Shifting Focus to Positive Outcomes in Child Protection

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ChapinHall at the University of Chicago
Policy research that benefits children, families, and their communities

Guiding Principles of ASFA 1997

- The safety of children is the paramount concern that must guide all child welfare services
- Foster care is a temporary setting and not a place for children to grow up
- Permanency planning efforts should begin as soon as a child enters the child welfare system
- The child welfare system must focus on results and accountability
- Innovative approaches are needed to achieve the **goals of safety, permanency, and wellbeing**

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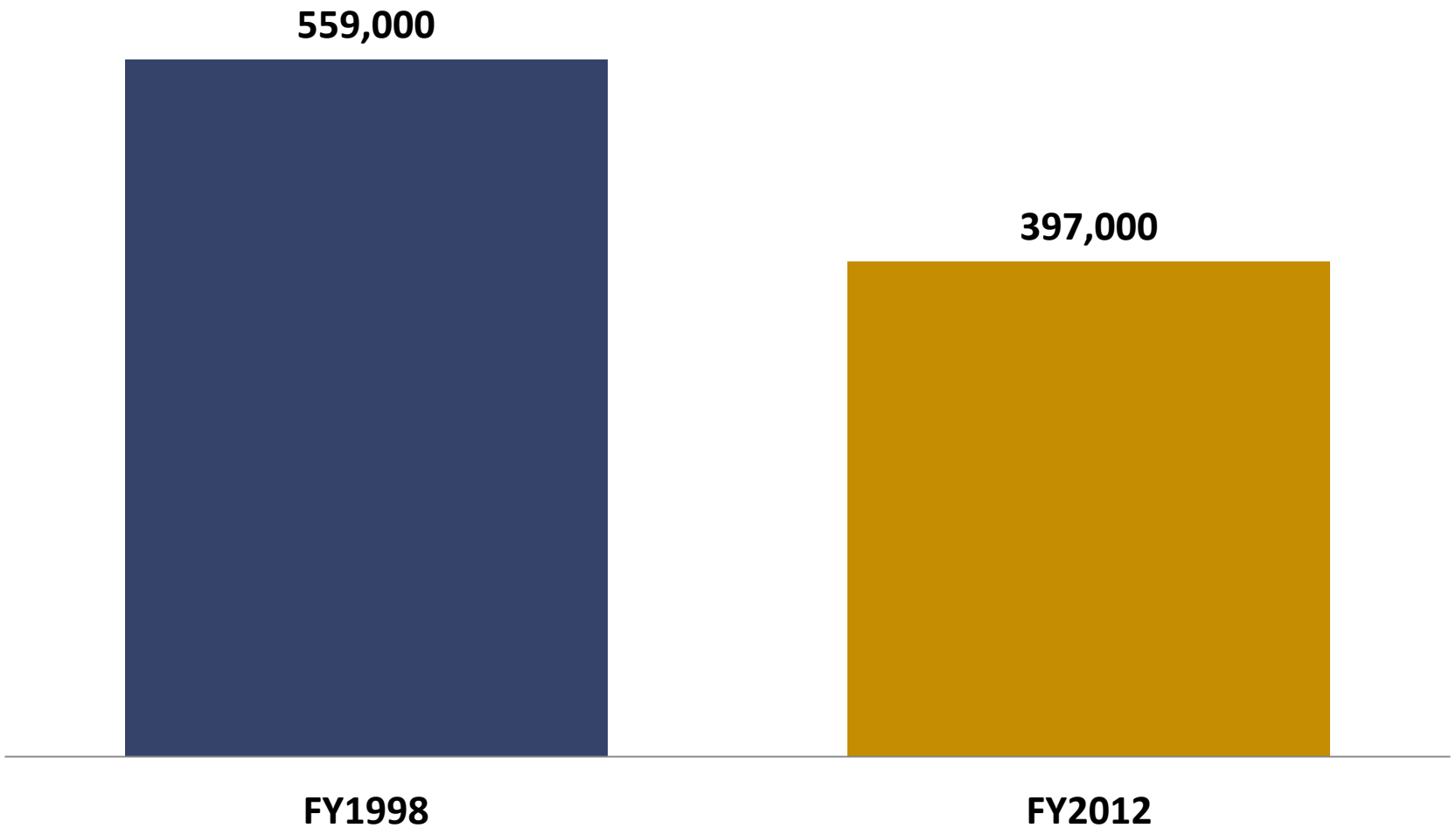
US Out-of-Home Care Declines by 30%



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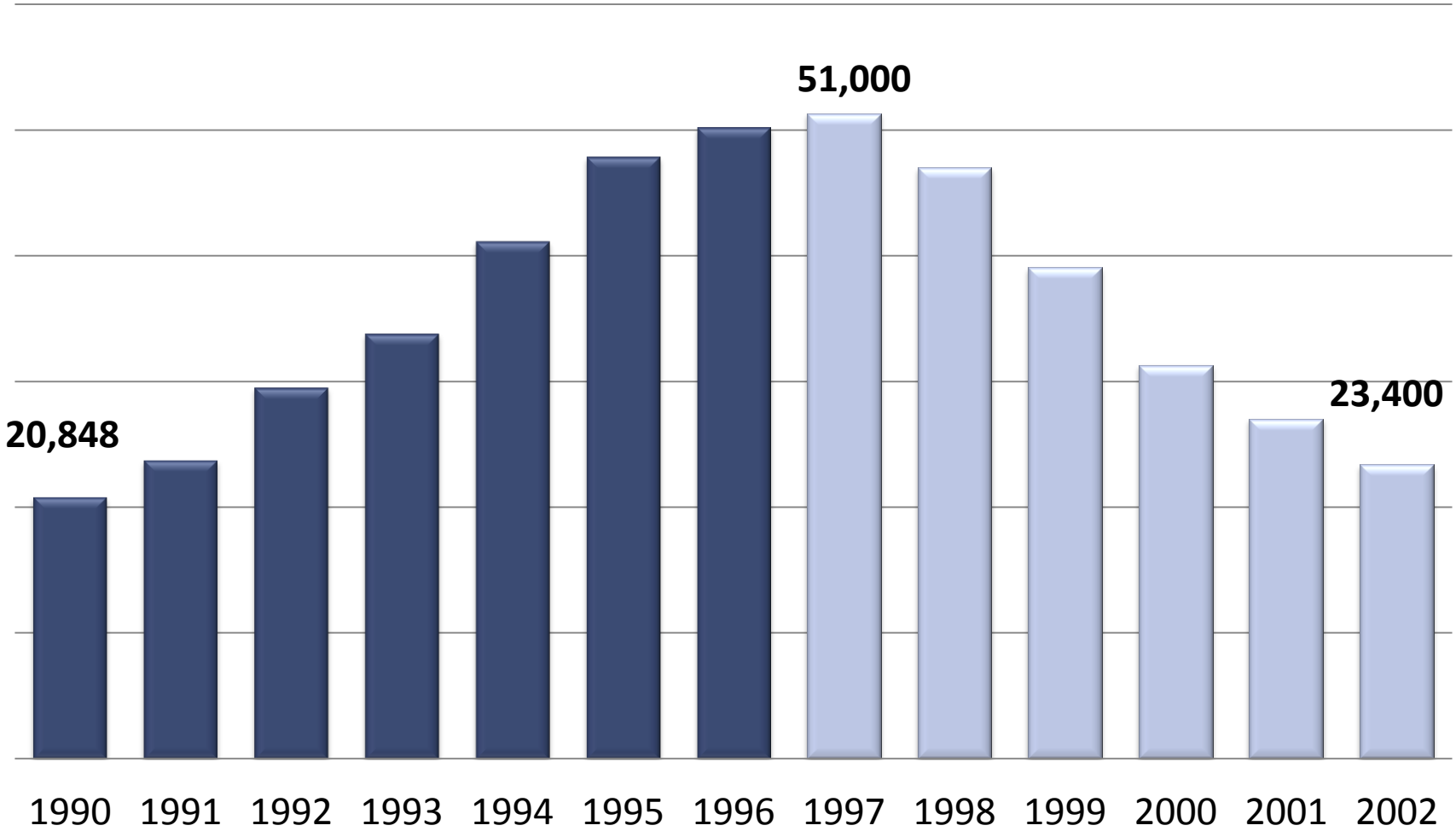
Taking Advantage of ASFA in Illinois 1997 to 2003



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Key Policy Changes in Illinois

1. Performance-based contracting with NGOs:
   - Align performance incentives with ASFA
   - Reinvestment in high performer
   - Placement rotation system based on performance
2. Front-end realignment
   - Standardizing removal criteria
3. Subsidized Adoption and Guardianship

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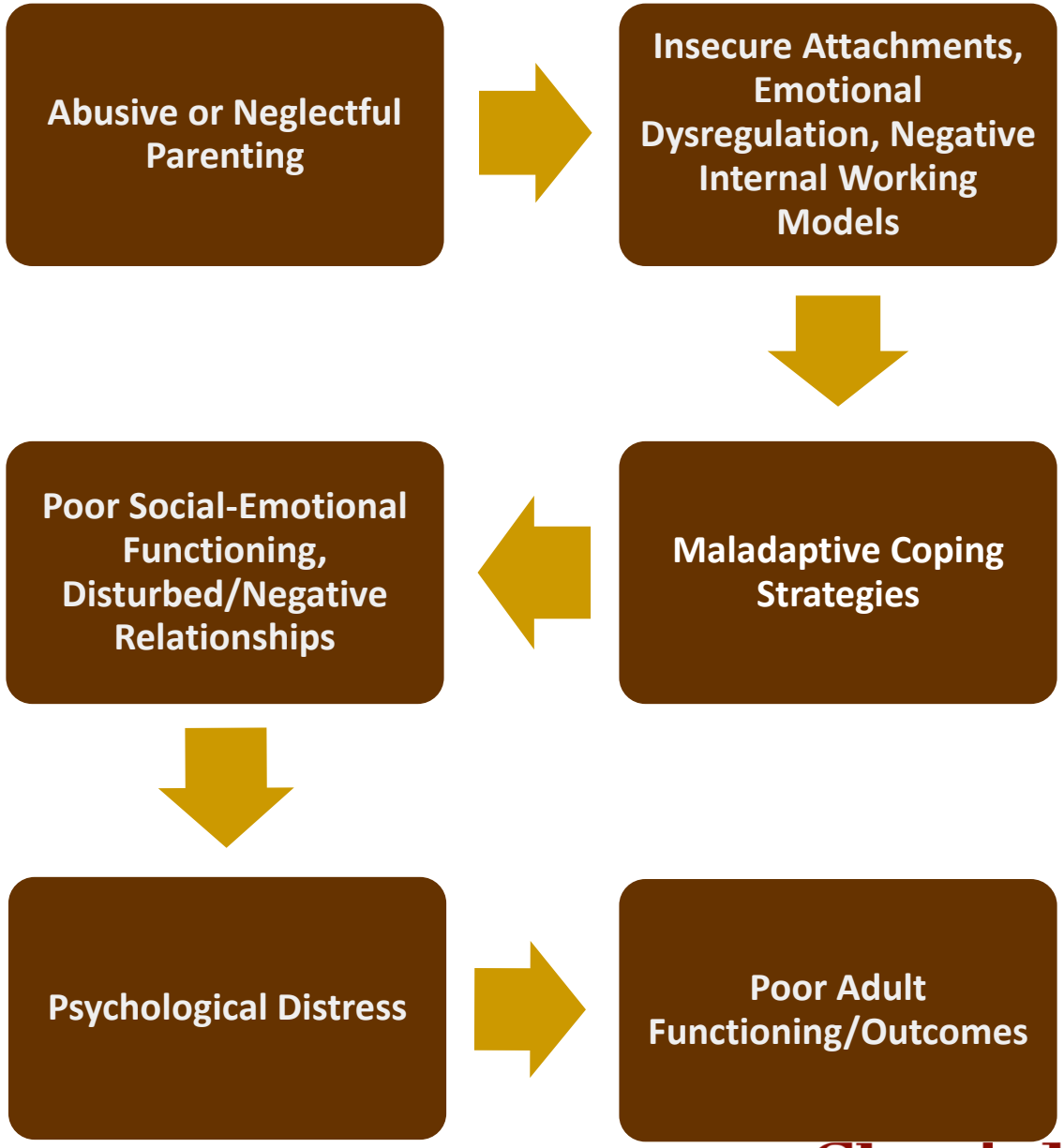
Emotional Distress as Common Pathway to Poor Well-being Outcomes



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Developmental Impact of Maltreatment

"…maltreatment is not merely a risk factor for later outcomes, but also a causal agent, and, […] its effect is conditioned by the developmental stage at which the maltreatment occurs. ***Childhood-limited*** *maltreatment significantly affects* ***drug use, problem drug use, suicidal thoughts, and depressive symptoms*** *– reactions to stress that are more inwardly directed. In contrast, maltreatment that occurs in* ***adolescence*** *has a more pervasive effect on early adult development, affecting 10 of the 11 outcomes including involvement in* ***criminal behavior, substance use, health-risking sex behaviors, and suicidal thoughts****."*

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Thornberry, TP; Henry, KL; Ireland, TO & Smith, CA. (2010). The causal impact of childhood-limited maltreatment and adolescent maltreatment on early adult adjustment. *Journal of Adolescent Health*. 46:359.

Developmental Impact of Maltreatment
Behavioral and Emotional Reactions

Immediate Behavioral Reactions

Startled reaction
Restlessness
Sleep and appetite disturbances
Difficulty expressing oneself
Argumentative behavior
Withdrawal and apathy
Avoidant behaviors

Delayed Behavioral Reactions

Avoidance of event reminders
Social relationship disturbances
Decreased activity level
Engagement in high-risk behaviors
Increased use of alcohol, drugs, and tobacco
Withdrawal

Immediate Emotional Reactions

Numbness and detachment
Anxiety or severe fear
Guilt (including survivor guilt)
Exhilaration as a result of surviving
Anger
Sadness
Helplessness
Feeling unreal; depersonalization (e.g., feeling as if you are watching yourself)
Feeling out of control
Denial
Constriction of feelings reactions to them) Feeling overwhelmed

Delayed Emotional Reactions

Irritability and/or hostility
Depression
Mood swings, instability
Anxiety (e.g., phobia, generalized anxiety) Fear of trauma recurrence
Grief reactions
Shame
Feelings of fragility and/or vulnerability
Disorientation
Emotional detachment from anything that requires emotional reactions (e.g., significant and/or family relationships, conversations about self, discussion of traumatic events or

Sources: Briere & Scott, 2006b; Foa, Stein, & McFarlane, 2006; Pietrzak, Goldstein, Southwick, & Grant, 2011.

Impact of Maltreatment on Child Well-being: Physical and Cognitive Reactions

Immediate Physical Reactions

- Nausea and/or gastrointestinal distress
- Sweating or shivering
- Faintness
- Muscle tremors or uncontrollable shaking
- Elevated heartbeat, respiration, and blood pressure
- Extreme fatigue or exhaustion
- Greater startle responses
- Depersonalization

Delayed Physical Reactions

- Sleep disturbances, nightmares
- Somatization
- Appetite and digestive changes
- Lowered resistance to colds and infection
- Hyperarousal
- Elevated cortisol levels
- Persistent fatigue
- Long-term health effects including heart, liver, autoimmune, and pulmonary disease

Immediate Cognitive Reactions

- Difficulty concentrating
- Rumination or racing thoughts
- Distortion of time and space
- Memory problems

Delayed Cognitive Reactions

- Intrusive memories or flashbacks
- Reactivation of previous traumatic events
- Self-blame
- Preoccupation with event
- Difficulty making decisions
- Magical thinking: belief that certain behaviors will protect against future trauma
- Belief that feelings or memories are dangerous
- Generalization of triggers
- Suicidal thinking

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Sources: Briere & Scott, 2006b; Foa, Stein, & McFarlane, 2006; Pietrzak, Goldstein, Southwick, & Grant, 2011.

Learning from Past and Shifting Focus on Positive Child Outcomes (Well-being)

Lessons Learned from 1997-2003

- Focusing on **permanency benefits most children** and youth in care;
- Longer lengths of stay **exacerbate adverse childhood experiences** for all children who remain in care;
- Performance-based contacting, adoption and guardianship subsidies led to greater permanency and **financial savings, not well-being;**
- Older youth face **significant challenges** to achieve independence;

Goals for Lifetime Approach

- Address **interpersonal trauma**.
- Improved **independent living** skills/coping skills.
- Promote success in **school and community**.
- Focus on **building relationships**.
- Continue to seek **permanent families** for all.

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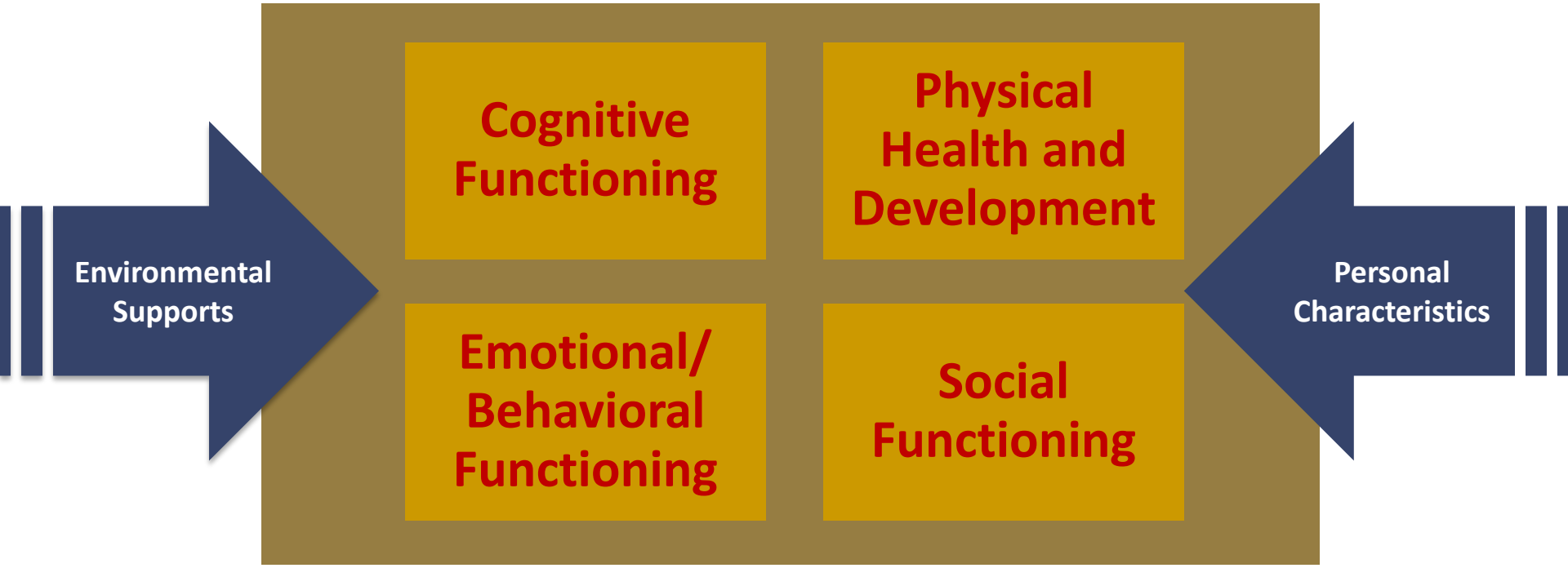
Focusing on Improved Functioning in Key Domains of Child's Life

The framework identifies four basic domains of well being: (a) cognitive functioning, (b) physical health and development, (c) behavioral/emotional functioning, and (d) social functioning. Within each domain, **the characteristics of healthy functioning** related directly to **how children and youth navigate their daily lives**: how they engage in relationships, cope with challenges, and handle responsibilities.



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	Cognitive Functioning	Physical Health and Development	Emotional/Behavioral Functioning	Social Functioning
Infancy (0-2)	Language development, facial recognition; exploration of environment; working memory; executive function.	Normative standards for growth and development, gross motor and fine motor skills, overall health, BMI, birth weight.	Emerging sense of self and self-agency; exploratory behaviors; emerging behavioral and emotional awareness and control.	Emerging awareness of others. Responsive and nurturing attachment and caregiver relationships; reliance on caretaker to relieve from distress; social interest and exchanges.
Early Childhood (3-5)	Language development, early literacy and numeracy), approaches to learning, problem-solving skills.	Normative standards for growth and development, gross motor and fine motor skills, overall health, BMI, oral health, athletic skills.	Self-control, self-esteem, verbal expression of emotions and emerging emotional management, goal-oriented and pro-social behaviors; emerging sense of empathy.	Attachment and caregiver relationships, broadening social relationships including other adults (appropriate help-seeking) and peers, increasingly cooperative play and social interactions
Middle Childhood (6-12)	Executive functioning, working memory academic achievement, school engagement, problem-solving skills, decision-making, reading and math proficiency, mental flexibility.	Normative standards for growth and development, overall health, BMI, risk-avoidance behavior related to health, oral health, athletic skills, beginning of puberty.	Emotional intelligence, empathy, self-efficacy, motivation, self-control, prosocial behavior, positive outlook. Domain and setting-specific behaviors, adaptive behaviors and coping strategies .	Increasingly complex social connections, relationships, and social skills. Social comparison in multiple domains with emphasis on conformity to social norms; rising importance of same-sex peer groups and “best friend”.
Adolescence (13-18)	Academic achievement, school engagement, school attachment, problem solving skills, decision-making, reading and math proficiency, development of abstract thinking.	Overall health, BMI, risk-avoidance behavior related to health, puberty and reproductive maturity.	Emotional intelligence, self-efficacy, motivation, self-regulation and coping strategies. Prosocial behavior and positive outlook. Increasingly complex adaptive behaviors in multiple settings and contexts (“code switching”); risk-avoidance behaviors and motivation.	Social competence, complex social connections and social skills. Gender specific norms. Growing interest in development of intimate relationships
Adult Outcomes	Being knowledgeable in a variety of domains, Possessing technical knowledge and skills to support one’s employment. Pursuing ongoing intellectual interests. Personal/ professional identity and financial independence.	Maintaining a healthy diet and lifestyle including regular exercise and avoidance of harmful substances.	Being aware of and reflecting on one’s self, values, choices, & actions. Being optimistic and open to new experiences. Possessing a sense of purpose/agency, including remaining motivated despite challenges and confident in one’s ability to succeed. Able to navigate multiple contexts, adapt to behavioral expectations and norms in a variety of cultural and institutional settings.	Building healthy & lasting relationships, developing social networks; participating in civic life; having a general sense of social connectedness and feeling valued by others.

Re-Defining Success in Illinois

1. Redesign performance-based contracting to emphasize well-being outcomes in addition to permanency.
2. Enroll children 3 to 5 years of age in early education programs.
3. Implement new placement system to keep children in the same school they attended prior to substitute care.
4. Implement comprehensive assessment system and integrate use of CANS into every placement decision.
5. Train foster parents and case workers on trauma-informed care.
6. Re-design transitional living and independent living programs to prepare youth for transition to adulthood.
7. Creat a child location unit that tracks all youth who run away.
8. Introduce evidence-based services to address trauma.
9. Establish a common outcome framework for residential treatment and group homes.

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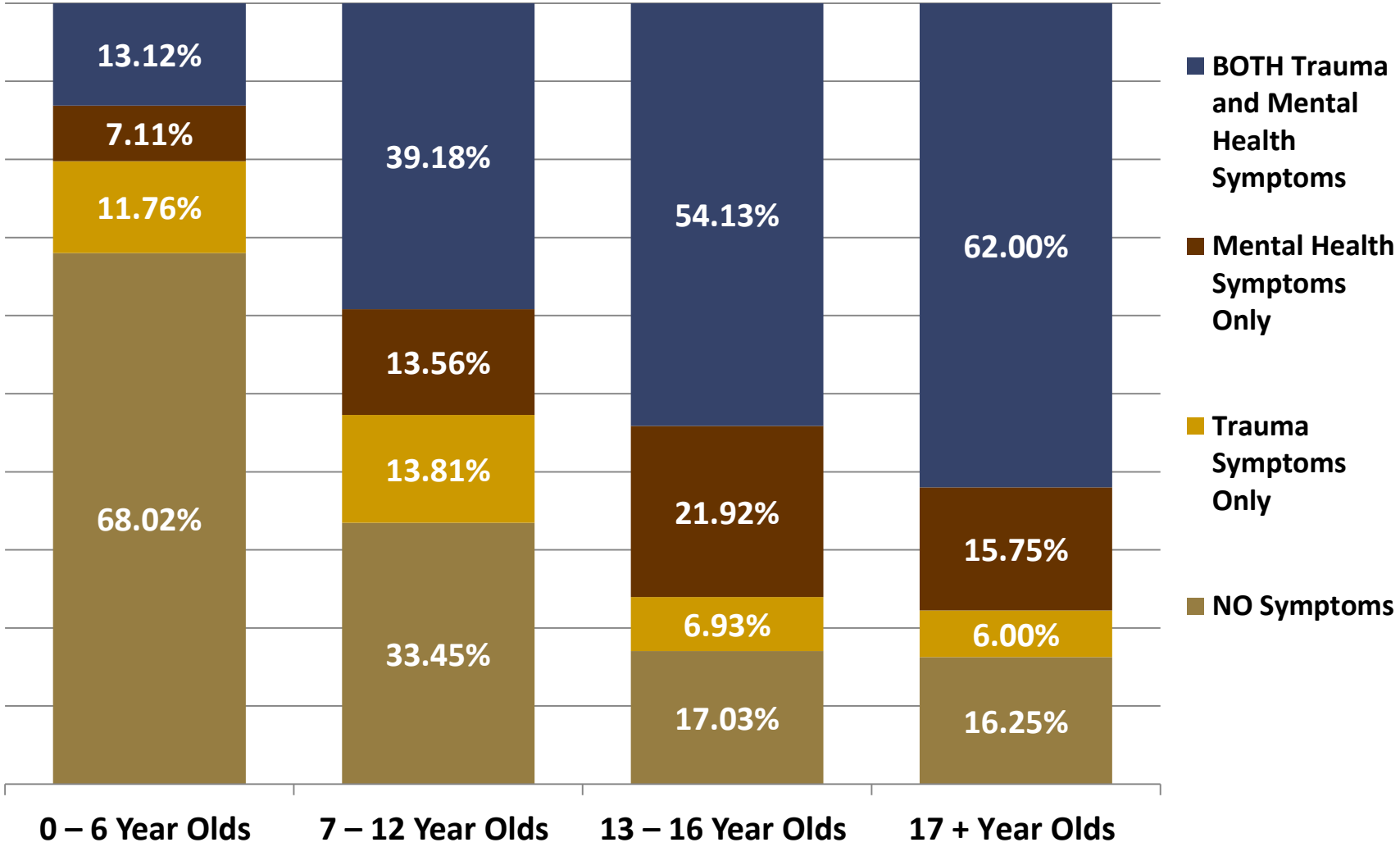
Findings from Comprehensive Assessment: Overlap of Trauma & Mental Health Problems



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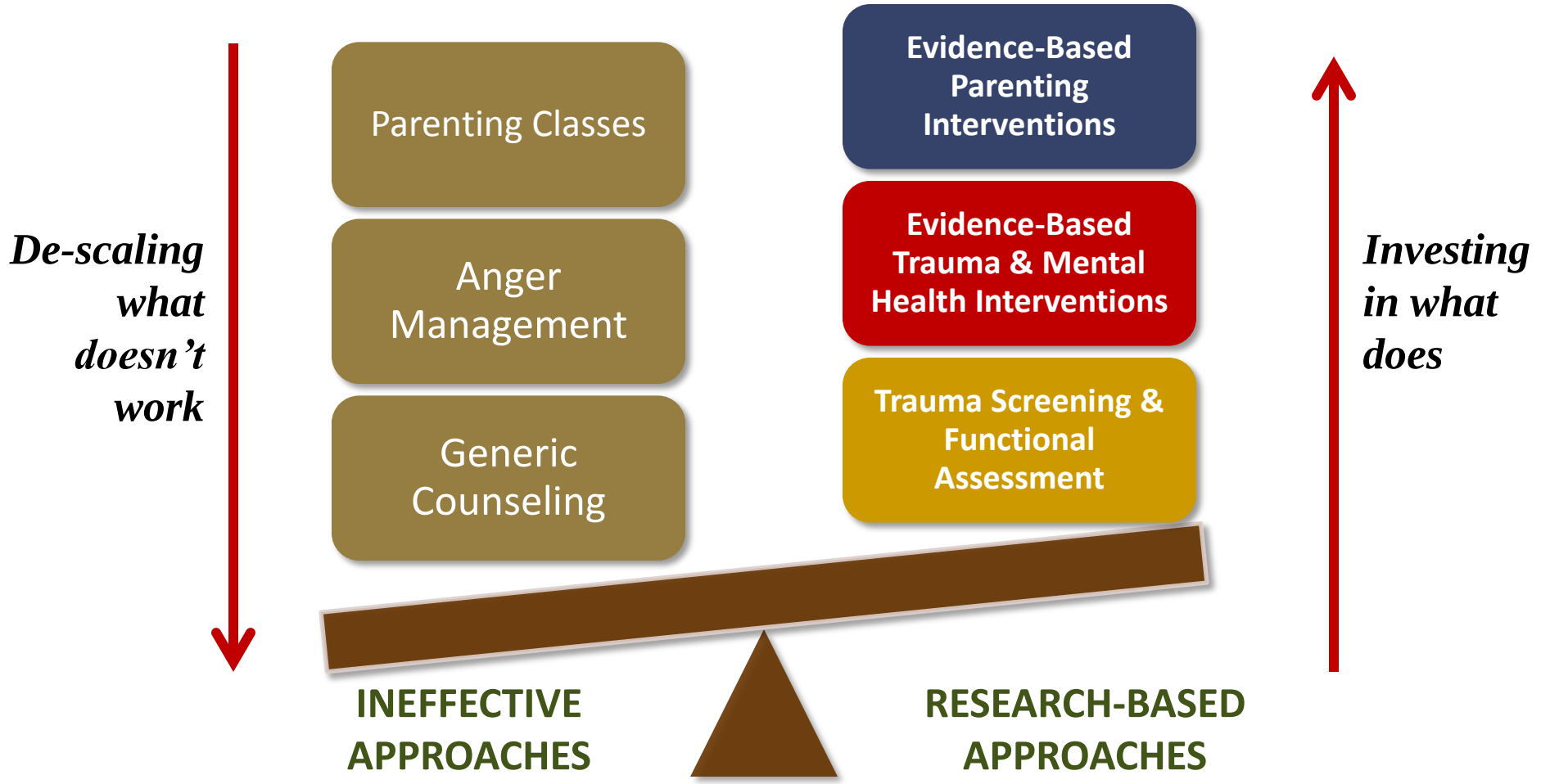
(Griffin, McClelland, Holzberg, Stolbach, Maj, & Kisiel , 2012)

De-scaling What Doesn't Work, Scaling Up What Does



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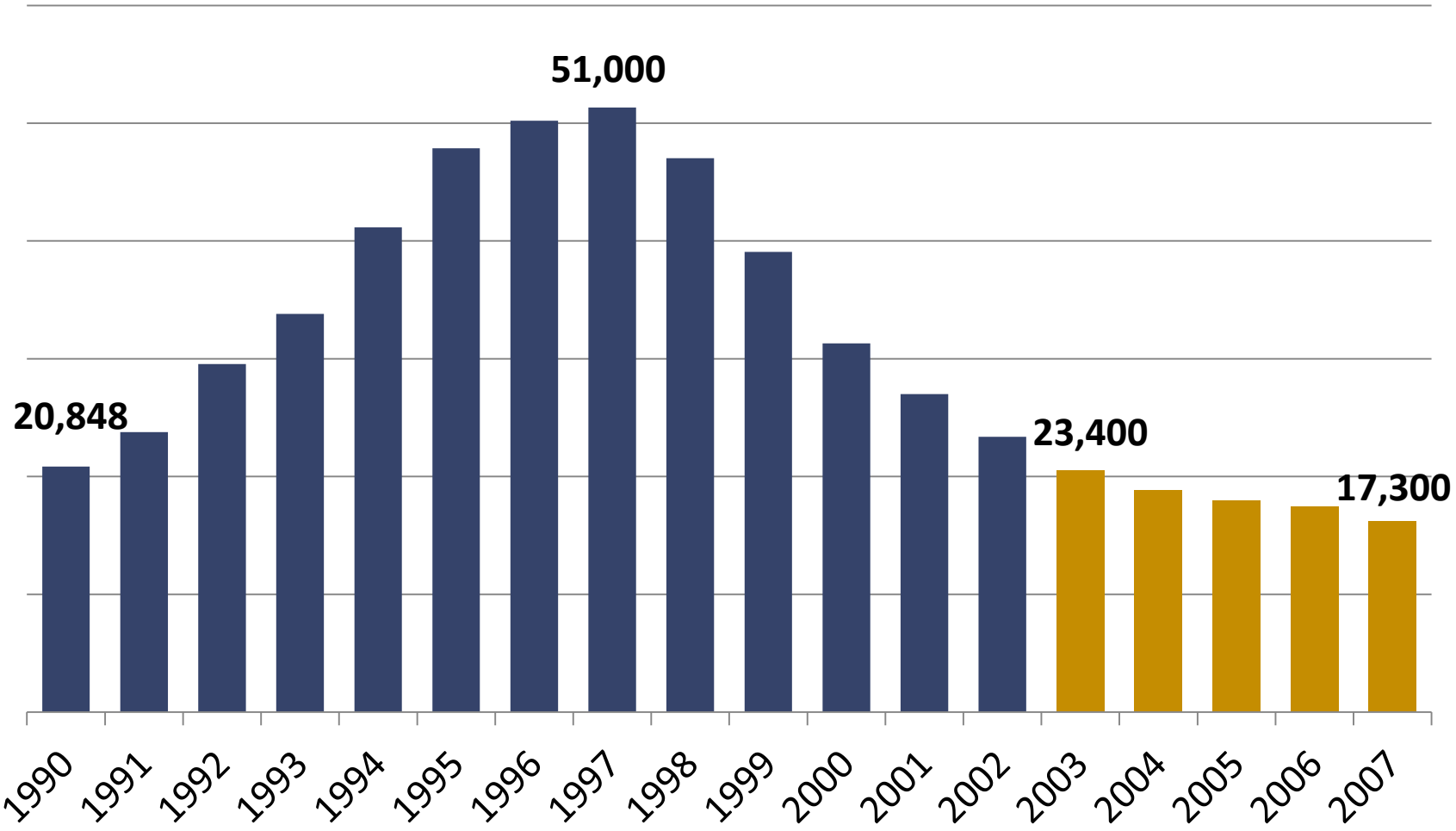
Illinois' Child Welfare 1990 to 2007



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Re-Defining Success in Illinois

1. Reduced caseload ratios in public and private sectors form 20 cases per worker to 14 cases per worker.
2. Reduced disproportionate representation of African American children in child welfare system declined from 69.3% to 60%.
3. Decreased number of youth “on run” decreased by 40% and number of days “on run” decreased by 50%.
4. Decreased late child protection investigations by 60%.
5. Reduced distance between home of origin and foster care placement reduced from 20 miles to 7.8 using new school placement strategy.
6. Reduced time in residential treatment by 20%.
7. Reduced trauma symptoms in 70% of children served.

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