more responsibilities and independence in their current placement.

Case Planning. Youth 14 and over must participate in creating and revising their case plans. Youth can have two people with them who are not foster parents or case workers to aid them in planning. Youth must also be provided with a list of their rights as part of the case planning process. The list must at least include: rights with respect to "education, health, visitation and court participation," the right to discharge documents and to "stay safe and avoid exploitation." The case plan must include a signed acknowledgement that the list of rights has been received and "explained to the child in age-appropriate way."[5]

ADVOCATES IN ACTION

I believe normalcy is allowing youth to have the same opportunities as those children living with biological parents. Too often there is a stigma attached to the term "foster care" and the children that come from it. The world seems to believe that foster care is where the difficult or criminal children go but that is far from the truth. Normalcy is trying to let these youth live as close to a regular and normal life as they can with the situation they are in.[6]

ACTIONS: REMOVING BARRIERS

Identify the caregiver who is responsible for making the "normalcy" decisions. Group homes and shelters are not exempt from the reasonable prudent parent standard. Always understand and know *who* is making normalcy decisions at these placements.

Seek prior approval. The caseworker cannot require prior approval for a child to participate in an activity. It is the decision of the caregiver. If the caregiver is not being permitted to make decisions for the child, it may be necessary to inform the department or the court.

Check on the existence of pre-existing court orders. A caregiver's decisions regarding normalcy activities cannot be contrary to a pre-existing court order. For example, if there is court ordered visitation with the child's parents on Saturdays, a normalcy activity planned or approved by the caregiver would not take precedence over an existing court order for Saturday visitation. However, there may be an opportunity for visitation to take place during the activity.

Ensure that youth in foster care with disabilities are provided with equal opportunities to participate in all normalcy activities. Youth with disabilities shall be provided with an equal opportunity to participate in all normalcy activities. That may mean having accommodations or adaptations in place to support their participation.

Seek to remove any barriers to normalcy that are identified as a result of the child's LGBTQ status. Are there special considerations around participation in faith-based groups or other groups that have traditionally discriminated against LGBTQ youth?

Reduce cost of activity and transportation barriers. Discuss alternative funding sources, local non-profits, relatives who may provide transportation. Many schools provide transportation and cost reductions for participation fees if the youth is identified for "free and reduced meals." Inquire as to the use of carpools or ways other adults can be involved in helping with transportation.

Discuss with the child what extracurricular activities they would like to participate in – what sports, jobs, faith-based organizations, school activities, overnights and planned outings (school field trips, campouts, school and church groups). Ensure those activities are included in their case plan – although including the activities in the case plan is not a requirement.

Advocate for school stability. Unfortunately, if the child has to move schools because of placement changes, what can be done to make sure they remain in the same extra-curricular activities and sports? Can there be creative exceptions made so the youth can keep the same friend groups and social networks?

Ensure children and youth are included in case planning and any revisions to the case plan especially as it relates to "normalcy" goals. A big part of experiencing normalcy is having the ability to express one's desires and interests.

Ask how youth might be able to join their siblings and other family members in activities and events. Having visitation take place in more natural, normal environments lends itself well to the experience of normalcy.

Learn if transportation is a limitation in getting an afterschool job? Participating in a sport? Attending weekend functions with friends? Support the youth in getting transportation barriers addressed.

Find out if the youth has to get permission from their case worker to volunteer or work? If they do, this is a normalcy barrier that should be removed. Help educate case workers and foster parents about the "new" roles in terms of granting permission.

Investigate age-appropriate school and community activities available to youth in your area. Take youth on visits to these activities to observe and indicate their interest. For youth who have never had a chance to participate in age appropriate, typical activities, it may be overwhelming for them to decide what they would like to participate in.

Consider other activities that youth may want to participate in and help reduce barriers to making it happen. These activities might include the use of social media, getting a driver's license, babysitting, going on vacations with their foster family or other families (e.g., relatives), and receiving an allowance, reasonable curfews, the ownership and use of cell phones, having their picture in a yearbook or school newspaper and participation in community events.

Part of feeling like you are "just a kid" is not being referred to a child or youth in foster care. *Consider these additional tips:*

- **Refrain from using terminology** such as foster child, or group home child or Level 2 Child, Residential Treatment Child, or Baker Acted child that identifies the child as being secondary to their placement.
- **Avoid visits to the youth's school** as school is a safe place where many children and youth are free from the "stigma" of being in foster care. Only visit the school in an emergency or if necessary for an educational meeting.
- **Ask that court appearances for youth are scheduled** during non-school hours to ensure the least amount of interference in their academic schedule.
- **When meeting with the child, provide them with choices** – where would they like to meet, what they would like to talk about, even if it means making mistakes. Giving children choices promotes independence and normalcy.

BRIGHT SPOTS

KEYS TO INDEPENDENCE ACT FLORIDA

Having a driver's license is critical to ensuring children can live independently and gain employment if they age out of the foster care system. Only 9 percent of Florida's foster children have a learner's permit and only 3 percent have a driver's license. The *Florida Keys to Independence Act* was signed into law in 2014 creating a three-year pilot program and was permanently signed into law in May 2017. The act provides reimbursement to youth and caregivers for the costs associated with driver's education, driver's licenses and other costs related to getting a driver's license as well as motor vehicle insurance. Along with the Department of Children and Families, The *Statewide Florida Guardian ad Litem Program* was key in this legislation becoming law.

To learn more: http://www.keystoindependencefl.org/

TREEHOUSE DRIVER ASSISTANCE PROGRAM, WASHINGTON

Getting behind the wheel is a key part of a successful launch into adulthood, particularly for youth exiting foster care. Driving means access to education and employment opportunities that can lead to income and housing stability. A new statewide program aims to remove barriers to transportation for youth in foster care. Washington's *Treehouse's Driver's Assistance Program*, funded by the Department of Social and Health Services Children's Administration, covers the cost of licensing fees, driver's training and auto insurance for foster and tribal youth ages 15 to 21.

To learn more: https://www.parentmap.com/article/foster-youth-driver-license-washington-state

Photo credit: keystoindependencefl.org

SELECTED RESOURCES

Name	Description
Annie E Casey Foundation, 2015. *What Young People Need to Thrive.*[7]	This brief highlights the importance of typical experiences, or normalcy, to the overall healthy development of young people in foster care: how young people view normalcy and foster care – what they wish for, the barriers they face and their recommendations; suggestions for how to leverage the *Strengthening Families Act* for significant improvements in child welfare systems, creating a more supportive and normal environment for all young people; and strategies from the field that can serve as examples.
Iowa Department of Human Services, Employees' Manual, Title 17, Chapter C(1), Case Planning Procedures. [8]	This manual created for caseworkers includes recommendations on how to include planning for age-appropriate activities and defines the usage of "normalcy." See page 14.
Jim Casey Youth Opportunities Initiative, 2011. *The Adolescent Brain: New Research and Its Implications for Young People Transitioning from Foster Care.*[9]	This document shares the science behind adolescent brain development and how it impacts young adults transitioning from foster care. Additionally, it provides recommendations for practice informed by this new science.

Name	Description
Juvenile Law Center, Promoting Normalcy for Children and Youth in Foster Care (May 2015)[10]	Juvenile Law Center has created this guide, *Promoting Normalcy for Children and Youth in Foster Care*, to help states embed the new "normalcy" requirements of the law into their own state laws and regulations. The guide includes a detailed overview of why "normalcy" is crucial to healthy child and adolescent development and the federal requirements prioritizing normalcy for foster youth. A list of key recommendations for state legislation and regulations are also included.
Youth Policy Institute of Iowa, 2016. *When Normal Ain't Normal*[11]	This publication recommends the following state policy changes to enhance "normalcy" for children and youth in foster care: 1) Establish in state law a right for youth in care to engage in age or developmentally-appropriate activities regardless of placement type. Codify in law the definitions of "reasonable and prudent parent standard," "age or developmentally appropriate activities," and "caregiver": 2) Address barriers to participation, including cost, transportation, permission, and liability issues. Clarify in law explicit liability protection for caregivers and private entities exercising the reasonable and prudent parent standard: and, 3) Require that the juvenile court make findings at all review hearings of engagement in normal activities and how barriers are being handled.

ENDNOTES

1 The Annie E. Casey Foundation (2015). What young people need to thrive: *Leveraging the Strengthening Families Act to promote normalcy. Jim Casey Youth Opportunities Initiative*. Retrieved from http://www.aecf.org/resources/what-young-people-need-to-thrive/

2 Jim Casey Youth (2011), *The Adolescent Brain: New Research and its Implications*. Available at http://www.aecf.org/m/resourcedoc/AECF-theAdolescentBrain-2011.pdf (last visited April 26, 2018)

3 Statewide Florida Guardian ad Litem Program 2014 Annual Report "Let Kids be Kids", available at http://guardianadlitem.org/wp-content/uploads/2014/08/Let-Kids-Be-Kids-2014.pdf (last visited April 26, 2018)

4 See https://www.congress.gov/bill/113th-congress/house-bill/4980

5 42 U.S.C.A. § 675a(b)

6 The National Foster Youth & Alumni Policy Council, Normalcy, http://www.nationalpolicycouncil.org/content/normalcy (last visited April 27, 2018)

7 http://www.aecf.org/resources/what-young-people-need-to-thrive/

8 http://dhs.iowa.gov/sites/default/files/17-C1.pdf

9 http://www.aecf.org/resources/the-adolescent-brain-foster-care

10 https://jlc.org/resources/promoting-normalcy-children-and-youth-foster-care

11 http://www.ypii.org/Resource_PDF/IssueBrief_Normalcy.pdf

PREGNANCY PREVENTION

PREGNANCY PREVENTION

WHY IT MATTERS

While teenage pregnancy and birth rates have hit historic lows, the number of pregnant and parenting youths in foster care continues to remain at disproportionately high rates. Research reveals that 33% of females in foster care have been pregnant by age 17 or 18, compared to just 14% of their peers in the general population.[1] Repeat pregnancies are also common, with 62% of this population being pregnant more than once within that time frame. For adolescent males, the Midwest study reported that 50% had gotten a female pregnant, compared with 19 percent of their non-foster peers.[2]

The number of pregnant and parenting youths in foster care continues to remain at disproportionately high rates.

Adolescents in foster care are at a higher risk for pregnancy for a number of reasons. Many don't have a consistent and trusted adult in their life who they can confide in about personal issues and who can educate them about reproductive health which makes them more susceptible to peer pressure to become sexually active. They don't often have access to accurate information about reproductive health in the way that their non-foster peers do. In addition, many young women in foster care see benefits to having a baby, perceiving the child as a means of achieving unconditional love and having the stable family and sense of belonging they never experienced themselves. Many youths in foster care may come from family cultures where teenage pregnancy is accepted.

Unplanned teenage pregnancies have serious health and educational impacts on both mother and child. For young mothers, securing housing and finding employment when transitioning out of foster care is much more challenging with a young child. The children of teen mothers are more likely to drop out of school, become incarcerated at some point during adolescence, and are more likely to have young children themselves.[3]

ADVOCATES IN ACTION

Teenage mothers in foster care are twice as likely to be reported for abuse and neglect and have their children removed from their care when compared to older mothers.[4]

ACTIONS

Advocates play an important role in addressing the well-being of the children and youths they support, including connecting them to services that support reproductive health and unplanned pregnancy when appropriate. Actions that may help reduce unplanned teenage pregnancy among youth in foster care include:

- **Understand what your program policies are around this issue and learn what the child welfare agency's policies and procedures are.** Child welfare agencies should have specific policies and procedures to help prevent unplanned pregnancies and promote sexual health among youth in foster care. These should include clarifying roles and responsibilities of all the adults who care for these youth, including caseworkers, foster parents, and other supportive adults including volunteers. Find out who is responsible for ensuring that youth have access to regular reproductive health care screenings once they become adolescents.

- **Participate in training if available and if not, encourage your program to consider training on this issue.** Many adults may feel unprepared to talk with youth directly about personal issues such as pregnancy prevention. Training should be provided on sexual and reproductive health, contraception, healthy relationships, and how to effectively communicate these topics in non-judgmental and supportive ways, as well as the psychological reasons that females in foster care are more likely to become pregnant. These types of trainings should be open to all concerned adults including caregivers.

- **Provide youth the information they need to make good decisions:** Both males and females in foster care need accurate information and good decision-making skills to protect them from unintended pregnancy if they choose to be sexually active. Check to see that adolescents you provide advocacy for have sexual and reproductive health as an integral part of their case plan and ensure that all youth receive the support, knowledge, and tools needed to make healthy long-term decisions regarding sex, sexually transmitted diseases and pregnancy planning. Child welfare agencies can offer sex education programs for youth in foster care and make this a component of existing programs within child welfare agencies. Check with the agency to see if they are providing these programs and encourage them to do so if they are not.

- **Determine if Independent Living programs include information on sexual health:** While many states have integrated this information into their Independent Living programs (ILPs), at this time there is only one evidence-based pregnancy prevention program that has been adapted for youth in foster care: *Making Proud Choices for Youth in Out of Home Care*.[5] Depending on state requirements, adolescent youth in foster care should be attending ILPs by no later than age 16.

- **Partner with caregivers.** The best-case scenario is that all parties are on the same page. However, if they aren't and you suspect that the youth is or will soon be sexually active, someone needs to step up and provide them information they need to make smart choices and informed decisions. Work with the child's caregiver, caseworker and other connected adults in their lives on providing the right information.

Check to see that adolescents you provide advocacy for have sexual and reproductive health as an integral part of their case plan, and ensure that all youth receive the support, knowledge, and tools needed to make healthy long-term decisions.

- **Ensure youth have access to health care:** All youth are entitled to health screenings, yet due to frequent changes in placement, may not have a regular health care provider or know where to find a clinic. Advocates, along with caseworkers should ensure that all youth, starting at puberty, receive regular screenings that provide age-appropriate information about reproductive health, including methods of contraception and how to access them.

- **Don't be shy or embarrassed!** Just as you might ask about any other health related issue for a youth you are advocating for, this is just one more topic to address. Modeling for youth that discussing reproductive health is not taboo will help them feel more at ease and more confident discussing this issue.

- **Include boys and young men.** In addition to the obvious role of males in the prevention of pregnancy, they need just as much information as females when it comes to reproductive and sexual health including protecting themselves from STDs and engaging in healthy relationships.

BRIGHT SPOT

POWER THROUGH CHOICES (PTC) MARYLAND, CALIFORNIA AND OKLAHOMA

Power through Choices (PTC) is a sexual education and skill-building curriculum designed for youth living in foster care and other out-of-home settings, with the goal of reducing risks related to teen pregnancy and sexually transmitted diseases (STDs). PTC is intentionally designed with and for youth in foster care and other out-of-home placements. With a focus on self-empowerment and the impact of choices, PTC uses interactive learning to provide information and skills that help youth in out-of-home settings avoid risk-taking sexual behaviors. The curriculum challenges youth to set goals for their future and helps them recognize the importance of making healthy choices to accomplish those goals.

The PTC curriculum is delivered by two facilitators in ten 90-minute sessions over a five-week period. It is designed for female and male adolescents between the ages of 13–18. Due to the interactive nature of the curriculum and the needs of the participants, it is best suited for small groups of 8–20. Topics addressed in the curriculum are female and male reproductive anatomy, STDs and HIV transmission and prevention, contraceptive methods, communication skills, making choices that fit your goals and lifestyle and reproductive health resources available to participants. The curriculum uses a combination of role-playing demonstrations, individual reflection, group discussions, along with interactive games and activities. Each session includes time for Q an A.

To learn more: https://powerthroughchoices.org/

SELECTED RESOURCES

Below are tools and a selection of resources to support the prevention of unplanned pregnancies and reproductive health.

Name	Description
Guttmacher Institute, *Teen Pregnancy among Young Women in Foster Care: A Primer* [6]	This article explores the reasons why youth in foster care have high rates of teenage pregnancy. It suggests that the basic policy framework needed to support interventions to reduce teen pregnancy among young women in foster care is already in place at the federal level and that child welfare agencies and program planners should be thinking about ways to maximize these levers to help adolescents in foster care delay pregnancy.
Making Proud Choices! An Evidenced Based Program [7]	This evidence-informed sexual health curriculum is designed to help teens understand behaviors that put them at risk for pregnancy, HIV and other sexually transmitted infections, and to empower them to reduce this risk through healthy decision-making. The main message incorporated throughout the adapted curriculum is that *"Youth can make proud and responsible choices in spite of what has happened to them in the past."*
National Center for Child Welfare Excellence at the Silberman School of Social Work, *Information Packet: Pregnancy Prevention for Youth in Foster Care* [8]	This information packet provides best practice tips, and models of pregnancy prevention programs for youth in foster care.
U.S. Department of Health & Human Services, Office of Adolescent Health, Evaluation of Adolescent Pregnancy Prevention Approaches, *Addressing Teen Pregnancy Risks for Youth Living in Out-of-Home Care: Implementing POWER through Choices.* [9]	This report provides an overview of the Oklahoma Institute for Child Advocacy's (OICA) comprehensive sexual health education curriculum for high-risk youth. The summary includes the implementation study findings.

ENDNOTES

1 Finer, L.B., & Henshaw, S.K. (2006). Disparities in rates of unintended pregnancy in the United States, 1994 and 2001. *Perspectives on Sexual and Reproductive Health*, 38 (2), 90-96.

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3 Hoffman, S.D. (2006). *By the Numbers: The Public Costs of Adolescent Childbearing*. Washington, DC: The National Campaign to Prevent Teen Pregnancy. Retrieved from: http://www.TheNationalCampaign.org/costs/pdf/report/BTN_National_Report.pdf.

4 Ibid.

5 See http://www.etr.org/ebi/programs/making-proud-choices/

6 See https://www.guttmacher.org/gpr/2011/06/teen-pregnancy-among-young-women-foster-care-primer

7 See https://www.etr.org/ebi/programs/making-proud-choices/

8 See http://www.nccwe.org/downloads/info-packs/BaerandVasquez.pdf

9 See https://www.hhs.gov/ash/oah/sites/default/files/ash/oah/oah-initiatives/for-grantees/assets/ppa-powerthroughchoices-execsummary.pdf

PREVENTING SERIOUS BEHAVIOR ISSUES IN SCHOOLS: TRAUMA-INFORMED STRATEGIES

PREVENTING SERIOUS BEHAVIOR ISSUES IN SCHOOLS: TRAUMA-INFORMED STRATEGIES

WHY IT MATTERS

A growing body of research documents the behavioral problems that children and youth in foster care experience – issues that impact their prospects for academic success – in the form of disciplinary infractions and other offenses.[1] Children and youth in foster care experience school suspensions and expulsions at higher rates than non-foster care peers putting them at even greater risk for school failure.[2] Failure to address their needs leads to behavioral problems at school. Being expelled or suspended greatly increases the chance that a student won't graduate high school. Furthermore, the impacts of childhood maltreatment that remain unaddressed can impact mental health and manifest in behavioral problems that go into adulthood.[3]

Children and youth in foster care experience school suspensions and expulsions at higher rates than non-foster care peers putting them at even greater risk for school failure.

In addressing behavioral problems with students in foster care, schools need to understand the impact of trauma on their lives. Research suggests that between half and two-thirds of all children are exposed to one or more adverse childhood experiences that can be trauma-inducing. Not surprisingly, children in foster care experience trauma at disproportionate rates.[4] A literature review examined the relationship between childhood maltreatment and educational outcomes and found that children with maltreatment histories often experience impairments in both their academic performance including special education, grade retention and lower grades and their mental well-being. Researchers found that these impairments were more likely to be identified among

maltreated children in foster care. When maltreatment histories are not addressed adequately, there is a greater likelihood that a child will express anxiety, low mood, aggression, deficits in social skills and poor interpersonal relationships. These behaviors are often detrimental to their learning and potentially disruptive in a classroom setting. Many schools are not adequately equipped to address the impacts of trauma on learning although there is a promising movement of schools becoming better "trauma-informed".[5]

Ensuring that schools are trauma-informed is a collaborative process that involves participation on behalf of parents, teachers, administrators, and staff.

report from the Office of the Child Advocate found that one school district using this model experienced dramatic improvement on their statewide assessment tests, with an 11-percentage point gain in math and a 14-percentage point gain in English language arts. Notably, suspensions went down to the same level of other general students in the 2015–2016 school year compared with previous years.

Caring adults that foster a sense of belonging at school have been shown to be an effective model in helping youth create a positive student identity and reducing behavior challenges.[7] Researchers in New Zealand interviewed youth who had not completed

A teacher who is trauma-informed doesn't ask, "What is wrong with you?" But rather, they ask, "What happened to you?"

One such effort in Delaware between the courts, child welfare agency, and schools, is being undertaken to train teachers and staff in trauma-informed practices and strategies using the *Compassionate Schools Model*.[6] Compassionate Schools benefit all students who attend but focus on students chronically exposed to stress and trauma in their lives. These schools create compassionate classrooms and foster caring attitudes of their school staff. The goal is to keep students engaged and learning by creating and supporting a healthy climate and culture within the school where all students can learn. A 2016 Delaware

high school about what would have fostered a sense of belonging at their school. Based on the youth accounts, they identified five orientations to practice that made the most difference to a youth's ability to stay at school: perseverance, adaptability, relationships, time and honesty. Researchers found that when school professionals adopted these orientations, students were better able to interact with school professionals over how support and resources would be made available, increasing the likelihood that youth would benefit from them.[8]

ADVOCATES IN ACTION

ACTIONS

- **Learn if children and youth you advocate for are having discipline issues at school.** What is being done to address these issues? How are these issues impacting their ability to learn? What is their history of suspensions and expulsions? How have these been addressed in the past?

- **Ask the child or youth their feelings and ideas about potential discipline issues and what they think can be done to help support their prevention?** Many children and youth will be able to communicate why they believe they get "in trouble" at school. Talk with them about what would be helpful for them to do better in school. Can they identify some teachers or other school staff that they trust or feel a connection with?

- **Connect students in foster care with caring adults.** Because of their past traumas, children or youth may find it difficult to form trusting relationships, and they often lack a "network of caring adults" engaged with their education. Schools can help smooth these transitions by designating a single point of contact and training about the needs and opportunities available for youth in care. This point of contact can be a resource for communication and collaboration with the child's team and raise concerns before they become bigger disciplinary actions.

- **Advocate for culturally sensitive and trauma-informed school discipline training and practices**. Encourage schools to use evidence-based prevention strategies, social and emotional learning opportunities, and regular training for all school personnel on how to engage students in positive behavior. School discipline should employ "clear, developmentally appropriate, and proportional consequences" that help students "learn from their mistakes, improve their behavior, and achieve academically." [9]

- **Learn whether there are School Resource Officers (SROs) or police are within schools**, and if so, ask if they have been trained on child and adolescent development, age-appropriate responses, disability concerns, and conflict resolution and de-escalation techniques. Such training will benefit youth in care who have disproportionately high rates of referral to the juvenile justice system. These officers should be familiarized with the specific challenges and needs of youth in foster care and trauma-informed responses.

- **Ensure that if a child or youth is suspended or expelled from school they receive due process.** Learn about the school district policies for suspensions and expulsions and make sure that the child or youth is not unfairly punished. Children and youth of color, particularly African-American males, are far more likely to receive harsher school disciplinary action. Recognize if there is bias occurring by comparing what happens to other students for similar offenses. If the student is on an IEP and suspended or expelled there should be a hearing to determine if the behavior resulting in the disciplinary action was related to their disability. If yes, then there will be different parameters put in place. For a child with disabilities, the education decision-maker is a vital part of ensuring that a

child is not disciplined for manifestations of his or her disability, and that the child's procedural rights are protected. [10]

- **Advocate for in school suspension versus out of school suspension or expulsion.** Explain how out of school time only exacerbates the academic challenges for children and youth in foster care. Again, encourage school staff and administration to be trained in trauma-informed strategies and programs. Show how it can support not just children and youth in foster care, but any child or youth who has been exposed to trauma.

BRIGHT SPOT

TRAUMA INFORMED CARE INITIATIVE CASA SHAW, (SOMERSET, HUNTERDON, AND WARREN), NEW JERSEY

Three and half years ago, CASA SHaW executive director Tracey Heisler met Dr. Melissa Sadin of the Attachment and Trauma Network (ATN), who was interested in becoming a volunteer. It soon became clear that Dr. Sadin's responsibilities were too extensive for the volunteer role, but she had other resources to offer to the program. Thus began a partnership between CASA SHaW and Dr. Sadin to provide pre- and in-service training to advocates on the impacts of trauma on child development. Realizing that this information was so important to not only advocates, but to other adults who work with children and youth impacted by abuse and neglect, including teachers, administrators, law enforcement officers, guidance counselors and many more: the "Trauma Informed Care Initiative" was born.

Volunteers from many organizations, including CASA SHaW, came together to form an organization called "Resilient Youth Somerset" with the goal of providing this cutting-edge information about the impacts of trauma on children's developing brains to those on the front lines when children are in crisis. Many of these volunteers have a history with CASA, including a retired family court judge, former advocates and board members, and current CASA staff. In addition to all CASA staff and volunteers being trained on this model, so too have hundreds of teachers, law enforcement officers, and other stakeholders in this tri-county community.

This initiative was recently recognized by the Attachment and Trauma Network (ATN) which offers trauma-informed care support, information and guidance to schools, foster parents and adoptive parents. The "Trauma Informed Care" training provides information on physiological changes in the brain caused by repeated exposure to abuse and neglect, the role of Adverse Childhood Experiences (ACEs) on children, and offers tools on how respond to children and youth impacted by trauma. The training is adapted from resources and supports provided from the "Helping Traumatized Children Learn" training materials developed by Dr. Sadin.[11] In addition to CASA SHaW staff, other partners in the Resilient Youth Somerset initiative include staff from the Office of Youth Services, Safe Harbor, Ducks & Lions (a trauma training group), Somerville Public School system, the Children's Hope initiative, Family Support, and Middle Earth, a

mentoring organization. Because the trainings are done by volunteers all focused on helping traumatized children, there are no fees charged.

Tracey Heisler, CASA SHaW's executive director, provides training to school faculty in elementary, middle and high schools across the programs' jurisdiction as well as law enforcement officers. Trainings are either an hour long for an overview of the research or can last three hours long, which includes the overview and a viewing and debriefing of the documentary, *Paper Tigers*, the story of how one high school became trauma-informed and impacted the well-being of their students.[12] The training provides information on different types of trauma, the definition of being "trauma-informed," ACEs including the different types, the impacts of ACEs on health, the prevalence and how they impact a child's development. Additional information is provided on the impacts of abuse and neglect on brain development and behaviors. Learning how to respond to "trauma" triggered reactions is covered along with the signs of what to look for. Strategies for helping children and youth gain resiliency and alternative ways to respond to behaviors that are non-punitive are also addressed. Finally, participants in these trainings have an opportunity to learn about their local CASA program, the role of an advocate, and how to learn more about becoming an advocate themselves. Since 2017, 29 groups have received this training with 326 attendees, January–April 2018.

Recognizing that many youth in foster care have educational deficits due to their trauma experiences, CASA SHaW also provides a free tutoring program for children struggling academically. Tutors are CASA SHaW advocates with educational backgrounds. While not assigned to the child or youth as their "regular" CASA, in addition to tutoring, these advocates may attend IEP meetings, review prior approaches, track grades and disciplinary referrals, and so on. Over the last four years, approximately 30 children have received tutoring services. Of these 30 children, all have successfully transitioned to the next grade level – no one was retained. There was even one student who was reading at a third grade reading level at 13-years-old who got an 89 in Physics at 16-years-old with the support of her tutor. Another student, who had twice been retained, was brought up to grade level and entered high school as a freshman with her peers instead of going to seventh grade at 14-years-old. The trajectory of her school experience has irrevocably been changed for the better with the help of her tutor. Additionally, private funders have donated to a fund that provides clothing, toys, extracurricular activity fees and supplies, and other things that a child or youth needs to feel more confident in school.

Approximately 30 children have received tutoring services [and] all have successfully transitioned to the next grade level – no one was retained.

As communities become better educated about the impacts of trauma and how to promote resiliency, all children affected by trauma benefit. This program offers this important education to the very people who work on behalf of the best interests of children every day. It's never been said that a child or youth can have too many supportive adults in their lives and this program offers a collaborative continuum of support that benefits everyone.

For more information: training@casaforchildren.org

SELECTED RESOURCES

Name	Description
Delaware Department of Education, *Trauma Informed Compassionate Schools Model*[13]	This web site link houses all of the materials, agendas, and resources that Delaware has utilized to create trauma-informed compassionate schools around the state. Additionally, information on outcomes related to discipline for students in foster care are reported.
Legal Center on Foster Care and Education, *School Discipline and Youth in Foster Care: New Federal Guidance from the U.S. Departments of Education and Justice Can Help*[14]	In January 2014, the Departments of Justice and Education issued new Guidance designed to assist states, districts, and schools in developing and implementing policies, practices, and strategies that improve school climate and comply with federal law. This fact sheet addresses frequently asked questions as they pertain to students in foster care and school discipline issues.
National Child Traumatic Stress Network, *Resources for School Personnel*[15]	NCTSN has created a *Child Trauma Toolkit* for educators providing school administrators, teachers, staff, and concerned parents with basic information about working with traumatized children in the school system.
National Dissemination Center for Children with Disabilities[16]	The National Dissemination Center for Children with Disabilities (NICHCY) is a national information and referral center that provides information on disabilities and disability-related issues to families, educators, and other professionals. This is a go-to resource for questions related to disciplinary actions for students on IEPs.

Name	Description
Positive Behavior Interventions and Supports (PBIS)[17]	PBIS is a framework or approach for assisting school personnel in adopting and organizing evidence-based behavioral interventions into an integrated continuum that enhances academic and social behavior outcomes for all students.
State of Washington, Office of Public Schools, *Compassionate Schools: The Heart of Teaching and Learning*[18]	The *Compassionate Schools Initiative* within Learning and Teaching Support provides training, guidance, referral, and technical assistance to schools wishing to adopt a *Compassionate Schools* Infrastructure. *Compassionate Schools* benefit all students who attend but focus on students chronically exposed to stress and trauma in their lives. These schools create compassionate classrooms and foster compassionate attitudes of their school staff. The goal is to keep students engaged and learning by creating and supporting a healthy climate and culture within the school where all students can learn.

ENDNOTES

1 Smithgall, C.,Jarpe-Ratner, E. & Walker, L. (2010). *Looking back, moving forward: Using integrated assessments to examine the educational experiences of children entering foster care*.

2 Castrechini, S. (2009). *Educational outcomes in court-dependent youth in San Mateo County. Issue Brief Court Dependent Youth*. Stanford, CA: John W. Gardner Center for Youth and Their Communities.

3 Romano, E.L., Babschishin, L., Marquis, R. & Frechette, S. (2015). Childhood maltreatment and educational outcomes. *Trauma, Violence & Abuse, 16* (4), 418-437.

4 Salazar, A.M., Keller, T.E., Gowen, L.K., & Courtney, M.E. (2013). Trauma exposure and PTSD among older adolescents in foster care. Social psychiatry and psychiatric epidemiology, 48 (4), 545-551.

5 Romano, et. al. (2015).

6 The Compassionate Schools Model www.compassionschools.org

7 Sanders, J., & Munford, R. (2016). Fostering a sense of belonging at school- five orientations to practice that assist vulnerable youth to create a positive student identity. *School Psychology International, 37* (2), 155-171.

8 Ibid

9 Cole, S.F., Eisner, A., Gregory, M., & Ristuccia, J. (2013). *Helping Traumatized Children Learn: Creating and Advocating for Trauma-Sensitive Schools*. Boston, MA: Massachusetts Advocates for Children.

10 See Issue Brief on "Meeting the needs of children with disabilities" for more information.

11 https://traumasensitiveschools.org/get-involved/creating-trauma-sensitive-schools/

12 To learn more, see https://kpjrfilms.co/paper-tigers/

13 https://www.doe.k12.de.us/Page/3356

14 http://www.fostercareandeducation.org/portals/0/dmx/2014%5C06%5Cfile_20140623_160924_bGK_0.pdf

15 http://www.nctsn.org/resources/audiences/school-personnel

16 https://www.nidcd.nih.gov/directory/national-dissemination-center-children-disabilities-nichcy

17 https://www.pbis.org/school/swpbis-for-beginners/pbis-faqs

18 http://www.k12.wa.us/CompassionateSchools/Resources.aspx

PROMOTING RESILIENCE

PROMOTING RESILIENCE

WHY IT MATTERS

Each year more than 676,000 children and youth experience abuse or neglect.[1] Traumatic events associated with abuse or neglect can have lasting physical, emotional, and behavioral effects that can lead to poor outcomes for these children and youth, including early pregnancy, homelessness, unemployment, incarceration, and poor educational outcomes. Adverse childhood experiences (ACEs) can cause toxic stress or frequent and prolonged adversity, which can impede brain development and manifest during adolescence through disconnected relationships, difficulty interpreting others' emotions, and problems controlling thoughts and actions.[2]

For many years, researchers have explored why some people recover and thrive when faced with tragedy, trauma, or extreme stress while others experience ongoing distress, illness, or other negative outcomes. The difference is resilience — the ability to adapt following a traumatic event. Resilience is a person's ability to bounce back or to manage the stress from a difficult experience. Resilience was once thought to be an innate quality, but it is now widely accepted that resilience can be learned and cultivated. A young person who is focused on building resilience will be more likely to deal with negative situations in a healthy way without prolonged and unfavorable outcomes.

Resilience is a person's ability to bounce back or to manage the stress from a difficult experience. Resilience was once thought to be an innate quality, but it is now widely accepted that resilience can be learned and cultivated.

One of the best ways to promote resilience in young people is to focus on strengthening protective factors that promote well-being and buffer against risk. Protective factors include a young person's individual

academic, relational, or self-regulation skills, strong relationships with family members and caring adults, and supportive community and environmental conditions. Youth who are resilient may have strong connections within their families, schools, and communities and possess a sense of integrity.[3]

Many studies show that the primary factor in resilience is having caring and supportive relationships within and outside the family. Relationships that create love and trust, provide role models and offer encouragement and reassurance, help bolster resilience. For caregivers, practitioners, or other adults working with at-risk youth to build resilience, focusing on building strengths and assets instead of on negative behaviors—known as positive youth development—has proven to help young people thrive. Developing resilience is important for children and youth of all ages, but brain science shows that adolescence provides a critical opportunity for building this set of tools.[4]

ADVOCATES IN ACTION

Numerous studies show that caring relationships are the most critical factor promoting healthy and successful development for young people … When adults take an active interest in young people, show them respect, have compassion for their circumstances, and actively listen to and talk with them, these relationships help young people build communication and conflict management skills, concern for others, and a sense of belonging … Some young people in foster care have described their relationships with supportive adults as turning points in their lives.[5]

ACTIONS

- **Learn more about protective factors,** identify ones related to your case that you can influence, and create a plan to help strengthen and advocate for those individual-level, relationship-level, and community-level factors where you can make a difference. See the fact sheets from the Children's Bureau and the Development Services Group.[6]

- **Consider culture when helping build resilience.** Developing resilience is not one-size-fits-all. A young person's culture may affect how they handle adversity, how they express feelings or emotions, and how receptive they are to seeking or accepting help.[7]

- **Help youth develop lifelong connections with caring individuals** who can provide support, counsel, and compassion. These connections may be with family members, teachers, coaches, mentors, or others. If the youth has mentioned a person who has demonstrated care, encourage them to develop that connection further. This is especially critical for youth on track to age out of foster care. For these individuals in particular,

advocates can help cultivate the youth's social capital[8] by encouraging them to build a safety net of individuals who can assist during difficult times and celebrate during happy ones.

- **Build self-confidence by working with the youth to identify strengths, assets, and resources.** Take a strengths-focused approach and start a conversation about what the youth loves about him or herself to help build a sense of agency and autonomy. Show them that they have the tools to succeed and contribute. Two excellent frameworks for this strengths-focused approach are the Search Institute's *Development Assets* assessment and the Center for the Study of Social Policy's *Youth Thrive Framework*.

- **Work with youth to set goals and help them stay accountable** so they can achieve those goals. This is also a great strategy for building self-confidence. Many youth who have spent time in foster care have experienced multiple social workers, attorneys, therapists, teachers, etc. By following up and holding them accountable, you are providing continuity and showing them that positive actions and hard work pay off, helping them see their own lives beyond foster care and building a vision for the future.

- **Set and communicate high expectations for the youth.** Many of the children and youth served by CASA and GAL programs have been victims of low expectations for much of their lives. Having someone to believe in their potential and to communicate that optimism can be life-changing. Because young people need a balance of challenges and responsibility, a combination of your high expectations and your support can help them experiment and take risks to help them grow and take control of their lives.[9]

- **Develop the youth's problem-solving skills** by positioning yourself as a problem-solving resource. One of the biggest traps we can fall into as advocates is to solve the problem but then never transfer the problem-solving responsibility to the youth him or herself. By helping work through problems together and sharing tools and resources with the youth in case the situation (or a different one) arises again, you will help them develop a key component of resilience and prepare them for adulthood.

- **Advocate for the youth to have opportunities to participate and contribute**[10] in the courtroom and the community. As the youth's best-interest advocate, you can make recommendations to the judge that support the youth's personal growth and development. Ask the youth if there are opportunities to cultivate a particular skill (e.g. public speaking competitions, acting camps, coding classes) and recommend to the court that the child participates. If the child or youth is old enough, help him or her prepare to attend court and speak for him or herself, if appropriate. Giving the youth opportunities to address adults or peers can help build communication skills that can be used with family members, future partners, and employers.

- **Provide ongoing support** by staying on the case until closure, when possible. Even when youth make progress toward building up protective factors and cultivating assets to help them thrive, they can have setbacks or rough patches. A child may be resilient in one situation, but vulnerable in another.[11] Having someone they trust to help them rebound is critical.

BRIGHT SPOT

DEVELOPMENTAL ASSETS FRAMEWORK, SEARCH INSTITUTE

Grounded in extensive research in youth development, resiliency, and prevention, the Search Institute's Developmental *Assets Framework* identifies the supports, opportunities, and relationships young people need across all aspects of their lives (called "external assets"), as well as the personal skills, self-perceptions, and values they need (called "internal assets") to make good choices, take responsibility for their own lives, and be independent and fulfilled.

Search Institute has applied this framework to millions of young people across the United States and around the world. When youth have more assets, they are more likely to thrive now and in the future, and to be resilient in the face of challenges. With more assets, youth are less likely to engage in a wide range of high-risk behaviors.

When youth have more [supports, opportunities and relationships], they are more likely to thrive now and in the future, and to be resilient in the face of challenges.

To learn more:
https://www.search-institute.org/our-research/development-assets/

SELECTED RESOURCES

Name	Description
American Academy of Pediatrics, *Fostering Resilience*[12]	The American Academy of Pediatrics draws on the Positive Youth Development's 7C's questionnaire to give youth-serving professionals a checklist to help promote seven facets of resilience.
American Psychological Association (APA), *The Road to Resilience*[13]	The APA has developed a guide to help individuals build resilience. This is a potential resource for CASA and GAL volunteers, as well as the youth in their care, to help them develop a personal roadmap to resilience.
Prevent Child Abuse America's *Adverse Childhood Experiences Issue Brief*[14]	This one-page issue brief summarizes the ongoing *Adverse Childhood Experiences Study* by the Centers for Disease Control and Kaiser Permanente that assesses the effects of child abuse and related adverse childhood experiences as a public health problem.
Promoting Protective Factors Fact Sheet Series[15]	Developed by the U.S. Department of Health and Human Services' Children's Bureau and the Development Services Group, this fact sheet series includes background and tips for practitioners to help promote protective factors for child victims of abuse and neglect, children and youth in foster care, pregnant and parenting teens, children exposed to domestic violence, and for in-risk families and youth. (See links for each individual fact sheet at the address above.)

Name	Description
Resilience film[16] and *Facilitation Guide*	This film explores the biological effects of abuse and neglect during childhood. *Resilience* details how toxic stress can trigger hormones that wreak havoc on the brains and bodies of children, putting them at a greater risk for disease, homelessness, prison time, and early death. The film also shows the other side of this phenomenon and chronicles how trailblazers in pediatrics, education, and social welfare are using cutting-edge science and field-tested therapies to protect children and help them thrive into adulthood.
Youth Thrive™ Framework[17]	*Youth Thrive*™ is a research-informed framework based on a synthesis of research on positive youth development, resilience, neuroscience, stress and impact of trauma on brain development. The *Youth Thrive*™ framework can be applied to all adolescents and young adults ages 9–26. Since 2013, *Youth Thrive*™ has been working within child welfare systems to create a climate that is conducive to making change and taking actions that build protective and promotive factors and expand opportunities for youth and their families.

ENDNOTES

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3 https://www.acf.hhs.gov/trauma-toolkit/resilience

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6 https://www.childwelfare.gov/pubs/factsheets/victimscan/

7 http://www.apa.org/helpcenter/road-resilience.aspx

8 http://www.aecf.org/m/resourcedoc/jcyoi-IssueBrief2SocialCapital-2012.pdf

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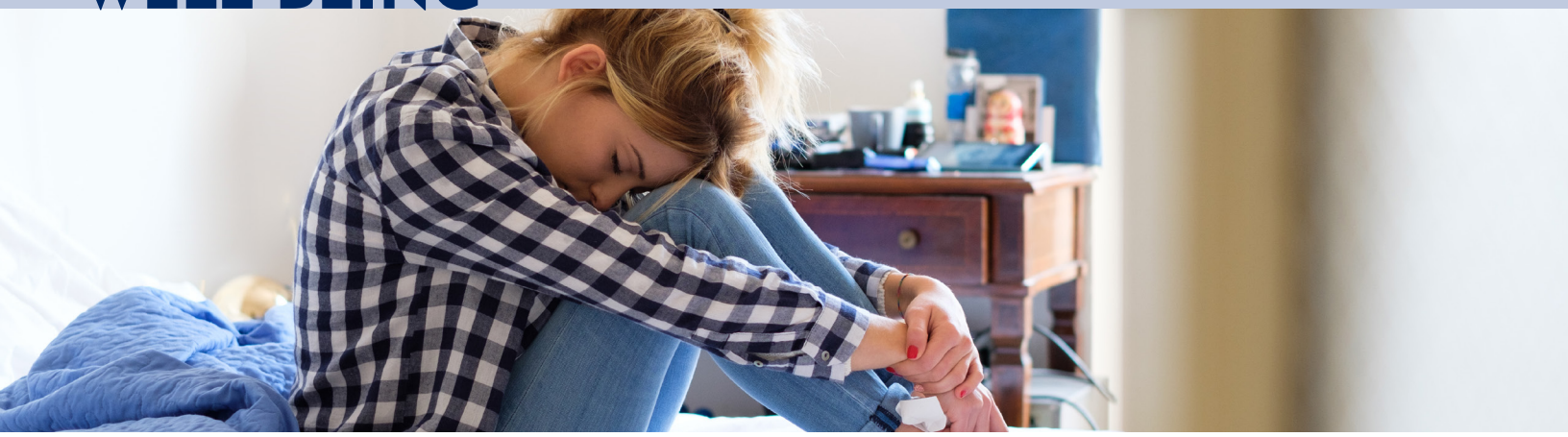
14 http://www.preventchildabuse.org/images/docs/anda_wht_ppr.pdf

15 https://www.childwelfare.gov/pubs/factsheets/victimscan/

16 https://kpjrfilms.co/resilience/

17 https://www.cssp.org/reform/child-welfare/youththrive/about

PSYCHOTROPIC MEDICATION AND CHILDREN IN FOSTER CARE



PSYCHOTROPIC MEDICATION AND CHILDREN IN FOSTER CARE

WHY IT MATTERS

Despite improvements over the last ten years, children in foster care continue to be disproportionately prescribed psychotropic medication when compared to children and youth not in foster care.[1] A range of factors have been found to influence the likelihood of psychotropic drug use among children in foster care:[2,3]

Children in foster care continue to be disproportionately prescribed psychotropic medication when compared to children and youth not in foster care.

- **Age** - Children in foster care are more likely to be prescribed psychotropic medications as they grow older: 3.6 percent of two- to five-year-olds take psychotropic medication, which increases to 16.4 percent of 6–11-year-olds and 21.6 percent of 12–16-year-olds.

- **Gender** - Males in foster care are more likely to receive psychotropic medications (19.6 percent) than their female counterparts (7.7 percent).

- **Behavioral Concerns** - Children scoring in the clinical range on the *Child Behavioral Checklist*, a common tool for assessing both internalizing and externalizing behavioral issues among children and youth, are much more likely than those with subclinical scores to receive psychotropic medications.

- **Placement Type** - Children in the most restrictive placement setting are most likely to receive psychotropic medications and multiple medications at that. In group or residential homes, nearly half are prescribed at least one psychotropic drug.

- **Geographic Variation** - There are also significant geographic variations within and across States in the prevalence of psychotropic use among children in foster care. These varying rates of use cannot be attributed to population differences, suggesting that

factors other than clinical need may be influencing the practice of prescribing psychotropic medications.

There is insufficient research on the safety and effectiveness of psychotropic medications on children, as most studies are conducted on adults. Some research has shown that "antipsychotics are associated with harmful outcomes in some children, including high cholesterol levels, weight gain, and Type 2 diabetes."[4] A recent review of statutes and policies in 16 States (accounting for 72% of all children in foster care nationally) regarding psychotropic medications and children in foster care, found that many States didn't have any policies on the use of these medications, and when policies did exist, they were *"extremely underdeveloped and failed to include many of the 'red flag'* [5] *criteria that both experts and states identified as essential to protecting children."* [6]

In response to this heightened focus and findings, a new requirement was mandated requiring States to include a psychotropic medication oversight plan in their State Child and Family Service Plans.[7] In 2015, the American Academy of Child and Adolescent Psychiatry published updated guidelines related to the safe and appropriate use of psychotropic medications for children in foster care, which many child welfare jurisdictions have since used and adapted.[8]

ADVOCATES IN ACTION

Published studies consistently reveal higher rates of psychotropic medication use for children involved in child welfare than in the general population, with usage rates between 13 and 52 percent.

ACTIONS

- **Learn if a child or youth you advocate for is on psychotropic medication(s).** As an important member of the team, volunteers should know if a child or youth is on medication. Additionally, learn what diagnosis or symptoms the medication is being prescribed and the stated benefits to the youth. Ask how long it will take before there should be improvements in emotions or symptoms. Learn about what non-prescription methods were tried before the medication was prescribed.
- **Learn about potential side effects and safe use measures.** Ask if there is written information available about potential side effects and whether they can be prevented and how? What will be done if the child or youth experiences these side effects? Who needs to be informed about these side effects? How will we know if the medication is working? How often should the child or youth be seeing the doctor or specialist who prescribed the medication? Who is responsible for ensuring that the child or youth is taking the medication per the prescription? Is there any potential for abuse of the medication? Is it addictive?

- **Identify alternatives and options.** Ask about alternative treatment options that are available and appropriate to the child or youth that do not include a prescribed medication. Ask if there are other types of treatment that can be used in combination with the medication (e.g., counseling, exercise, faith or cultural activities) to enhance its effectiveness and reduce the amount of time the child or youth needs to use the medication.

- **Include information on psychotropic prescriptions in your court reports and in court.** Being transparent about a child's psychotropic prescription use with all parties involved in the child's or youth's case will help safeguard from misuse of the medication, prolonged use of the medication and will help encourage alternatives to the use of the medication.

- **Learn as much as you can** about the individual child's case, their history with the medication and the rationale as to why they are being prescribed this medication.

- **Advocate just as you would for other well-being areas** in the best interests of the child and his or her use of this medication. While not all psychotropic medications are bad for children, and can in fact be very helpful, it must be an individual-based decision that is reviewed frequently.

- **Engage and empower the child's feelings** around their medications. Depending upon the age and maturity level of the child, they should absolutely be involved in discussions and decisions about what they are being prescribed.

Ask about alternative treatment options that are available and appropriate to the child or youth that do not include a prescribed medication.

BRIGHT SPOT

MEDICAL GUIDE FOR YOUTH IN FOSTER CARE NEW YORK STATE OFFICE OF CHILDREN AND FAMILY SERVICES

New York State's Office of Children and Family Services, provides youth in care with an easy-to-use manual, *A Medical Guide for Youth in Foster Care*, intended to answer questions they may have about their medical rights, including consent for medication and treatment, as well as relevant laws and regulations.

If they have any questions that this guide doesn't answer, they are encouraged to talk to their caseworker or attorney. In addition to a chapter on medications, including a section on "why do I need to take them," the guide addresses other health related issues that youth should know about. Volunteers should encourage youth to learn about their medical rights and can use this manual as a guide regarding its topics.

To learn more: http://www.ocfs.state.ny.us/MAIN/PUBLICATIONS/PUB5116SINGLE.PDF

SELECTED RESOURCES

Below are tools, and a selection of resources on psychotropic medications:

Name	Description
American Academy of Child and Adolescent Psychiatry (AACAP), *A Guide for Public Child Serving Agencies on Psychotropic Medications for Children and Adolescents*[9]	This document provides information to service providers in community-based systems of care, and families, regarding the role of psychotropic medications in a youth's treatment plan. It gives guidance to service providers on what to look for in the youth and how best to collaborate with psychotropic medication prescribers before, during, and after a course of treatment with a psychotropic medication.
California Evidence-based Clearinghouse for Child Welfare, *Reducing the Use of Psychotropic Medications through Increased Use of Evidence-based Practices for Children & Youth in Foster Care*[10]	This webinar discusses the decreasing use of psychotropic medications among children and youth in foster care in order to support child welfare professionals as they transition to supported psychosocial treatment practices.
U.S. Children's Bureau, *Supporting Youth in Foster Care in Making Healthy Choices: A Guide for Caregivers and Caseworkers on Trauma, Treatment, and Psychotropic Medications*[11]	This guide is intended to help caseworkers, foster parents, or other adults learn about trauma experienced by youth in foster care and treatment options, including alternative approaches to psychotropic medication. The guide presents strategies for seeking help for youth, identifying appropriate treatment, and supporting youth in making mental health decisions.

ENDNOTES

1 Medicine Net defines psychotropic medication as "any medication capable of affecting the mind, emotions, and behavior." https://www.medicinenet.com/script/main/art.asp?articlekey=30808

2 Children's Bureau. (2012). *Oversight of psychotropic medication for children in foster care: Title IV-B health care oversight and coordination plan*. Retrieved from: https://www.acf.hhs.gov/sites/default/files/cb/im1203.pdf

3 California Social Work Education Center. (2015). *Literature review: Psychotropic medication and children and youth in foster care*. Retrieved from: http://calswec.berkeley.edu/sites/default/files/uploads/psychotropic_medication_children_youth_foster_care_lit_review.pdf

4 Congressional Research Service. (2017). *Child Welfare: Oversight of Psychotropic Medication for Children in Foster Care*. Retrieved from https://www.everycrsreport.com/files/20170217_R43466_74f90fe0b0a68eead9696c2dd87a56129a95e227.pdf

5 Markers used in audits, case reviews, or databases located within child welfare, Medicaid, mental health, and managed care plans to identify cases in which available data suggest medication use may not be appropriate.

6 Noonan, K. & Miller, D. (2014). Fostering transparency: A preliminary review of 'policy' governing psychotropic medications in foster care. *Hastings Law Journal*, 65. Retrieved from: http://www.hastingslawjournal.org/wp-content/uploads/Noonan-65.6.pdf

7 Stambaugh, L. F., Leslie, L.K., Ringeisen, H., Smith, K. & Hodgkins, D. (2012). NSCAW Child Well-Being Spotlight: *Children in Out-of-Home Placements Receive More Psychotropic Medication and Other Mental Health Services than Children Who Remain In-Home Following Maltreatment Investigation*. OPRE
D.C., Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services

8 See "Recommendations about the Use of Psychotropic Medications for Children and Adolescents Involved in Child-Serving Systems." https://www.aacap.org/App_Themes/AACAP/docs/clinical_practice_center/systems_of_care/AACAP_Psychotropic_Medication_Recommendations_2015_FINAL.pdf

9 From http://www.aacap.org/App_Themes/AACAP/docs/Advocacy/policy_resources/Psychopharm_in_SOC_Feb_2012.pdf

10 From: http://www.cebc4cw.org/cebc-webinars/cebc-sponsored-webinars/reducing-the-use-of-psychotropic-medications/

11 From: https://www.childwelfare.gov/pubPDFs/mhc_caregivers.pdf

WELL-BEING

SCHOOL STABILITY AND SEAMLESS TRANSITIONS

SCHOOL STABILITY AND SEAMLESS TRANSITIONS

WHY IT MATTERS

Having positive and successful school experiences can counteract the negative effects of abuse, neglect, separation, and lack of permanency experienced by children and youth in foster care. Education provides opportunities for improved well-being in physical, intellectual, and social domains during critical developmental periods and supports economic success in adult life. Unfortunately, the research reveals that students in foster care face significant educational challenges.[1]

Children who change schools frequently make less academic progress than their peers, and each time they change schools they fall farther behind.

An important foundation to educational success is school stability and, related to that, consistent and regular attendance. School changes are a significant problem for children and youth in foster care. Numerous studies have found that children in foster care frequently experience school changes: this includes when they are initially removed from home, and when they move from one foster care living arrangement to another.[2] Children who change schools frequently make less academic progress than their peers, and each time they change schools they fall farther behind. School mobility has negative effects on academic achievement and is associated with dropping out. Research also shows that children who are highly mobile perform significantly worse on standardized tests than stably housed children.[3]

Delays in school enrollment can occur when a child's initial entry into foster care, or a subsequent change in living arrangements while in foster care, involves changing schools. These delays are often caused by the failure to transfer records in a timely manner. Delays in school enrollment can negatively impact attendance and have a number of other adverse consequences, such as, students repeating classes, schools failing

to address students' special education needs, and students enrolling in inappropriate classes.

The good news is that both the child welfare and education systems now recognize how detrimental school instability is for children and youths in foster care. Furthermore, federal policy has undergone a significant shift over the last decade – adding protections and supports for students in foster care related to their education. In December 2015, Congress passed the *Every Student Succeeds Act* (ESSA), which reauthorized the *Elementary and Secondary Education Act of 1965* (ESEA)[4]. For the first time, federal education law includes provisions that promote school stability and success for youth in care and collaboration between education and child welfare agencies to achieve these goals. These provisions, which mostly took effect on December 10, 2016, complement those in the *Fostering Connections Act* and require State Education Agencies (SEAs) and Local Education Agencies (LEAs) to work with child welfare agencies to ensure the stability of children in foster care.

ADVOCATES IN ACTION

School age children in foster care commonly experience a number of moves while in foster care. These changes can significantly impact their school experience.

ACTIONS

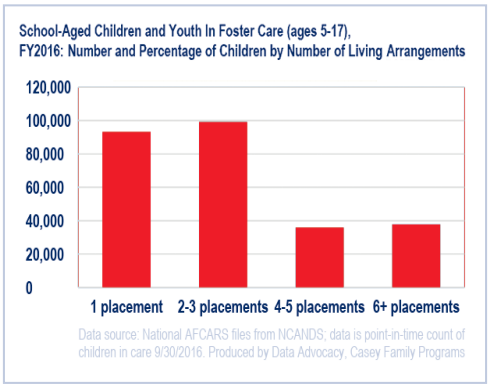
- **Work with schools and agencies to identify and track a child's data around school moves.** Volunteers can shine the light on the issue by showing that a child in foster care is far more likely to change school than their non-foster peers and how doing so impacts performance will get people's attention to act in the best interest of the child. Agencies who are intentional about finding a new placement for a student that is in close proximity to their current school location are ones that recognize how important school stability is.

- **Create solutions that address the transportation issues associated with school placement stability.** Creative solutions to the transportation issue are often needed in order to make school stability happen for students. Being open and "flexible" with the rules is helpful. Engaging community groups, family members or neighbors who may not be providers but want to help, might be able to make transportation happen when other ideas or resources have failed.

- **Consider the child or youth's age and engage their opinion when appropriate.** The damage that school moves can do to not only the social-emotional development of an adolescent, but the academic damage, is too great of a risk. A student by 11 or 12 years of age should engage in conversations about where to attend school and may be helpful in identifying transportation solutions.

- **Use "best-interest determination" when making potential school changes for students with disabilities.** Like age, considerations around a student who is in special education are also really important and should give more "weight" to that best-interest determination.

- **Ensure that if a school move is warranted, the student is enrolled quickly and consistently.** Many jurisdictions are using enrollment forms designed to facilitate communication between child welfare agencies and schools. With ESSA, federal law requires immediate enrollment even without records typically required and creates both state and local education agency points of contact to address enrollment barriers. Learn who these points of contact are. The volunteer can be the liaison between the agency, caregiver and school to ensure that this happens as quickly as possible and without barriers.



- **Share information about a child's school placement history** (including whether the child was placed in a new school after initial removal into foster care) in court reports and during hearings along with other education information.

- **Think beyond academics.** A positive school experience is much more than just doing well academically. It is about establishing relationships with adults in the school building, creating friendships with peers, participating in non-academic or extracurricular activities that may be the only motivation for a child or youth to want to attend school and research shows that it enhances placement stability.

- **Get to know the adults in the school** who work with the child or youth. The obvious person is the student's teacher(s) but other school personnel can play an important role in the child's life. The best place to begin to find out who these potentially important people are is to ask the child!

BRIGHT SPOT

KIDS IN SCHOOL RULE! CINCINNATI, OHIO

Kids in School Rule! (KISR) is a collaborative program designed to promote improved education outcomes for students in Cincinnati Public Schools who are either in the custody of the Hamilton County, Ohio, Department of Job and Family Services (JFS) or under agency protective supervision, and attend Cincinnati Public Schools (CPS). The partnership between the school system, courts, legal aid, and child welfare provides a host of supports to students in foster care including child welfare agency-based education specialists who liaison with caseworkers and schools. In addition to reducing the number of school placements for students in foster care, the education specialists use real-time data to alert them when a student in care is absent so they can intervene to ensure the child is attending school regularly.

To learn more: https://www.childwelfare.gov/topics/management/funding/funding-sources/federal-funding/cb-funding/cbreports/edcollaborations/kisr/#tab=summary[5]

SELECTED RESOURCES

Below are tools and resources to support school placement stability and seamless transitions

Name	Description
American Bar Association, *Legal Center for Foster Care and Education*[6]	The *Legal Center for Foster Care and Education*, created in 2007, provides a national level perspective and voice for the education of children in foster care. They maintain a central clearinghouse of information on foster care and education and they provide training and technical assistance issues on foster care and education across the country. Additionally, they maintain a list serve that anyone who advocates educational needs and supports for youth in foster care can participate on. They have FAQs on different issues including *School Placement Stability*, *Every Student Succeeds Act*, *Fostering Connections Act of 2008*, and many others.
National Working Group on Foster Care and Education, *Fostering Success in Education: Educational Outcomes of Students in Foster Care*[7]	This 2018 education fact sheet provides a comprehensive review of data and research, laws and promising programs impacting the educational success of children in foster care and includes information on school stability and seamless transitions along with examples in the country where positive outcomes are occurring.
U.S. Department of Education, *Students in Foster Care*[8]	The U.S Department of Education released several non-regulatory guidance briefs to child welfare and education administrators related to school stability for children and youth in foster care. Additionally, they have released several joint letters on behalf of the U.S. Department of Education and HHS with guidance around school stability and supporting educational success for children in foster care. They also have a page on their website dedicated to students in foster care that includes many resources.

ENDNOTES

1 Research Highlights on Education and Foster Care (2018). *National Working Group on Foster Care and Education*. http://www.fostercareandeducation.org/

2 Ibid.

3 Ibid

4 For more information about this act, see https://www2.ed.gov/policy/elsec/leg/essa/edhhsfostercarenonregulatorguide.pdf

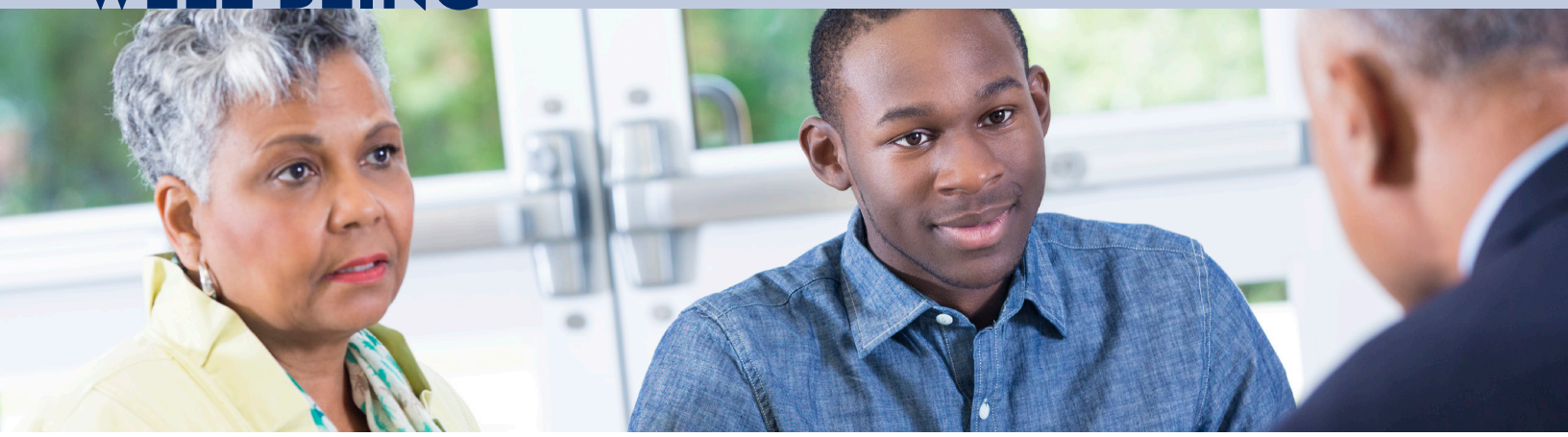
5 https://www.childwelfare.gov/topics/management/funding/funding-sources/federal-funding/cb-funding/cbreports/edcollaborations/kisr/#tab=summary

6 See http://www.fostercareandeducation.org/

7 See http://www.fostercareandeducation.org/

8 See https://www2.ed.gov/about/inits/ed/foster-care/index.html

SUBSTANCE ABUSE, BEHAVIORAL AND MENTAL HEALTH ISSUES AMONG CHILDREN AND YOUTH IN FOSTER CARE



SUBSTANCE ABUSE, BEHAVIORAL AND MENTAL HEALTH ISSUES AMONG CHILDREN AND YOUTH IN FOSTER CARE

WHY IT MATTERS

Prevalence of mental and substance use disorders is increasing in the United States. In 2016, there were over 45,000 deaths due to mental and substance use disorders, compared to only 13,000 in 1990.[1] This growing national concern and, specifically, the opioid crisis, are often cited as one of the largest driving factors in the recent increase in foster care numbers; however, parental mental health and drug abuse are not the only concerns for children and youth in the welfare system. Children in the system are at heightened risk of experiencing such issues themselves. Health issues such as disruptive behavior disorder, bipolar disorder, depression, anxiety, and substance abuse disorders share many risk factors, including history of adverse childhood experiences or trauma, experiences of poverty or a lack of economic opportunity, and childhood exposure to adults who abuse substances and/or suffer from mental health issues.[2] Children and families in the welfare system have experienced an undue burden of these risk factors, and thus require additional protective and treatment services. Moreover, research shows that risk of substance abuse is highest during transition periods and periods of emotional or physical turmoil.[3] As risk factors accumulate and go unaddressed, a youth in foster care is more likely to suffer from mental illness or substance abuse disorders.

When risk factors accumulate and go unaddressed, a youth in foster care is more likely to suffer from mental illness or substance abuse disorders.

WELL-BEING

Up to 80% of youth in the foster care system have been diagnosed with significant mental health issues, compared to only around 20% of their general population peers.[4] Youth in foster care who experience mental health issues are less likely to be placed in permanent homes, and those that age out of the system are significantly more likely to experience drug or alcohol dependence and major mental health problems compared to the general adult population.[5,6] One study found that although levels of substance use in a group of 17 year-old youth in foster care were not significantly different than levels in their general-population peers, youth in care who used alcohol or illicit substances were more likely to experience dependency and abuse issues with those substances, while their peers were more likely to experiment or use recreationally.[7]

While youth in foster care have likely experienced life events that make them increasingly vulnerable to mental and behavioral health problems, there are protective factors that can alleviate traumatic events, promote wellness, and help youth become resilient during periods of unrest and change. Children and young adults with strong social networks, support groups, and reliable mentors are more likely to remain healthy in spite of accumulating risk factors. Moreover, receiving timely and evidence-based treatment can reduce the harmful outcomes associated with mental and behavioral problems. Recent research and program evaluation has formed a groundwork for successful navigation of such issues—utilizing clinical services, community resources, and programs that follow best practices for child-welfare professionals can change the course of a youth's life.

ADVOCATES IN ACTION

The Health Foster Care American Initiative by the American Academy of Pediatrics has stated that mental and behavioral health is the "greatest unmet health need for children and teens in foster care." [8]

ACTIONS

- **Educate youth and families about risk factors and preventative factors for mental, behavioral, and substance use disorders.** Youth in foster care are less likely to report having talked with a guardian about the dangers of drug and alcohol abuse, and they are less likely to report having received consistent messaging in schools.
Thus, it is particularly critical that youth in foster care be made aware of life experiences that may make them more vulnerable to mental health and drug abuse issues and taught how to access services and understand the evidence behind prevention and recovery programs.

- **Compile resources about accessible, evidence-based, culturally appropriate trauma treatment programs in your area.** Access to proper treatment can have monumental impacts on ensuring speedy recovery and reducing the impact of substance use disorders, but knowing where and how to access those services is a critical first step. Ensure that your list contains gender- and addiction-specific programs, as well as programs that integrate a trauma treatment component.

- **Develop written strategies for how to assess and monitor youth's issues in this area so that mental health problems and substance use disorders are detected early.** Early intervention strategies are key to ensuring the best possible outcomes.

- **Encourage youth to participate in age appropriate support groups and community activities.** Research shows that social networks are key in developing resiliency and early recognition of warning signs. Provide them with a list of these groups and help them identify someone from the group who can guide and welcome them.

- **Learn to recognize early warning signs of mental health issues.** While young adulthood is typically a time of immense physical and mental change, certain changes should be carefully monitored in order to determine whether they are early warning signs of mental health or substance use issues. In particular, be aware of problems focusing, withdrawal from communities, irritability, paranoia, significant weight loss or gain, and/or a loss of interest in previously enjoyed hobbies.[9]

While young adulthood is typically a time of immense physical and mental change, certain changes should be carefully monitored in order to determine whether they are early warning signs of mental health or substance use issues.

- **Research commonly abused drugs, the signs of substance abuse, and the drug-specific short- and long-term impacts of use.** The type of drug used and the duration of abuse will ultimately impact the type of treatment required and the impacts on an individual's well-being.

- **Routinely inquire about a child's mental and behavioral health.** Advocate for mental health care or substance abuse treatment programs when symptoms first arise. Understand that the child welfare system can be utilized as a gateway for getting youth the mental health care and services they need, and take every opportunity to advocate for the right care for children and youth.

- **Remember that recovery is possible.** It is much too easy to feel defeated, but youths equipped with the proper tool set, access to treatment and/or rehabilitation, and long-term, supportive mentors can pull through mental and substance use disorders. A CASA/GAL may be a child's best advocate in this fight.

BRIGHT SPOT

THERAPEUTIC FOSTER CARE
MULTIPLE SITES, UNITED STATES

Therapeutic or treatment foster care (TFC) is a clinical intervention, which includes placement in trained foster parent homes for youth in foster care who experience severe mental, emotional, or behavioral health needs. Since TFC is considered a medically necessary treatment, it must be authorized by public state agencies such as child welfare and/or Medicaid in order for treatment services to be available and reimbursable.

TFC serves youth ages infant to 18, or older if the state Medicaid plan allows. In states using TFC, child welfare agencies recruit, train and support foster parents. A licensed clinical staff person oversees a youth's individualized treatment plan and provides therapeutic services such as individual and family therapy, crisis intervention, case coordination and medication support.

The difference in TFC placements and residential treatment sites is that TFC services are provided in the specially trained and supervised foster homes in local communities. Youth are generally able to attend the local public school. Based on a number of assessments, youth are matched with a specific TFC home and TFC parents whose training, experience, and professional skills create the best for the youth's success.

TFC foster parents in most states are required to complete training that is at least double of that required for non-TFC foster parents. TFC foster parents are to be available to the youth at all times for support, treatment intervention, crisis stabilization and connection to the community and school. The TFC therapist supports the youth and the foster family. This person meets with the TFC family weekly and can be called upon at any time. The treatment plan that is specific to the individual needs of the youth is created by staff the TFC agency and is monitored regularly. The plan itself is to be reviewed no longer than every 90 days.

TFC relies on partnerships with other agencies and providers including the state child welfare agency, the state mental health agency, Medicaid administrators, the courts, and sometimes juvenile justice systems. Many states have unique relationships and programs with the partners involved. For example, in Nebraska, behavioral health services for youth in foster care are administered through managed care as part of a major reform effort in child welfare and Medicaid. TFC, when done correctly assess children and youth for trauma and mental health issues and develops a plan accordingly that addresses safety, permanency and well-being goals. Specialized populations of youth receive specialized intervention and support.

To learn more: https://childwelfaresparc.files.wordpress.com/2013/07/therapeutic-foster-care-exceptional-care-for-complex-trauma-impacted-youth-in-foster-care.pdf

SELECTED RESOURCES

Below are tools, resources, and examples of programs that support prevention, treatment, and knowledge about mental and behavioral health and substance abuse disorders.

Name	Description
Child Welfare Information Gateway: Adoption Assistance by State Database – Mental Health Services	*The Child Welfare Information Gateway* provides state-specific resources about statutes and services. In particular, the list of state-administered mental health services is useful in determining how to make mental health care affordable and accessible for foster care youth in your state.
Drug and Alcohol Treatment Prevention Network	*The Drug and Alcohol Treatment Prevention Network* provides drug-specific resources and guides to treatment programs.
Indian Health Service: Find Health Care	*The Federal Health Program for American Indians and Alaska Natives (The Indian Health Service)* provides a map for locating *Indian Health Service, Tribal* or *Urban Indian Health Program* facilities.
National Center on Substance Abuse and Child Welfare	*The National Center on Substance Abuse and Child Welfare* is a resource for child welfare and substance abuse treatment professionals. Their resources provide insight into relevant topics such as trauma-informed care, drug testing in child welfare, and statistics about child welfare and treatment.
Substance Abuse and Mental Health Services Administration (SAMHSA)	*SAMHSA* is an online resource that hosts a knowledge network with useful resources about behavioral health training and care. It includes a list of programs, initiatives, and campaigns for the delivery of adequate health services, as well as a treatment services locator, and information on topics and treatment. The *SAMHSA* hotline, 1-800-662-HELP, provides confidential, free, 24-hour-a-day information in English and Spanish. The hotline can locate nearby support groups, facilities, and local organizations. The group received an average of 65,000 calls a month in 2016.

ENDNOTES

1 http://ihmeuw.org/4chx

2 https://www.samhsa.gov/capt/practicing-effective-prevention/prevention-behavioral-health/risk-protective-factors

3 https://www.drugabuse.gov/publications/preventing-drug-abuse-among-children-adolescents/chapter-1-risk-factors-protective-factors/what-are-highest-risk

4 http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/information_packets/Mental_Health.pdf

5 http://www.nccp.org/publications/pub_687.html#30

6 Ibid.

7 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2633867/

8 http://www.hunter.cuny.edu/socwork/nrcfcpp/downloads/information_packets/Mental_Health.pdf

9 http://www.hazeldenbettyford.org/articles/fcd/early-warning-signs-of-teen-substance-use

PROMOTING YOUTH ENGAGEMENT

PROMOTING YOUTH ENGAGEMENT

WHY IT MATTERS

Every year approximately 20,000 young people age out of foster care and start living independently, often at much earlier ages than their non-foster peers. Despite the requirement that they participate in Independent Living types of programs, many report they lacked the opportunity to test the skills they learned in these programs in real life. Furthermore, most indicate that they are not properly prepared for independent living.[1] These disadvantages mean they have poorer educational outcomes, lower chances in the labor market, lower annual earnings, and more homelessness compared to peers who have not lived in foster care. Once they leave foster care, youth are often required to depend fully on themselves. Ironically, for years, things were "done" to many youth in foster care without their input: they were removed from their home, families, schools, friends, and community; they may have been moved from one foster home to another or to a group setting full of rules and structure; and, they likely experienced school moves impacting their relationships and academic progress. All of these experiences often result in a sense of powerlessness and isolation.

Once they leave foster care, youth are often required to depend fully on themselves. Ironically, for years, things were "done" to many youth in foster care without their input. All of these experiences often result in a sense of powerlessness and isolation.

While there are many supports that young people leaving foster care will need in order to help avoid outcomes that are detrimental to their well-being, ensuring that youth are engaged in any and all decisions about their lives should be a priority for not only when they age out of foster care, but while they are in foster care. Engaging adolescents in planning and decision making regarding their lives has been shown to benefit brain development. New information in the field of neuroscience during adolescence and young adulthood reveals that the brain is undergoing

extensive remodeling and experience plays a critical role in how the brain matures and develops. Young people who have opportunities to be fully engaged with adults and "practice" skills such as reasoning, decision-making, and self-regulation are actually strengthening the parts of their brain responsible for executive functioning.[2]

Youth engagement happens best when it is authentic and supported by youth-adult partnerships. Youth are not going to be automatically engaged, especially if there has been a power dynamic in the relationship between adult and child. Consequently, a first step is the responsibility of the adults to shift their perspective from thinking that their job is to fix a youth's problems. Rather, as a team, adults work with the youth to solve problems, make plans and set goals. A second step adults can take is to ensure that youth are actively engaged in things that they enjoy doing. Providing opportunities to engage in activities they enjoy will build confidence and self-esteem. This helps set the stage for the third role that adults can take in helping engage youth –providing them with not only instruction in typical adult skills, but multiple opportunities to engage those skills. In authentic partnerships, youth are able to practice skills that they will need to thrive as adults.

YOUTH ENGAGEMENT IS A WIN-WIN

According to Jim Casey *Youth Opportunities Initiative*, youth-adult partnerships result in:

- Fresh, new ideas;
- New perspectives on decision-making, including more relevant and meaningful information about the needs and interests of young people;
- Open and honest responses about existing programs or services;
- Additional human resources due to the sharing of responsibilities between young people and adults;
- Greater willingness of young people to accept the services and messages of the program; and
- Greater credibility for the program or organization among you people and advocates.[3]

ADVOCATES IN ACTION

Nothing about us, without us.

ACTIONS

As an advocate, one of the greatest opportunities you have to engage youth is to enhance their participation in court proceedings. The suggested actions below reflect this commitment:

- **Ensure that youth are involved in all decisions made about their lives.** Youth should be involved in case plan development, case plan meetings, and given the option to attend court hearings. They should be allowed to offer a formal response to court reports, incident reports and proposed permanency plans.

- **Advocate for youth to receive training in self-advocacy.** Find out what training is already available for youth or encourage the development of training on the court process, how to participate effectively and their rights. The best trainers are current and former youth from foster care who have experienced the court process and who are the best experts on this situation and experience.

- **Learn about services and resources available to youth.** Participate in training on youth's rights, available resources and areas impacting youth in foster care such as education, immigration, transition services and LGBTQA issues. If there isn't such training available in your program, ask for it.

- **Encourage training for judges, child welfare professionals and attorneys on the importance of youth engagement in court.** Professionals can benefit from training on the importance of youth involvement, how to modify hearings so they are more youth friendly and how to communicate with youth and ask the right questions. They should also understand their responsibility in ensuring that youth are engaged throughout the proceedings.

- **Raise the issue of barriers to court attendance**. Ask about alternatives to court hearing times that don't interfere with the youth's school attendance. Some courts hold specific hearings for older youth after school hours or on Saturday mornings. If youth can only attend court during school hours, ensure that they are not penalized for their absences.

- **Help organize transportation to court.** Make sure that getting to court isn't a barrier for youth participation. Ask who is responsible for coordinating and funding transportation so youth can attend their court hearing.

- **Debrief immediately after the court proceeding to assess how things went.** Begin by asking for feedback from youth as to their satisfaction with the quality of their engagement. Ask other members of the team how they might do better to engage youth. Make a commitment to do better the next time.

BRIGHT SPOT

YOUNG ADULT ADVOCACY PROJECT
BOSTON CASA

In 2011, Boston CASA provided advocates to two youth who were 16 years or older; in 2017 that number had increased to 56. What brought about this significant increase was the introduction of the *Young Adult Advocacy Program (YAAP)*. Established in partnership with the Suffolk County Juvenile Court in 2014, Boston CASA's *YAAP* focuses on young adults in Boston who, for a variety of factors, are unable to reunite with their families or be adopted. Instead, these youth age out of the foster care system as young adults without a safe and consistent adult figure in their lives and without a clear and realistic plan to move forward into young adulthood.

Over time, the child welfare system and involved agencies have created an unrealistic expectation that youth at the age of 18 can navigate the transition out of foster care and into greater independence alone. Many youth are not aware of the benefits of remaining in the custody of the Department of Children and Families (DCF) until they are 22, which can include education and vocational training, healthcare, and housing support. It is also true that many youth do not know the requirements of maintaining services. Often, youth turn 18 and are sent into the community to fend for themselves.

YAAP recognizes the immense challenges these young adults face especially if they don't have someone by their side to help them navigate young adulthood. The program is grounded in a youth-driven process. Young adults are empowered to develop the skills necessary to be successful in self-advocacy in order to ensure that their needs are met, and they have every opportunity to thrive. Boston CASA's *YAAP* advocates are trained to support youth to make informed decisions about their futures which can include continued involvement with DCF, independence and/or transition into the community. The program helps educate youth about those requirements and how to stay in good standing with the Department of Children and Families to sustain these benefits. Advocates are trained and prepared to work with youth 16 years and older and continue with them through the age of 22, and in many cases, well into young adulthood. At 16 years of age, the advocate and the youth complete a self-assessment to begin understanding the youth's individual needs and goals. This joint effort helps determine the initial steps for identifying support and creating an advocacy plan.

YAAP advocates provide support to their youth in the courts and community to ensure that youth receive the services to which they are entitled. For youth who cannot or do not sign on for DCF services, advocates become a lifeline that help these young adults receive guidance and community support at a critical point in their lives when they may not have family support or DCF involvement. If a young adult has emancipated from the system, but later recognizes the benefits to "signing" themselves back into services, advocates are well poised through their relationships with the courts to facilitate re-entry after their 18th birthday by contacting the youth's previously assigned attorney and DCF area office.

Throughout their involvement, advocates seek to connect youth with relational supports that provide opportunities for permanency and the sense of belonging within the community. For some young adults, Boston CASA's *YAAP* advocates become a permanent connection and part of that youth's natural support system. The program also provides funds for youth such as paying for driver's education, college tours, baby clothing and furniture if they have become parents, and other expenses that are typically needed by young adults.

Outcomes associated with the program to date have included increased numbers of young people in the program attending college, reduction in delinquency behaviors, greater access to tangible resources and services, parenting supports for youth who are parents and more judges recognizing the important role of this program. Perhaps the most important outcome is an increased investment in older youth in foster care and a greater level of accountability to fulfilling the commitment we have made to them.

For more information contact
training@casaforchildren.org

SELECTED RESOURCES

Name	Description
Foster Care Alumni of America[4]	The vision of *Foster Care Alumni of America* is "that all people in and from foster care are connected, empowered and flourishing." Their mission is "to ensure a high quality of life for those in and from foster care through the collective voice of alumni. We intend to erase the differences in opportunities and outcomes that exist for people in and from foster care compared to those who have not experienced foster care." The organization provides a number of resources and opportunities for young people in and from foster care. One of those opportunities is training in "strategic sharing" which is the telling of life stories in a way that is meaningful, effective and safe. A *Strategic Sharing Guide* is available online for interested youth and their advocates.[5]
FosterClub[6]	*FosterClub* is dedicated to providing a peer support network for children and youth in foster care. Further, they believe that the experiences young people have in foster care place them in a position to affect change within the system, inform and motivate their peers, build public awareness and create public will for improved care for abused and neglected children. *FosterClub* is about providing youth a voice within the system that so heavily impacts their lives. Whether advocating on their own behalf, in concern for siblings or family members, or speaking out on behalf of their 400,000+ peers currently in the system; websites, publications, and events provide a youth-friendly network which helps the voices of young people to be heard. *FosterClub* is committed to providing the tools, training and a forum to help young people secure a brighter future for themselves and the foster care system.

Name	Description
Jim Casey Youth Opportunities Initiative[7]	As part of the Annie E. Casey Foundation and other investors, the *Jim Casey Youth Opportunities Initiative* is active in states and in local communities across the nation, to increase opportunities for young people who are in or transitioning from foster care. Some activities of the organization include: • Sponsoring *Success Beyond 18*, a campaign that advances policies and practices to help young adults who are transitioning out of foster care get on track to successful adulthoods. • Building young people's personal and financial assets by engaging them in self-advocacy and leadership opportunities and using *Opportunity Passport's* matched savings and financial education tools. • Developing practice, policy and evaluation tools to improve young people's opportunities and assets. • Advancing the child welfare field's understanding of neuroscience and brain research to encourage implementation of more effective programs and policies.
Local and State alumni programs across the United States	There are many state and local alumni programs that youth in and from foster care can be involved in. Start searching by the key words – "alumni groups for foster youth" and your State name. You can also contact staff at the *Foster Care Alumni of America* group for assistance.

ENDNOTES

1 Naccarato, T., Brophy, M., & Courtney, M.E. (2010). Employment Outcomes of Foster Youth: The Results from the Midwest Evaluation of the Adult Functioning of Foster Youth. *Children and Youth Services Review, 32(4), 551-559*

2 Center on the Developing Child. In Brief: *Executive Functioning*. www.developingchild.harvard.edu

3 Jim Casey Youth Opportunities Initiative (2012). *Authentic Youth Engagement: Youth-Adult Partnerships*. Available at: http://www.aecf.org/resources/authentic-youth-engagement/

4 https://fostercarealumni.org/mission/

5 See http://fostercarealumni.org/wp-content/uploads/2014/12/StrategicSharing.pdf

6 https://www.fosterclub.com/about-us

7 http://www.aecf.org/work/child-welfare/jim-casey-youth-opportunities-initiative/

WELL-BEING

POST-SECONDARY EDUCATION SUPPORTS

POST-SECONDARY EDUCATION SUPPORTS

WHY IT MATTERS

Youth in foster care often indicate they have college aspirations, yet numerous studies have found lower college enrollment and completion rates among young people who have been in foster care than among other young adults.[1] Although it has been hard to pinpoint a reliable number, some studies suggest that as few as three percent of youth from foster care will attain a Bachelor's degree by the time they are 26 years old.[2] In comparison, approximately 31% of 25 year olds in the United States have a Bachelor's Degree.[3] Supporting youth in and from foster care to increase postsecondary educational attainment would result in an increase in their average work-life earnings. With a four year degree, youth in foster care could expect to earn approximately $481,000 more, on average, over the course of their work-life than if they had only a high school diploma. Even if they did not graduate with a degree, completing any college courses would increase their work-life earnings, on average, by $129,000.[4]

Post-secondary educational attainment is a protective factor for life events that currently impact alumni of foster care disproportionately than other young adults.

One study found that increased levels of education, whether it be a four year degree, two year degree or training in a particular field, have larger benefits for youth who exited care than youth from the general population.[5] Post-secondary educational attainment is a protective factor for a number of life events that currently impact alumni of foster care disproportionately than other young adults including homelessness, unemployment, substance use, early parenting, and involvement in the child welfare system as a parent. [6]

Remaining in foster care until age 21 and/or receiving mentoring services is correlated with increased college enrollment and completion. Likewise, young people who had more placement and school stability during their time in foster care are more likely to enroll and graduate from college. Having tangible supports such as housing, academic tutoring, transportation and financial resources are also factors that result in

greater retention and completion rates.[7] Studies have found that financial difficulties, parenting, needing to work, and concerns about housing are among the barriers that prevent former foster youth from pursuing postsecondary education.[8]

ADVOCATES IN ACTION

Nineteen young adults who were in foster care were interviewed about turning points in their lives that led them to complete a postsecondary education or who were on track to complete one. One of the turning points that participants identified were "safe havens," including school and home environments that provided a place of refuge from stresses in other parts of their lives. Participants noted that schools were spaces where they could demonstrate their academic competencies or gain access to new knowledge, helping them experience a relief from distress and an opportunity to engage in goal setting.

— M. Haas, Q. Allen & M. Amoah [9]

ACTIONS

- **Encourage and expose youth to postsecondary education opportunities.** For many youths in and from foster care, the possibility of attending college may never have been presented to them. Help them identify their interests and show them the many options available. Explain how post-secondary education can benefit them for the rest of their lives. One study found that taking a young person for a college campus visit was motivational in their desire to pursue higher education. Don't limit the exploration to four-year campuses as many youth will benefit from participation in a trade or two-year program.

- **Start early in planning for post-secondary or vocational opportunities.** One of the primary reasons youth from foster care have difficulty completing post-secondary programs is because they are unprepared academically, socially-emotionally and practically (e.g., knowing how to access financial aid support, housing, etc.).[10] Together, identify available services and supports that will help youth pursue and succeed in postsecondary education or vocational goals.

- **Be aware of trauma and past maltreatment** the youth experienced and the potential impact on their ability to seek help and build social supports. Past maltreatment and unstable relationships can leave youth emotionally guarded and reluctant to ask for help. Successfully completing post-secondary education is a formidable task for any young person, but especially so for a person lacking in connections. Connect the youth to professionals who can help them identify some of these potential post-traumatic risks and how to negotiate them effectively.

- **Teach youth how to advocate for themselves.** Encouraging, modeling and directing youth on how to engage in education decision making and planning helps them take active roles in their educational futures. When youth are able to effectively explain what their desires are, it helps adults who work and care for them better understand what direction and guidance they need.[11]

- **Connect youth with a mentor during high school who can stay with the youth through the transition to post-secondary education, at least the first couple of years.** Having a mentor during high school has shown to increase the likelihood a youth in foster care will enroll in college. Mentors not only provide encouragement and emotional support, they help the youth navigate financial aid supports, the application process, required college enrollment tests such as the ACT and SAT, housing, and the admission process.

- **Learn if your state allows youth in foster care to stay in care until age 21.**[12] While states vary on the requirements for staying in foster care until age 21, research indicates that youth who do stay in care until 21 have better post-secondary outcomes. Staying in foster care past age 18 may not be desirable for all youth who have the opportunity to do so. Consequently, this decision should be individualized. Some youth may initially opt to leave foster care at age 18 and then a year or so later, change their minds. Find out if there is an option available to return to their placement later.

- **Ensure youth have access to housing once in college as well as during school vacations and summers when campus housing may be unavailable.** An increasing number of campuses recognize the need for year-round housing and so will keep dorms open all year or arrange for alternative housing when necessary. If the campus a youth attends does not have this option, with the youth identify alternative options. Consider educating the school about the plight of students from foster care about the need for extended housing during these "off" periods of time.

- **Explore the financial aid supports and/or tuition waivers**[13] youth may qualify for. Many states now provide tuition waivers for students from foster care. Some provide scholarships especially for students in and from foster care. Most youth will also qualify for federal financial aid through Free Application for Federal Student Aid (FASFA) based on this criterion: *students who are in foster care, aged out of foster care or were adopted out of foster care after reaching age 13 are considered automatically independent on the Free Application for Federal Student Aid (FAFSA).*[14] Ensure that youth are accessing this application as early as their junior year in high school if possible, although it's never too late to complete the application. Help them complete the application or find someone who can.

- **Identify with the youth on-campus support programs that they should connect with.** Many more community colleges and four-year universities are recognizing the unique needs that youth from foster care bring to their postsecondary experience and have created specialized programs and/or staff to support them. Academic, social and emotional supports are as equally important as housing, transportation, child care, health care, financial aid, etc. If a program is not available on campus, help the youth make connection with individuals from different support offices who can guide them.

- **Remember that youth with disabilities pursuing postsecondary education are entitled to supports under federal and state laws.**[15] Some youth with disabilities may be eligible to continue their high school education until age 21 or 22 depending on the state they reside in.[16] This doesn't preclude them from seeking further education afterwards in a post-secondary program and they should have all the same supports as any other youth.

- **Ensure that youth have adult guidance, encouragement and support throughout their postsecondary education.** Many students in general don't make it past their first year of college. For youth in and from foster care, they are at even greater risk as they often lack the emotional and practical support that a parent usually provides to their child during this potential challenging time. Checking in frequently about how they are doing, what they need help with and just lending an empathetic ear can go a long way. Help youth identify people in their life who can fulfill this function.

BRIGHT SPOT

CENTER FOR FOSTERING SUCCESS WESTERN MICHIGAN UNIVERSITY, KALAMAZOO, MI

A growing number of two-year community colleges and four-year universities are developing on campus programs for students who are still currently in foster care or who were in foster care. Recognizing that these students bring a unique set of challenges and opportunities to their post-secondary experiences, these programs provide supports and services that help students in and from foster care achieve their post-secondary education goals. One such program is *The Center for Fostering Success*, located at the Western Michigan University campus. Its mission is to improve college graduation and career achievement rates among youth and young adults (12 to 25 years old) aging out of the foster care system. In alignment with the WMU's mission, the activities of the Center are learner-centered, and discovery driven.

The five goals of the Center are to:

1. Create successful transitions from foster care-to-college and college-to-career for students ages 12 to 25 through the experience of higher education.

2. Educate the community in the college-to-career pipeline about the needs, challenges, and discovery-driven solutions related to students from foster care.

3. Develop leaders among alumni of foster care to enhance the greater community and society.

4. Connect strong and enduring networks addressing needs of youth and alumni of foster care in relation to higher education and career.

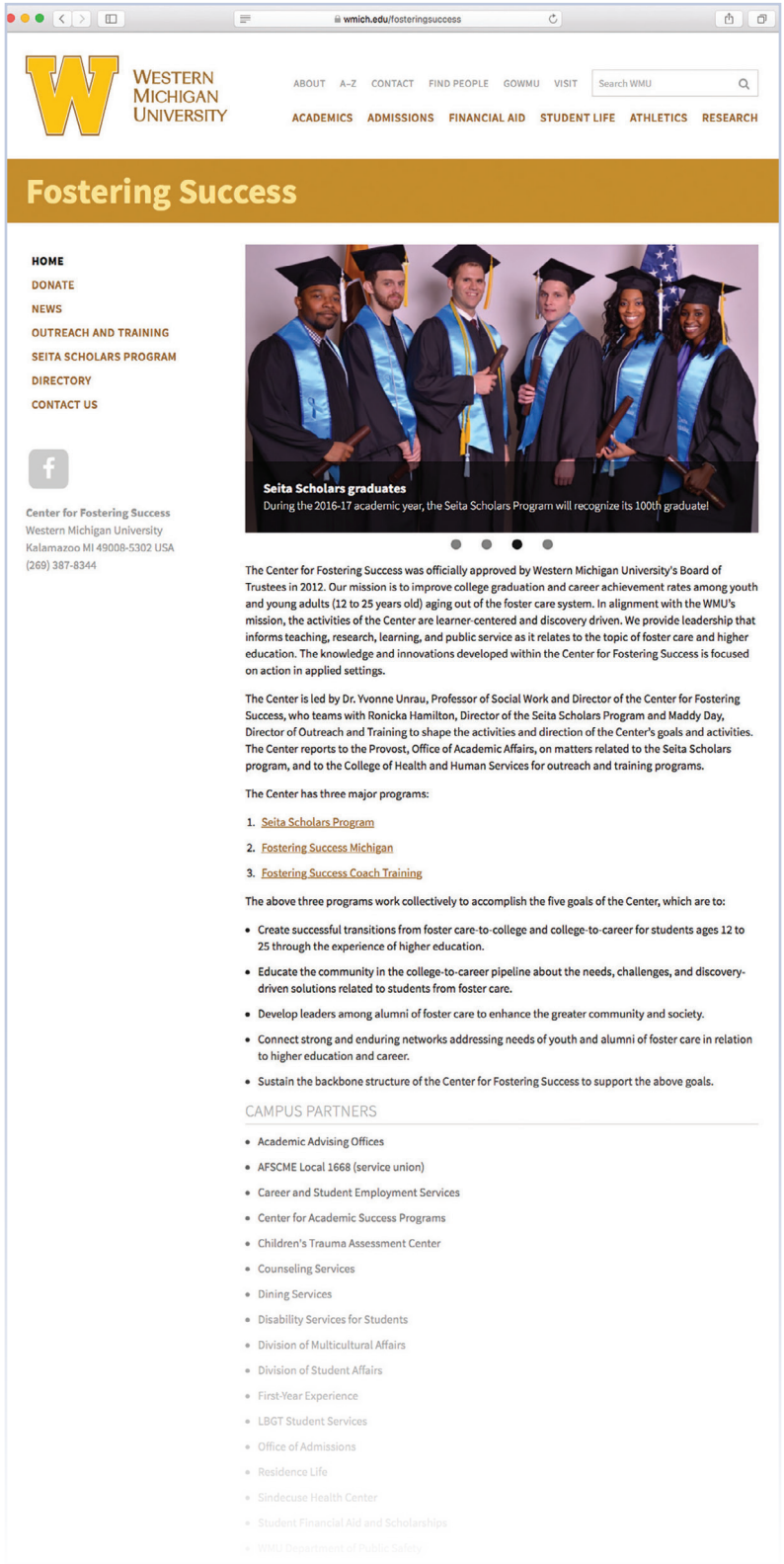
5. Sustain the backbone structure of the *Center for Fostering Success* to support the above goals.

THE *SEITA SCHOLARS* PROGRAM[17]

An integral part of the Center is the *Seita Scholars Program*. Over the last eight years, it has become internationally recognized as one of the largest and most comprehensive support programs for college students who experienced foster care.

In the 2016–2017 academic year, there were 91 *Seita Scholar* graduates. In addition to providing academic support and financial aid, the program provides support in accessing basic living needs like housing, transportation, and child care. Additionally, staff who work with the students are trained in trauma-informed practices and resiliency building.

To learn more: https://wmich.edu/fosteringsuccess[18]



SELECTED RESOURCES [19]

Name	Description
California College Pathways[20]	This site has a wealth of resources on postsecondary education for students in or formerly in foster care, including a *Foster Youth Educational Planning Guide.*[21]
Educational Training Vouchers (ETVs)[22] and John H. Chafee Independence Program[23]	The *Education and Training Vouchers* (ETV) program provides financial assistance for post-secondary training and education to youth who have aged out of foster care or who have left foster care after age 16 for kinship guardianship or adoption. This resource also includes information on other college scholarships, vocational education, and tuition waivers for youth who have been involved in or were adopted from the child welfare system.
Fostering Success Michigan[24]	This resource maintains a National Postsecondary Support Map of all four-year campus-based support programs for youth in and from foster care.
GuardianScholars[25]	These collaborative programs that are now present in a growing number of college campuses (33 at last count, mainly located in California), leverage the expertise and resources of the private sector and public agencies to support students effectively and cost efficiently. Their goal is: *create a powerful team dedicated to assisting deserving foster youth achieve their dreams of an education, realize true independence, and reach their full potential.*
Persistence Plus[26]	This program uses a "nudging model" to increase college persistence, by sending individualized reminders to students. Randomized trials with partners have shown a significant impact on persistence for first-generation college goers, online learners and returning adults. This model will be implemented in California for foster youth and non-minor dependents in foster care attending college, who are participating in 40 different housing programs across the state.
University of Cincinnati, Higher Education Mentoring Initiative[27]	This program helps prepare foster youth for educational opportunities beyond high school. The program recruits, trains and supports mentors to establish positive long-term relationships with youth in and from foster care including helping them prepare to submit college applications. Foster youth who participated in HEMI were much more likely to finish high school, enroll in a post-secondary institution, and obtain a job than their emancipated foster peers.

ENDNOTES

1 Geiger, J.M., & Beltran, S.J. (2017). Experiences and outcomes of foster care alumni in postsecondary education: A review of the literature. *Children and Youth Services Review*, 79, 186-197.

2 Ibid.

3 https://www.census.gov/content/dam/Census/library/publications/2016/demo/p20-578.pdf

4 Peters, C., Dworsky, A., Courtney, M., & Pollack, H. (2009). *Extending Foster Care to Age 21: Weighing the Costs to Government against the Benefits to Youth*. Chapin Hall at the University of Chicago.

5 Okpych, N.J. & Courtney, M.E. (2014). Does education pay for youth formerly in foster care? Comparison of employment outcomes with a national sample. *Children and Youth Services Review*, 43, 18-28.

6 See "Preventing Intergenerational Involvement" Issue Brief

7 Pecora, P.J., Kessler, R.J., Williams, J., Downs, A. C., English, D.J., White, J. & O'Brien, K. (2009). *What Works in Foster Care? Key Components of Success from the Northwest Foster Care Alumni Study*. New York: Oxford University Press.

8 Day, A., Riebschleger, J., Dworksy, A., Damashek, A., Fogarty, K. (2012). Maximizing educational opportunities for youth aging out of foster care by engaging youth voices in a partnership for social change, *Children and Youth Services Review*, 34 (5), 1007-1014.

9 Haas, M., Allen, Q., & Amoah, M. (2014). Turning points and resilience of academically successful foster youth. *Children and Youth Services Review*, 44, 387-392.

10 See "High School Graduation and Post-Secondary Planning" Issue Brief

11 See "Promoting Youth Engagement" Issue Brief

12 http://www.ncsl.org/research/human-services/extending-foster-care-to-18.aspx

13 https://www.ecs.org/wp-content/uploads/Tuition-Assistance-Programs-for-Foster-Youth-in-Postsecondary-Education.pdf

14 https://www.fastweb.com/financial-aid/articles/financial-aid-and-scholarships-for-foster-care-and-adopted-children

15 https://www2.ed.gov/about/offices/list/ocr/transition.html; http://studentcaffe.com/prepare/students-with-disabilities/ada-your-rights-college-student

16 https://answers.ed.gov/link/portal/28022/28025/Article/654/Special-education-eligibility-school-aged

17 https://wmich.edu/fosteringsuccess/seita

18 https://wmich.edu/fosteringsuccess

19 Additional resources on this topic are also available in the "High School Completion and Postsecondary Education" and "Preventing Intergenerational Child Welfare Involvement" Issue Brief

20 http://www.cacollegepathways.org/

21 http://www.cacollegepathways.org/?s=foster+youth+educational+planning+guide

22 https://www.childwelfare.gov/topics/outofhome/independent/support/vouchers/

23 https://www.acf.hhs.gov/cb/resource/chafee-foster-care-program

24 http://fosteringsuccessmichigan.com/

25 http://www.fosteryouthhelp.ca.gov/pdfs/GuardianScholars.pdf

26 https://www.persistenceplusnetwork.com/

27 https://www.uc.edu/cechpass/hemi/partners.html

SUPPORTING YOUNG ADULTS: INDEPENDENT LIVING SKILLS

SUPPORTING YOUNG ADULTS: INDEPENDENT LIVING SKILLS

WHY IT MATTERS

Each year, approximately 20,000 youth, ages 18 and older, transition, or "age out", of foster care and find themselves on their own. Without adequate support networks, independent living skills, resources, or safety nets, too many of these young people struggle with their early independence. Studies have found that by age 26, only three to four percent of youth who aged out of foster care will have a college degree. One in five will become homeless before turning 18. Only 50% will obtain employment by age 24. Many females from foster care will become pregnant by 21 (approximately 70%) and one in four young adults form foster care will experience trauma presenting as post-traumatic stress disorder (PTSD).[1]

Too many young people struggle with their early independence … without adequate support networks, independent living skills, resources, or safety nets.

There are some considerations that must be addressed when supporting adolescents and young adults in foster care. First, the commitment to helping youth find legal permanency should remain a priority. Second, practitioners need to understand how trauma impacts adolescent development and the best ways to help youth understand their experiences and develop effective strategies for healing. Finally, as advocates, we need to recognize that being in foster care carries a level of stigma that can affect successful "adult" outcomes. Educating others about the foster care experience, the impact on youth and how they can be supported, is important to youth's success.

Specific areas that should be addressed during youth's adolescence include:

- Building community connections and supportive relationships. Finding these connections has been shown to be the best chance of ensuring the well-being of older youth in, and from, foster care.

- Completing their education, beginning with high school completion.[2] Help youth determine what is best for them post-high school, educating them on the various benefits of continuing education and/or employment skill-building.[3]

- Learning employment skills including interview skills, completing job applications and understanding workplace values.[4]

- Understanding finances and money matters through education and practice. This is an often-overlooked piece of education that eludes many youth in, and from, foster care.

- Identifying and connecting with local housing providers to ensure adequate and safe housing once they leave care. Even if a young person is headed to college and will be using college housing, make sure that they have access to housing when school is on summer break or holidays.

- Developing a personal sense of identify that helps the youth validate that they matter. This may include guiding them in adopting a personal value system so that they can be clear on what matters to them moving forward.[5]

- Learning life skills that may typically be taught by parents are often neglected for youth in, and from, foster care[6], and for many youth, these skills are needed earlier than their peers who are not in foster care, as they will likely achieve independence sooner.

- Finding mental, physical and other health care providers before leaving care. Mental and physical health is also often neglected once youth leave care as they struggle to take care of other things in their lives. While in foster care, youth should be connected with mental and health care services that they can continue to access after they leave care. Teaching them how to understand their health care benefits and rights is critical. [7]

- Youth with disabilities will have additional challenges that need to be addressed throughout their lives. For youth completing high school and going on to post-secondary educational opportunities, ensure that they are aware of their support options, legal rights and financial aids. Ensure also that if they lack the capability to make decisions for themselves, there is an appointed advocate who can guide them and act on their behalf. [8]

ADVOCATES IN ACTION

Researchers indicated that older youth who receive financial management education, post-secondary education and employment as part of their experience in independent living programs had significantly better outcomes than those who did not receive any training in these areas.[9]

In addition to the areas that should be addressed during youth's adolescence described above, below are some strategies for CASAs to consider when supporting adolescents and young adults in, and from, foster care.

ACTIONS

- **Never give up on helping youth find legal permanence.** This may require helping to create an intentional, deliberate culture of recognizing and advocating against outdated attitudes and assumptions about older youth in foster care. For some strategies and suggestions see, "Reducing long-term foster care," "Family find strategies" and "Permanency review roundtables," issue briefs.[10]

- **Promote experiences that will help older youth explore a range of career pathways.** These can be student leadership opportunities, community service, job shadowing, internships and paid work experience.

- **Help youth build connections with guidance counselors** and other faculty in their school that can help them identify the steps needed to complete high school and continue their education. For additional suggestions see, "High school completion and post-secondary preparation" and "Post-secondary supports" issue briefs. [11]

- **Remember that for youth of color, their race and ethnicity may result in bias** impacting safe and adequate housing supports, employment, and educational success. Recognize when this is happening and raise your concerns.

- **Learn if youth in foster care are able to stay past age 18.** An increasing number of states now allow youth to voluntarily stay in foster care until age 20 or 21 (often with some education requirements).[12] Find out if this would be beneficial for the youth you advocate on behalf of.

- **Parenting youth will need additional supports** to help them continue to pursue their own educational and career goals while providing their children with safe and quality child care. They will also need support in understanding how to nurture and care for their children and enhance their development.

BRIGHT SPOT

FOSTERING FUTURES AND EMANCIPATION YOUTH PROJECT CASA OF PUEBLO, PUEBLO, COLORADO

As many CASA programs can identify, outcomes for youth in foster care, particularly for older youth, are often dismal and alarming. The staff and volunteers of CASA of Pueblo, Colorado were finding that within months of a youth leaving care, many were either homeless, pregnant or caught up in human trafficking rings. They also found that many youth were running away prior to their 18th birthday. Recognizing that while it is important for youth to have advocates, they also need basic instruction on how to live adequately as adults. This finding was confirmed by the youth's Chaffee program workers who did their best, but agreed that efforts to help youth successfully achieve independence were not working.

To better understand what was happening, focus groups were organized with emancipating teens, the district's Chief Judge, DSS administrators and CASA of Pueblo's Executive Director. Listening closely to what the youth had to say about their experiences and what they were missing out on, a *Foster Care Bill of Rights* was produced and placed in every foster home in Pueblo County. Using National CASA's *Fostering Futures* program as a starting point, staff at Pueblo expanded the program by providing 12 to 16 session support groups for teens emancipating out of care. Support was leveraged from stakeholders including the county's judge, Guardian Ad Litems (GALs), Division of Social Services (DSS) caseworkers and child agencies.

In 2012 the program was started with additional funding coming from a 2013 expansion grant that funded a Case Supervisor. Now in its sixth year, the first challenge in

INDEPENDENT LIVING SKILLS COVERED:

- Finances / money management
- Job / Career
- Life skills
- Identity
- Education
- Permanence
- Self-care / Health
- Housing
- Transportation
- Community culture / Social life

OTHER SUPPORTS:

- Tutoring sessions held weekly at the CASA offices
- Employment and volunteer experience

For more information contact training@casaforchildren.org

launching the program was how to get youth to the CASA offices after school and entice them to be part of the group. The solution was to offer them $1,000 for participating in the program and completing various, required activities. Funding is provided by the generous donations of a couple of private foundations as well as what is earmarked from special events for the program. The funding has been consistent and steady since the inception of the program.

With the help of materials from FosterClub America[13], a toolkit was created that contained important information for emancipation. Community professionals come to sessions and present on topics such as banking, credit, housing, personal care, transportation, etc. Each session covers different material so that youth can begin a session at any point with a calendar that runs from October through May. A 6-week cooking course was added in the summer. Dinner is provided at every session with most meals being donated by local restaurants. The minimum and maximum ages for participation are 15 to 22.

Youth earn points through participating in activities and these points are used to access the financial incentive. Points are awarded in a variety of ways including attendance at sessions, getting copies of their birth certificates and social security cards, volunteering or working while in the program, graduating from high school or achieving a GED equivalent. Completing their education and working is needed to get to the full $1,000 award, although youth can receive lesser amounts by completing some of the activities described above. Youth are not able to take their monetary award (e.g., "cash out") until they leave care and the program holds their money for them as long as they want.

To date the program has had 46 referrals over the last 6 years. During that time, 22 youth have cashed out. Not every youth who completes the program cashes out right away, so the program is holding funds for a handful that have completed, but who have chosen to wait to receive their funds. 16 of the 22 participants have cashed out at the $1,000 level. Youth who participate in the program complete a pre- and post-assessment with results showing that youth increase their independent living skills by 67%.

Other supports available to youth include access to local storage units that contain donated household items that can be used for setting up new homes. The program is well-loved by all who help support it and participate in it.

SELECTED RESOURCES

Name	Description
American Academy of Pediatrics (APP), *Healthy Foster Care America*[14]	Healthy Foster Care America (HFCA) is an initiative of the AAP and its partners to improve the health and well-being outcomes of children and teens in foster care. Partners have included representatives from child welfare, family practice, social work, nursing, and government, the legislative and judicial fields, child psychiatry and psychology, education, advocacy organizations, alumni, and families.
Annie E. Casey Foundation, *Jim Casey Youth Opportunities Initiative*[15]	The *Jim Casey Youth Opportunities Initiative* supports youth in and from foster care by: • Sponsoring *Success Beyond 18*, a campaign that advances policies and practices to help young adults who are transitioning out of foster care get on track for successful adulthoods; • Building young people's personal and financial assets by engaging them in self-advocacy and leadership opportunities using the *Opportunity Passport's* matched savings and financial education tools; • Developing practice, policy and evaluation tools to improve young people's opportunities and assets; and, • Advancing the child welfare field's understanding of neuroscience and brain research to encourage implementation of more effective programs and policies.
Department of Health and Human Services' Administration on Children, Youth and Families and the Office of Community Services, *The Financial Empowerment Toolkit for Youth and Young Adults in Foster Care*[16]	This toolkit provides caseworkers, independent-living skills providers, foster parents and other supportive adults with strategies and resources to critically evaluate and improve their ability to promote the financial capabilities of youth in foster care. The toolkit is a compilation of lessons learned, best practices and practical tools, which can be used together or separately.

Name	Description
FosterClub America[17]	*FosterClub* has over 44,000 members. Its young leaders have made hundreds of visits to policymakers in Washington, D.C., and in the States, playing a lead role in the raising awareness about the need for changes to foster care policies and practices. *FosterClub's All-Stars* were critical in asking for changes to the system, which resulted in the *Fostering Connections to Success and Increasing Adoptions Act of 2008* (public law 110-351), which has significantly improved foster care services for children and youth across the country.

ENDNOTES

1 Statistics available at http://www.childrensrights.org/newsroom/fact-sheets/aging-out

2 See Issue Brief, *High School Completion and Post-Secondary Entry*

3 See Issue Brief, *Post-Secondary Education Supports*

4 https://www.chapinhall.org/research/coordinated-systems-key-to-employment-for-youth-formerly-in-state-care/

5 http://www.aecf.org/m/resourceimg/Road_to_Adulthood_7-7-17.pdf

6 http://www.sharedjustice.org/most-recent/2017/3/30/aging-out-of-foster-care-18-and-on-your-own

7 Issue Brief, *Substance Abuse and Mental Health*; https://www.nrepp.samhsa.gov/Docs/Literatures/NREPP%20Learning%20Center%20Literature%20%20Review_Transition-age%20Youth.pdf

8 https://jlc.org/improving-transition-adulthood-youth-disabilities-foster-care

9 Honomichl, R., et al. (2009). *Issues and Challenges in Aftercare Services: A Literature Review*. Davis, CA: Northern Training Academy Supporting Children and Family Services.

10 See Issue Briefs, *Family Find Strategies* and *Permanency Reviews: Helping Older Youth Achieve Permanency*

11 See Issue Briefs, *High School Graduation Completion and Post-Secondary Entry* and *Post-Secondary Supports*

12 See http://www.ncsl.org/research/human-services/extending-foster-care-to-18.aspx to learn if youth are eligible in your state to stay past age 21

13 https://www.fosterclub.com/about-us

14 https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Pages/default.aspx

15 http://www.aecf.org/work/child-welfare/jim-casey-youth-opportunities-initiative/

16 https://www.acf.hhs.gov/cb/resource/financial-empowerment-toolkit

17 https://www.fosterclub.com/about-us

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