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OVERVIEW OF PREVENTION FOR PRACTICE AND ADMINISTRATION

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PREVENTION OVERVIEW

1.1 Intended audience for Section 1

The intent of this section is to provide an overview of prevention for administrative and direct service staff across all programs in the social services delivery system and their community partners in order to inform, build or enhance the provision of prevention services within local communities. This section provides the following information:

- A clear definition of prevention for local departments of social services (LDSS).

- Information from a variety of sources that document the need for a more intentional focus on prevention in Virginia (for resources used in developing this guidance, see Appendix A: Resources used in developing guidance).

- Description of the types of prevention services to be addressed in this chapter of the manual.

- The conceptual framework used.

- Standards for effective early prevention *and foster care prevention* programs.

- A summary of the resources and evidence-based practices that can be used to support prevention services within LDSS (See Appendix J: On-line resources for information and funding).

1.2 Definition of prevention

Prevention services are an integral part of the continuum of all child welfare services. They include, but are not limited to, providing information and services intended to accomplish the following goals:

- Strengthen families.

- Promote child safety, well-being, and permanency.

- Minimize harm to children.

- Maximize the abilities of families to protect and care for their children.

- Prevent the occurrence or reoccurrence of child abuse and neglect.

- Prevent out-of-home care, including preventing foster care.

Early prevention services are defined as services provided to children and families prior to, or in the absence of, a current valid Child Protective Services (CPS) referral. It includes public education and awareness activities to the general public, services directed to *at-risk* groups, and services to individual families at risk of maltreatment or out-of-home care.

1.2.1 Definition of foster care prevention services:

(22 VAC 40-201-20). Foster Care Prevention Services.

A. The local department shall first make reasonable efforts to keep the child in his home.

B. The local department shall make diligent efforts to locate and assess relatives or other alternative caregivers to support the child remaining in his home or as placement options if the child cannot safely remain in his home.

C. Foster care services, pursuant to § 63.2-905 of the Code of Virginia, shall be available to birth parents or custodians to prevent the need for foster care placement.

D. Any services available to a child in foster care shall also be available to a child and his birth parents or custodians to prevent foster care placement and shall be based on an assessment of the child's and birth parents' or custodians' needs.

E. Any service shall be provided to prevent foster care placement or to stabilize the family situation provided the need for the service is documented in the local department's service plan or in the IFSP used in conjunction with CSA.

F. Children at imminent risk of entry into foster care shall be evaluated by the local department as reasonable candidates for foster care based on federal and state guidelines.

G. The local department shall consider a wrap around plan of care prior to removing a child from his home and document support and services considered and the reasons such support and services were not sufficient to maintain the child in his home.

H. Within 30 days after removing the child from the custody of his parents, the local department shall make diligent efforts, in accordance with the Foster Care Manual, to notify in writing all adult relatives that the child is being removed or has been removed.

1.3 Virginia Department of Social Services (VDSS) Practice Model

The Virginia Department of Social Services Practice Model sets forth our standards of professional practice and serves as a values framework that defines relationships, guides thinking and decision making, and structures our beliefs about individuals, families, and communities. We approach our work every day based on various personal and professional experiences. While our experiences impact the choices we make, our Practice Model suggests a desired approach to working with others and provides a clear model of practice, inclusive of all agency programs and services, that outlines how our system successfully practices. Central to our practice is the family. Guided by this model, we strive to continuously improve the ways in which we deliver programs and services to Virginia's citizens. The tenets of the model are as follows:

- All children, adults, and communities deserve to be safe and stable.

- All individuals deserve a safe, stable, and healthy family that supports them through their lifespan.

- Self-sufficiency and personal accountability are essential for individual and family well-being.

- All individuals know themselves best and should be treated with dignity and respect.

- When partnering with others to support individual and family success, we use an integrated service approach.

- How we do our work has a direct impact on the well-being of the individuals, families, and communities we serve.

Prevention services are designed to strengthen and support families and increase their self-sufficiency and personal accountability. Establishing collaborative partnerships within the community and engaging families in these volunteer services are essential to achieving desired outcomes.

1.4 Virginia Children's Services Practice Model

The Virginia's Children's Services Practice Model sets forth a vision for the services that are delivered by all child serving agencies across the Commonwealth. The practice model is central to decision making; present in all meetings; and in every interaction with a child or family. Guided by this model, VDSS is committed to continuously improving services for children and families by implementing evidence based practices, utilizing the most accurate and current data available and improving safety and well-being of children and families. The following fundamental principles guide prevention practice:

- We believe that all children and communities deserve to be safe.

- We believe in family, child, and youth-driven practice.

- We believe that children do best when raised in families.

- We believe that all children and youth need and deserve a permanent family.

- We believe in partnering with others to support child and family success in a system that is family-focused, child-centered, and community-based.

- How we do our work is as important as the work we do.

1.5 Guiding principles for prevention

Within the framework of these fundamental principles, the following beliefs guide prevention services:

- The most effective prevention efforts are those where the community takes the lead with the support of local, state, and federal governments; and, where the emphasis is on strengthening the family's social network and utilizing the network as the primary source of support. LDSS has a key leadership role in opening dialogue and bringing stakeholders and organizations to the table to address prevention services.

- Families are fundamental to children's optimal development. Children do best when they can grow up in their own families and remain safely connected to mother, father, and extended family members throughout their life.

- Fathers' active involvement matters.

- All families can benefit from information and help in connecting with resources as they meet the challenges of parenthood and family life.

- Building protective factors strengthens a family's ability to promote optimal development for their children and reduces the risk of abuse and neglect.

- Supporting the stability of the family, while maintaining the child's safety, is a more effective and less traumatic alternative than separating the child and family.

- Effective prevention programs build on family strengths and focus on fostering positive behaviors, increasing resiliency before problems develop, or reducing risk factors that may be present.

- The prevention of abuse, neglect, and out-of-home care requires a prevention network that links public and private programs and community-based

organizations with the purpose of improving child safety, permanency, and well-being outcomes.

- Relationships – within families and communities, between families and providers, and across systems – are essential as agents for change.

- All services in child welfare should respond to the long-term impact of trauma as a result of abuse, neglect, multiple moves, and the child's separation from his family.

- All families should have access to culturally responsive prevention programs, services, and resources regardless of their circumstances.

- When out-of-home care is needed, the first alternative should be exploration of extended family members and other individuals connected to the family before the child is removed and placed in foster care.

1.6 Legal basis for the provision of prevention services

1.6.1 Definition of prevention:

(§ 63.2-1501 of the Code of Virginia). Definitions "Prevention" means efforts that (i) promote health and competence in people and (ii) create, promote and strengthen environments that nurture people in their development.

§ 63.2-905 Foster care services are the provision of a full range of casework, treatment and community services, including but not limited to independent living services, for a planned period of time to a child who is abused or neglected as defined in § 63.2-100 or in need of services as defined in § 16.1-228 and his family when the child (i) has been identified as needing services to prevent or eliminate the need for foster care placement, (ii) has been placed through an agreement between the local board or the public agency designated by the community policy and management team and the parents or guardians where legal custody remains with the parents or guardians, or (iii) has been committed or entrusted to a local board or licensed child placing agency. Foster care services also include the provision and restoration of independent living services to a person who is over the age of 18 years but who has not yet reached the age of 21 years, in accordance with § 63.2-905.1.

1.6.2 Funding prevention:

(§ 2.2-5211). State pool funds for community policy and management teams.

B. The state pool shall consist of funds that serve the target populations identified in subdivisions 1 through 5 of this subsection…, State Pools Funds for CPMT 3. Children

for whom foster care services, as defined by § 63.2-905 are being provided to prevent foster care placements…, for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements as authorized by § 63.2-900.

C. The General Assembly and the governing body of each county and city shall annually appropriate such sums of money as shall be sufficient to (1) provide special education services and foster care services for children identified in subdivision B1, B2 and B3 and (ii) meet relevant federal mandates for the provision of these services.

1.7 Outline of the prevention chapter

The guidance presented in the prevention chapter is an outgrowth of VDSS' efforts to transform child welfare services and embrace a family engagement practice model. It is consistent with accepted strengthening families principles and practices and with *recognized best practices in early prevention and foster care prevention services.*

The prevention chapter, which is incorporated into the larger VDSS Child and Family Services Manual, will be organized in the following order:

- *Section 1: Overview of Prevention for Practice and Administration*

- *Section 2: Early Prevention Services to Families*

- *Section 3: Foster Care Prevention Services to Families (to be published)*

1.8 Definitions

The following words and terms shall have the following meaning as used in this chapter, unless the context clearly indicates otherwise:

Term	Definition
Adoption	The legal process that entitles the person being adopted to all of the rights and privileges, and subjects the person to all the obligations of a birth child.

Term	Definition
Best Practice	*A best practice is a method or technique that has consistently demonstrated results superior to those achieved with other means, and is used as a benchmark. It is a practice that is either evidence based or evidence informed, incorporates practice wisdom from the field and clinical experience, and is consistent with family/client values. Best practice can be used as an alternative in the absence of mandatory legislated standards, and, when such standards are present, to support and enhance them.*
Child Protective Services (CPS)	The identification, receipt and immediate response to complaints and reports of alleged child abuse or neglect for children under 18 years of age. It also includes assessment, and arranging for and providing necessary protective and rehabilitative services for a child and his family when the child has been found to have been abused or neglected or is at risk of being abused or neglected. (22 VAC 40-705-10 et seq.).
Children's Services Act (CSA)	*A collaborative system of services and funding that is child centered, family focused, and community based when addressing the strengths and needs of troubled and at-risk youth and their families in the Commonwealth. (22 VAC 40-705-10 et seq.).*
Child Well-being	Child well-being can be conceptualized as social and emotional function of a child that promotes healthy development, resiliency, relational competency, and protective factors.
Collaboration	A mutually beneficial and well-defined relationship entered into by two or more organizations that are committed to achieve common goals.
Community	Groups of individuals, entities, and organizations who live in or serve a common area and group of people.
Community Policy and Management Team (CPMT)	*A team appointed by the local governing body to receive funds pursuant to Chapter 52 (§ 2.2-5200 et seq.) of Title 2.2 of the Code of Virginia. The powers and duties of the CPMT are set out in § 2.2-5206 of the Code of Virginia.*

Term	Definition
Complex Trauma	The experience of multiple, chronic and prolonged, developmentally adverse traumatic events, most often of an interpersonal nature (maltreatment, loss of caregivers, violence, war, etc.) and early-life onset.
Diversion Family	A related or non-related family, identified by a caregiver, who provides short-term care for a child not in foster care, and who is not serving as an approved foster family for this particular child.
Domestic Violence (DV)	*A pattern of abusive behaviors used by one individual intended to exert power and control over another individual in the context of an intimate or family relationship.*
Early Prevention Services	A full range of services provided to families prior to, or in the absence of a current valid CPS referral. These services include public education and awareness services provided to the general public, services provided to specific groups of parents or specific families (including foster and adoptive families) whose children are at risk of maltreatment or out-of-home care, including foster care placement, placement disruption, residential placement, and placement moves to related or non-related adults.
Family Assessment and Planning Team (FAPT)	*The local team created through the Children's Services Act to assess the strengths and needs of troubled youth and families who are referred to the team. The team identifies and determines the complement of services required to meet these unique needs (§ 2.2-5208).*
Family Focused Practice	A service approach that focuses on the entire family rather than selected individuals within a family. This holistic approach is designed to strengthen and empower families to protect and nurture their children, preserve family relationships and connections, maintain the stability of the family, enhance family autonomy and respect the rights, values, and cultures of families.
Family Engagement	A relationship focused approach that provides structure for decision making and that empowers both the family and the community in the decision making process.

Term	Definition
Family Partnership Meetings (FPM)	A team approach for partnering with family members and other partners in decision making throughout the family's involvement with the child welfare system. The meeting is facilitated by a trained individual who is not the service worker for the child or family. The team builds upon the strengths of the child, family, and community to ensure safety, a permanent family, and lifelong connections for the child.
Fictive Kin	Persons who are not related to a child by blood or adoption but have an established relationship with the child or the family system.
Foster Care	Twenty-four-hour substitute care for children placed away from their parents or guardians and for whom the local board has placement and care responsibility. Placements may be made in foster family homes, foster homes of relatives, pre-adoptive homes, group homes, emergency shelters, residential facilities, and child care institutions. Foster care also includes children under the placement and care of the local board who have not been removed from their home.
Foster Care Diversion	A strategy to prevent foster care placement by engaging caregivers in a process to identify relatives and non-relatives who can provide short-term care for their children.
Foster Care Prevention Services	A full range of casework, treatment and community services, for a planned period of time to a child who is abused or neglected as defined in § 63.2-100 or in need of services as defined in § 16.1-228 and his family when a child has been identified as needing services to prevent or eliminate the need for foster care placement.
Individual Family Service Plan (IFSP)	*The plan for services developed by the family assessment and planning team under the Children's Services Act.*

Term	Definition
Kinship Care	Code of Virginia § 63.2-100 "Kinship care" means the full-time care, nurturing, and protection of children by relatives.
	Formal: All living arrangements in which children are cared for by relatives of the children's parents who have been approved as foster parents.
	Informal: Living arrangements in which parents, or whoever is the primary caretaker for a child, have placed children with relatives who are not approved as foster parents for these children. These substitute caregivers are providing voluntary informal care for the original caregivers.
Local Department of Social Services (LDSS)	The local department of social services of any county or city in this Commonwealth.
Original Family	The original family refers to the family who is the recipient of early prevention services. This term is only used to distinguish this family from the alternative family when referencing foster care diversion services.
Out-of-home Care	Substitute care provided to children who, for whatever reason, are unable to remain with the families with whom they are residing. This includes children residing with birth, foster, adoptive, relative, and non-relative families.
Permanency	A nurturing relationship between a child or youth and a caretaking adult which builds emotional ties and attachments that are sufficient to maintain the continuity of the relationship throughout the child's life.
Person Locator Tool	*A web-based search program that allows people searches, address searches and phone number searches in real-time. Specifically, it provides a comprehensive view of public records; an individual's associations and relatives; help for localities to connect children/youth with living relatives or other potential caregivers or mentors; and a means to meet the diligence requirements specified by the Fostering Connections Act of 2008.*

Term	Definition
Prevention	Services provided to any caregiver and child to strengthen families and enhance child well-being, to prevent child abuse/neglect from occurring or reoccurring and to eliminate the need for out-of-home care.
Primary Prevention Services	Universal strategies that direct activities to the general population with the goal of strengthening families and preventing child maltreatment and the need for out-of-home care.
Protective Factors	Conditions in families and communities that, when present, provide a buffer against abuse and neglect and increase the health and well-being of children and families.
Reasonable Candidacy for Foster Care	*Refers to the circumstances under which a child is a candidate for foster care: a child who is at imminent risk of removal from home as evidenced by the LDSS either pursuing his/her removal from the home or making reasonable efforts to prevent such removal.*
Risk Factors	Conditions in families and communities that, when present, increase the vulnerability and risk of child abuse and neglect and, ultimately, of out-of-home care, including foster care.
Secondary Prevention Services	Selective prevention strategies that identify groups or individual families at risk of abuse/neglect or out-of-home care and direct activities to these at-risk groups or families with the goal of preventing child maltreatment and out-of-home care.
Service Worker	*The worker primarily responsible for case management or service coordination for a prevention case.*
Sex Trafficking	*The recruitment, harboring, transportation, provision, obtaining, patronizing or soliciting of a person for the purpose of a commercial sex act.*
Strength-Based Practice	A social work practice theory that emphasizes families' self-determination and strengths. Strength-based practice is client led, with a focus on future outcomes and strengths that the family brings bring to a problem or crisis.

Term	Definition
Strength-Based Supervision	An approach to supervision that emphasizes staff's strengths, encourages them to use those strengths to improve their practice, engages them in decision making and focuses on outcomes.
Strengthening Family Initiative	Focuses on a holistic approach that looks beyond clients as individuals and focuses on strengthening the family unit as a whole, reflects a fundamental shift regarding how systems work with families. Through the alignment of resources, policies, and processes and the implementation of specific strategies, the well-being of the families is positively impacted by strengthening them at every point of client contact.
Tertiary Prevention Services	Selective prevention strategies that direct activities to parents and children who have experienced maltreatment with the goal of preventing the recurrence of abuse or neglect and preventing out-of-home care.
Trauma	An event or situation that causes short-term and long-term distress or family disruption and can create substantial damage to a child's physical, emotional, and psychological well-being.
Trauma-Informed Mental Health Assessment	*Refers to a process that includes a clinical interview, standardized measures, or behavioral observations designed to gather an in-depth understanding of the nature, timing, and severity of the traumatic events, the effects of those events, current trauma-related symptoms, and functional impairment(s).*
Trauma Screening	*Refers to a tool or process that is a brief, focused inquiry to determine whether an individual has experienced one or more traumatic events, has reactions to such events, has specific mental or behavioral health needs, or needs a referral for a comprehensive trauma-informed mental health assessment.*

1.9 Status of prevention in Virginia

The research and the data on maltreatment suggest that "child abuse prevention efforts have grown considerably over the past 30 years. Some of this expansion reflects new public policies and expanded formal services such as parent education classes, support groups, home visitation programs, and safety education for children. In other cases, individuals working on their own and in partnerships with others have found ways to

strengthen local institutions and create a climate in which parents support each other."[1] Virginia continues to contribute to these efforts through initiatives at both the state and local levels.

Although there have been few guidelines or mandates to provide prevention services in VDSS policy and limited funding, public agencies across the state have recognized the benefits to families of providing early prevention services and their cost effectiveness. Yet, many localities still do not have a formal prevention program. Intake is the common ground for prevention services provided before a valid child abuse/neglect referral is received. Many agencies across the state, including smaller and more rural agencies, often are unable to respond beyond that level; other agencies in Virginia are using a range of funding sources, flexible staffing, and community-based teams and organizations to meet the needs of families before crises occur.

The Children's Services System Transformation, introduced in 2007, institutionalized family engagement as a practice model across the child welfare continuum and, for the first time, mandated family involvement in decision making through Family Partnership Meetings (FPM) required at certain decision points.

Since 2009, statewide dialogue has been initiated within the VDSS and with community partners about how to more effectively collaborate to strengthen families. A Prevention Advisory Committee comprised of VDSS staff, LDSS staff, and community partners have worked to develop a vision and plan for:

- Creating a prevention presence in LDSS.

- Promoting prevention as a core program within the VDSS Division of Family Services.

- Strengthening the infrastructure that supports local prevention efforts and creates prevention partnerships.

This guidance is an outgrowth of that dialogue and the expressed need from LDSS to develop protocols and best practices to support prevention and to enhance public-private collaboration at the local level.

Prior to these initiatives, VDSS, through CPS within the Division of Family Services (DFS), developed statewide resources to address the need to expand prevention services and support public-private partnerships, using both state and federal funding. VDSS distributes the Virginia Family Violence Prevention Program (VFVPP) on Child Abuse and Neglect Prevention, request for proposals (RFPs) with appropriated state funds, and federal Community Based Child Abuse Prevention (CBCAP) funds. The VFVPP funds are used for the same purpose as CBCAP funds. Localities must provide

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[1] Child Information Gateway. (2011). Child Maltreatment Prevention: Past, Present and Future. Retrieved from https://www.childwelfare.gov/pubPDFs/cm_prevention.pdf.

match funds for both. One of the goals of VDSS is to have programs continue after grant funds are no longer available to the program. In order for this to occur, grantees utilize a variety of funding options to generate the needed funds, including blending federal-state-local-private funds and soliciting individual, corporate, and foundation donations.

Several other statewide initiatives that have contributed to the success of current prevention efforts are delineated in Appendix C: Virginia's prevention initiatives.

1.10 Vision for the future of prevention

LDSS and community-based organizations will work together as partners to strengthen the infrastructure for prevention and to meet the ongoing needs of children and families within their communities. Children will be nurtured, supported, and protected by strong families. Families will live in supportive communities that respect their diversity and recognize their unique set of strengths and solutions. Families will have timely and equitable access to a range of community-based resources and services within their own communities. These resources and services will help meet the on-going responsibilities of raising children at each developmental stage, in times of need, and when crises arise. Families will receive a non-judgmental, culturally competent, and strength-based response from these resources.

1.11 Benefits of providing prevention services to at-risk families

Benefits of providing prevention services to families in a strength-based, trauma informed system that promotes protective factors include the following:

- *Families who identify their problems and seek help through prevention are more likely to benefit quickly from services and their children are less likely to be at risk of abuse and neglect and out-of-home care.*

- *Early involvement with the family reduces the likelihood of abuse and neglect occurring, maintains permanency for the child in their family, and preserves sibling groups.*

- *Strength-based family engagement approaches empower family members and increase their opportunity to be self-sufficient.*

- *Training and education in the areas of parents' understanding of child development, behavior management, stress management, attachment, and nurturing reduces negative behavior problems and family conflict and improves family relationships.*

1.12 Focus of prevention on best practice models

1.12.1 Family driven services

This chapter reflects a family focused and family driven approach to prevention services. Although the concerns presented to the LDSS, either by families or by the community, are initially centered on the child, prevention requires a more holistic approach to services that is focused on the family system. Assessment, service planning, service delivery, and evaluation of services are all directed by the family in the provision of voluntary prevention services.

1.12.2 Engaging families and a shift to family based decision making

Engagement is essential to supporting families seeking prevention services. With few mandates for services and no authority to intervene, unless court ordered or a child's safety is jeopardized, support is dependent on a relationship with the service worker that engages the family in the process. This voluntary nature also necessitates that the family is the primary decision maker. Although a FPM is not required in prevention, it can be a helpful tool to engage the family and assist in decision making. For more guidance regarding family partnership meetings, please refer to the VDSS Child and Family Services manual, Family Engagement chapter on the VDSS public website.

1.12.3 Use of strengthening families perspective for prevention

A strengthening families perspective requires an empowerment and strengths-based approach and supports an emphasis on the whole family and engaging fathers in the process. This is particularly needed in prevention because, in part, of the voluntary nature of these services. Characteristics of this approach include:

- Positive and proactive work with the family.

- Engaging fathers, extended family, and other key individuals in the process.

- Dialogue with the family focused on family strengths rather than limitations.

- Emphasizing and reinforcing of the positive functioning of the parents.

- Building the capacity of the family to be independent.

- Providing concrete supports to the family.

- Increasing social supports to the family.

- Teaching competency in parenting and child development.

- Promoting positive mental health and healthy parent – child interaction.

- Empowering families to help them find their own solutions requires realistic expectations of families in the context of their own values, beliefs, and system of support.

1.12.4 Emphasis on trauma informed practice

Research has demonstrated that traumatic childhood experiences, including maltreatment, removal, and placement disruptions, have a profound impact on many areas of children's biological, physical, and mental functioning. The Adverse Childhood Experiences Study (ACE Study) conducted by the Centers for Disease Control and Prevention and Kaiser Permanente from 1995 to 1997, examined the effect of ten categories of negative experiences in childhood on more than 17,000 participants. The ACE study found that adverse childhood experiences are strongly correlated with:

- Chronic illness – including heart disease, diabetes, and depression.

- Premature death.

- Economic strain on the economy.

These adverse childhood experiences also result in social, emotional and cognitive impairment, are linked to higher risks for medical conditions (e.g., heart disease, severe obesity, chronic obstructive pulmonary disease (COPD)) and higher risk for substance abuse, depression, and suicide attempts.

Other studies reveal that both preschoolers and school age children in contact with the child welfare system show a variety of increased developmental risks. These children show higher levels of behavior problems and depression, impaired social and life skills, cognitive and neurological development, and academic achievement than children their age in normative samples. In addition, placement instability is relatively common for those children placed outside the home, later mental health needs are associated with unstable placements and high levels of children's mental health needs go unmet.

In short these experiences present a major health issue, result in loss of individual and collective productivity of these children as adults and are a major cost to their communities.

Cost-benefit analyses demonstrate the stronger return on investments that result from strengthening families, supporting development, and preventing maltreatment

during childhood and adolescence rather than funding treatment programs later in life.[2]

A recent CDC study, The Economic Burden of Child Maltreatment in the United States and Implications for Prevention, found the total lifetime estimated financial costs associated with just one year of confirmed cases of child maltreatment (physical abuse, sexual abuse, psychological abuse and neglect) is approximately $124 billion.[3]

A comprehensive summary of the research and the costs to children, families and communities can be found in Appendix B: What the research reflects about the impact of maltreatment and removal and the costs to children, families and communities.

1.12.4.1   Characteristics of a trauma informed child welfare system

The National Child Traumatic Stress Network (NCTSN) describes a service system with a trauma informed perspective as one in which programs, agencies, and service providers:

- Routinely screen for trauma exposure and related symptoms.

- Use culturally appropriate evidence-based assessment and treatment for traumatic stress.

- Make resources available to children, families, and providers on trauma exposure.

- Engage in efforts to strengthen the resilience and protective factors of child and families.

- Address parent and caregiver trauma and its impact on the family system.

- Emphasize continuity of care and collaboration across child – service systems.

- Maintain an environment of care for staff that reduces secondary traumatic stress.

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[2] Child Welfare Information Gateway. (2011). Supporting Brain Development in Traumatized Children and Youth. Retrieved from https://www.childwelfare.gov/pubPDFs/braindevtrauma.pdf.

[3] Fang, X, Brown, D.S., Florence, C.S., & Mercy, J.A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. *Child Abuse & Neglect (36) 156–165.*

1.12.5 Use of the framework of protective and risk factors

Protective factors can be thought of as family characteristics that are framed in a positive manner. These characteristics (factors) have been identified as those needed by families to provide a buffer against abuse and neglect. The degree to which protective factors are present or absent is determined by an assessment of the family. Protective factors that are present in a family represent strengths that can be utilized by the family to help them overcome whatever problems they are experiencing. On the other hand, protective factors in a family that are totally absent, or present in insufficient degree, represent needs that have to be addressed.

Risk factors are conditions that occur within families that research has demonstrated increase the likelihood of child maltreatment (e.g., parent abused as a child, substance abuse, etc.).

1.12.5.1   Protective Factors

Emerging research indicates that a wide range of prevention strategies has demonstrated an ability to reduce child abuse and neglect reports and foster care placement.

Six protective factors provide the foundation of the strengthening families approach and are promoted by the FRIENDS: National Center for Community-Based Child Abuse Prevention (CBCAP) and the National Alliance of Children's Trust and Prevention Funds (Alliance):

- **Parental resilience**: the ability to cope and bounce back from all types of challenges.

- **Social connections**: friends, family members, and other members of the community who provide emotional support and concrete assistance to parents.

- **Knowledge of parenting and child development**: accurate information about raising young children and appropriate expectations for their behavior.

- **Concrete support in times of need**: financial security to cover day-to-day expenses and unexpected costs that come up from time to time, access to formal supports like Temporary Assistance for Needy Families (TANF), and informal support from social networks.

- **Children's social and emotional competence**: a child's ability to interact positively with others and communicate his or her emotions effectively.

- **Nurturing and attachment**: parents who consistently meet children's physical, emotional and educational needs, and who provide a nurturing environment through the sharing of physical affection and engaging in positive interactions with their children.

A more comprehensive description of protective factors can be found in Appendix E: Protective Factors and the Child Welfare Information Gateway.

The Alliance has also developed an online training course: Strengthening Families™ Protective Factors Framework. It is an excellent basic overview of how the protective factors can be incorporated into prevention work.

1.12.5.2   Risk Factors

Research has indicated that there are certain demographic and family characteristics that are not predictive of abuse, neglect, or the risk of out-of-home care but do tend to correlate with these risks. Childhood history of abuse or neglect was identified as the most powerful risk factor for abusing or neglecting one's own children in the 2011 Statewide Evaluation Report to the General Assembly of Healthy Families Virginia.[4] Other demographic risk factors include the following:

- Parents with a history of family violence, abuse, and neglect as perpetrators.

- Substance abuse or psychiatric care.

- Parents with low income, lack of education, and/or language barriers.

- Single parents.

- Children under four (4) years of age.

Research also indicates that the following child, parent, and family factors may increase a child's risk for developmental delay. While the presence of one risk factor does not mean the child will have a developmental delay, multiple risk factors increase the cause for concern.[5]

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[4] Prevent Child Abuse Virginia. (2011). Healthy Families Virginia – State Evaluation Executive Report (FY 2007 – 2011). Retrieved from http://pcav.org/wp-content/uploads/2011/09/FINAL-Executive-Summary-2011-General-Assembly1.pdf.

[5] Hurlburt, M. S., Barth, R. P., Leslie, L., Landsverk, J. A., & McCrae, J. (2007). Building on strengths: Current status and opportunities for improvement of parent training for families in child welfare. In R. Haskins, F. Wulczyn & M. Webb (Eds.), Child protection: using research to improve policy and practice (pp. 81-106). Washington, DC: Brookings Institution.

- Biomedical risk conditions in a child (such as low birth weight, physical deformities, or chronic heart or respiratory problems).

- Child maltreatment, particularly before three (3) years of age.

- Parental substance use or mental health problem.

- Single or teenage parent.

- Low educational attainment of parent.

- Four or more children in the home.

- Family poverty or domestic violence (DV).

- Involvement with the child welfare system.

All of these characteristics should be considered in the context of the current family system and current family functioning and not used exclusively to determine risk of abuse, neglect, or out-of-home care. They can, however, be cues to explore with families whether they would be interested in or can benefit from services. Appendix F: Risk Factors is a list of risk factors associated with maltreatment from the literature for children, parents, the family, and their environment.

1.12.6 Using a solution focused approach with families

In strength-based, trauma informed practice, the primary role of the service worker includes the following:

- *Helping the family identify the impact of their life experiences on the family.*

- *Recognizing the competencies that family members demonstrate and how service workers can assist families in enhancing their protective factors.*

- *Shifting the approach from problem focused to solution focused.*

The chart in Appendix G: Moving from problem focused to solution focused in strength-based practice reflects this shift throughout the casework process.

1.12.7 Collaboration as a critical component

Collaboration is a central component in prevention. The challenges of developing a common framework among different organizations, competition for funding, etc. often impacts the level of collaboration within communities. An integrated service approach is critical so that each community is able to provide the range of services

needed by families from conception through adulthood both before and after problems arise and regardless of whether CPS is involved.

Types of organizations that have a presence statewide and who partner with LDSS include public mental health providers, community services boards (CSB), intensive in-home services providers, DV, prevention providers, child advocacy centers (CAC), respite care providers, Head Start, home visiting providers, post-legal adoption networks, foster parent support groups, substance abuse prevention providers, sexual assault centers, Young Men's Christian Association (YMCA) and Young Women's Christian Association (YWCA)'s, statewide non-profit agencies such as Prevent Child Abuse Virginia (PCAV), Catholic Charities, food banks, faith-based organizations, schools, shelters, etc.

There is also a need to reach out to mandated reporters, especially schools, law enforcement, child care centers, and other connected community organizations to (1) educate them about the early warnings and risks before abuse occurs, and the resources that may be available to families; and, (2) explore how their organization can be more responsive to families' needs before a child's safety is jeopardized.

1.12.8 A creative approach to program development and services

LDSS who provide prevention services have found that, in order to help families before safety is a concern, thinking "out of the box" is not only helpful, but often necessary. Because prevention lacks the regulation that other child welfare services are required to enact, the primary question to answer is "what would be most helpful to this family and how can we make this happen?" As LDSS staff and administration are thinking "out of the box", they are being creative with the use of funding streams, staffing, and services in order to strengthen and support families whose children are safe, but whose families are struggling.

1.13 Engaging the family in voluntary services

1.13.1 The concepts of family and child well-being and their use in prevention

Child well-being can be conceptualized as the social and emotional functioning of a child that promotes healthy development, resiliency, competency in developing and maintaining relationships, and protective factors. All of the work in child welfare is directed, in some way, towards ensuring the well-being of children.

The Administration on Children, Youth and Families (ACYF), an Office of the Administration for Children and Families (ACF), emphasizes the importance of understanding the impact of trauma on children and providing services that address the trauma symptoms as a primary vehicle for ensuring child well-being. The ACYF has adapted a framework by Lou, Anthony, Stone, Vu, & Austin (2008). 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. The framework also takes into account environmental supports, such as family income and community organization, as well as personal characteristics, such as temperament, identity development, and genetic and neurobiological influences. Within each domain, the characteristics of healthy functioning relate directly to how children and youth navigate their daily lives: how they engage in relationships, cope with challenges, and handle responsibilities. For example, self-esteem, emotional management and expression, motivation, and social competence are important aspects of well-being that are directly related to how young people move through the world and participate in society.

A family well-being approach respects individual differences in families, strengthens and empowers families, minimizes intervention in family life, and promotes self-sufficiency and personal accountability, while ensuring children's safety and well-being and the stability of the family. It also incorporates an understanding of the impact of trauma on the whole family and addresses the symptoms of trauma in service provision.

1.13.2 Cultural competence

Cultural competence is essential in a program that works with families from diverse backgrounds. This diversity encompasses race, ethnicity, language, socio-economic status, family composition, immigration status, religious background, family culture, community culture and other characteristics specific to each family. The following are suggestions that will demonstrate to families that they are respected and will acknowledge their diverse backgrounds:

- *Be honest about lack of knowledge of other's life circumstances and culture, and be open to learning about their cultural and spiritual norms and expectations.*

- *Explore cultural and spiritual values that impact their views about children, parental and gender roles*

- *Explore attitudes and perceptions about education, school attendance, and discipline.*

- *Use a certified interpreter whenever possible for families for whom English is not their first language. Avoid using children for interpretation during visits.*

- *Provide written information in the parents' first language, when possible, but understand that some people cannot read, even in their first language.*

- *Be aware of local resources in the community that serve culturally specific groups, as well as gaps in the community for culturally specific needs; be open with families about these missing resources.*

- *Using a strength-based, family engagement approach not only helps families manage their current situation more effectively but is more likely to result in building strengths and developing greater problem solving skills.*

1.13.3 Connecting and reconnecting fathers through engagement

There is a growing recognition of the need to support fathers' (and other male caregivers) involvement in their children's lives. This includes fathers who are living with their children but would like to be more engaged with them and fathers who are not living with their children full time or are incarcerated.

Evidence demonstrates the numerous long-term benefits this has for children*:

- *Fathers provide support related to the safety, permanency, and well-being of their children.*

- *Fathers who provide consistent child support and interaction with their children give benefits to the whole family.*

- *Fathers provide additional leadership and guidance.*

- *They provide mentoring and role modeling.*

- *They provide other supports which contribute to their children becoming healthy successful adults.*

- *Their children display enhanced social skills, develop and demonstrate greater problem-solving skills, demonstrate increased cognitive and verbal abilities, and have higher academic achievement.*

Higher father involvement:

- *Promotes healthy child development.*

- *Creates more informal supports in the family systems.*

- *Facilitates concurrent planning.*

- *Enhances outcomes.*

The following strategies promote help-seeking behavior in men:

- *Start with the assumption that fathers want to be involved.*

- *Suspend judgments and listen to all sides.*

- *Make room for appropriate expressions of anger.*

- *Avoid asking men how they feel; instead, ask, "What do you think" or "What is it like for you?"*

- *Connect problem-solving to concrete action and allow fathers to separate the problem from themselves and gain a sense of objectivity.*

- *Use approaches that focus on logic and behavior.*

- *Involve men in leadership roles who can share their experiences as fathers.*

  *Source: [National Fatherhood Initiative's Father Facts](#)

Mothers and fathers may need help in managing conflict and improving communication between each other and with the child to navigate co-parenting issues. Both parents need to be educated about the important role a father plays in a child's life and they need to make a lifetime commitment to their child and to maintaining a healthy relationship with each other.

1.13.4 Resources for engaging fathers

[Appendix H: Father Friendly Environmental Assessment Tool](#) *includes an agency assessment on father-inclusive practices and includes an assessment of the organizational philosophy that promotes the importance of father inclusion. This philosophy involves implementing policies and procedures that respect fathers, hiring staff who communicate that fathers are important and capable, developing programs and services geared to fathers, and reaching out to fathers in the community.*

The [Nurturing Father's Program](#) is an evidence-based, 13-week training course designed to teach parenting and nurturing skills to men. Each 2 ½ hour class provides skills for healthy family relationships and child development.

Identifying and exploring the family's natural support network (those adults who are connected to the family) can be helpful in supporting both the parents and the child. Families may need help in identifying these potential resources, which include extended family members (grandparents, aunts, uncles, cousins, etc.), friends of the parents, and parents of good friends of the child, teachers, co-workers, and others. Again, parents may need help in approaching these individuals about assisting the family and establishing positive relationships with individuals who can be a long-term support to the family.

For more information and resources on father involvement, see [The National Fatherhood Initiative](#).

1.13.5 Strengthening marital and parental relationships

Strengthening families and preventing maltreatment and out-of-home care requires education and support for both marital relationships and parental relationships. When parents share a strong commitment to their children, it is more likely they can come to a common understanding of what is in their child's best interest. When parents share a strong commitment to their relationship, it is more likely they will positively impact their child's well-being. Promoting family and child well-being by supporting healthy marriage and family relationships and encouraging emotional and financial support of children can play an important role in early prevention services.

Research has demonstrated that marriage education can strengthen the relationships of married couples, yielding improved relationship quality and stability.[6] Community Healthy Marriage Initiatives (CHMI) is a key component of the healthy marriage demonstration strategy of the Administration for Children and Families (ACF) to determine how public policies can best support healthy marriages and child well-being. Two concepts underlie the CHMI strategy: (1) community coalitions can be an effective vehicle for developing a range of healthy marriage and family activities, such as classes that build marriage skills, partnerships with clergy and others, celebration days, and media messages about the value of marriage and healthy families; and, (2) communities with a critical mass of such activities can lead to positive outcomes for families, individuals and couples as a direct result of their participation in classes and other services and indirectly through their interactions with friends, family, and others in the community who were themselves influenced by a local marriage-related activity sponsored by the local coalition.

Some of the components of services that support healthy marriage and family relationships include, but are not limited to, the following:

- *Training that emphasizes relationship skills, communication and other attributes of successful couples and families.*

- *Teaching skills, attitudes and behaviors to help individuals and couples achieve long lasting, successful marriages and intimate partner relationships.*

- *Utilizing partnerships that are a trusted part of the community to recruit both mothers and fathers into new programs.*

- *Providing parent and relationship workshops and support groups in both English and Spanish.*

- *Including access to employment services on site for parents who participate in groups and workshops.*

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[6] Carroll, J. S. and Doherty, W. J. (2003). Evaluating the Effectiveness of Premarital Prevention Programs: A Meta-Analytic Review of Outcome Research. Family Relations, 52: 105–118.

- *Involvement with the child support system to encourage both emotional and financial support of children.*

- *Targeting low income neighborhoods.*

- *Providing information on what the literature identifies as two of the most common obstacles to marriage in unmarried parents who initially plan to marry but do not: financial concerns and relationship problems[7].*

- *Utilizing experienced married couple facilitators, mothers and fathers, who have been able to develop and maintain healthy, engaged relationships with each other and their children.*

- *Providing assistance to families to help them better understand and manage crisis situations, such as loss of a job, death in the family, unplanned pregnancy, divorce, etc.; and, to accept the realities of these life changing experiences in their families.*

What children need most is to be with caregivers who will love and take care of them no matter what they do or what they say. Marriage and relationship education can be an agent for positive change when both parents put the child first and are invested in having a healthy and satisfying relationship. For more information on marriage/relationship education, see the [National Resource Center for Healthy Marriage and Families](#).

Family engagement begins with the response the family is given when they first contact the agency and is critical to achieving positive outcomes with families. Family centered intervention is the most effective model for prevention services, because it focuses on the whole family system. It addresses family functioning, problem-solving communication, role performance and behavior management and is delivered in the context of parental involvement and recognizing and supporting family strengths.

Family engagement is one of the cornerstones of the Virginia Children's Services System Transformation. No longer are Virginia's social service agencies the sole decision makers for Virginia's children and families. Family engagement requires a shift from the belief that agencies alone know what is best for children and families to one that allows the family to fully participate in decision making.

Family engagement is the process of partnering with the family to help them:

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[7] Gibson et al. (2005). High Hopes But Even Higher Expectations: The Retreat From Marriage Among Low-Income Couples. Retrieved from https://www.opressrc.org/content/high-hopes-even-higher-expectations-retreat-marriage-among-low-income-couples.

- *Stabilize their situation when they are in crisis.*

- *Determine what needs to be strengthened and supported.*

- *Make well-informed decisions about their child's safety and well-being and what resources they need.*

- *Identify how available family and community supports can be used to keep the family together and the child safe.*

Effective family engagement is based on establishing trust through open communication, mutual respect and honesty throughout the process. It includes the following:

- *On-going dialogue with the family focused on the family's strengths as a way to manage their challenges, using the protective factors as a guide.*

- *Helping families develop and sustain skills that they can apply throughout their life to keep their children safe and their family stable.*

- *Asking permission from the family to move forward with each step from intake through assessment, planning and service delivery to closure, and before information is shared with others.*

- *Respecting family structure, roles and relationships.*

- *Empowering families to take responsibility for themselves and to become self-sufficient.*

- *Being sensitive and responsive to cultural differences.*

For more guidance regarding family partnership meetings, please refer to the VDSS Child and Family Services manual, Family Engagement chapter on the [VDSS public website](#).

1.14 Prevention continuum

The goal of prevention services is to strengthen families by ensuring the safety, permanency, and well-being of their children. Prevention can be seen on a continuum with services that help all children thrive at one end and services that help children heal from the long-term impact of trauma on the other end. On the other end of the continuum, this includes preventing additional harm from maltreatment or removal. Foster care diversion is a component of prevention that diverts children at risk of out-of-home care (primarily, though not exclusively, as a result of abuse or neglect) from entering the foster care system. What distinguishes the services on the continuum is the following:

- Target population.

- Degree of trauma experienced by the child and family.

- Level of intervention by LDSS.

For more information on the prevention continuum, see Appendix D: The prevention continuum.

1.15 Types of prevention services

A comprehensive approach to improving outcomes for children and families includes strategies that coordinate resources across the prevention continuum. Current practice identifies the following three (3) types of prevention services.

1.15.1 Primary prevention

1.15.1.1   Definition

Universal strategies that direct activities to the general population with the goal of strengthening families and preventing child maltreatment and the need for out-of-home care.

1.15.1.2   Examples

Public education and awareness activities including:

- Developing and distributing information throughout the community about the needs of children and families, healthy child development, resources available to families, etc. and raising awareness of child abuse and neglect.

- Public service announcements.

- Child abuse and neglect prevention month activities.

1.15.2 Secondary prevention

1.15.2.1   Definition

Selective strategies that identify groups or individual families at risk of abuse/neglect or out-of-home care and direct activities to these groups and families with the goal of preventing child maltreatment and out-of-home care.

1.15.2.2   Examples

- Parent education and parent support groups for at-risk groups, such as teen parents, incarcerated fathers, low income parents, etc.

- Home visiting services.

- Educational and support groups and activities for children who are considered to be most vulnerable to the risk of abuse and neglect.

1.15.3 Tertiary prevention

1.15.3.1   Definition

Strategies that direct activities to parents and children who have experienced maltreatment with the goal of preventing the recurrence of abuse or neglect and preventing out-of-home care.

1.15.3.2   Examples

- Increasing protective factors and decreasing the risk of abuse and neglect and out-of-home care to families served through CPS after a valid referral is received (e.g., CPS on-going services).

- Increasing protective factors and decreasing the risk of abuse and neglect in foster care and adoption, including but not limited to independent living services and foster and adoptive family assessments/home studies.

- Increasing protective factors and decreasing the risk of placement disruption in foster care, adoption, and reunification.

1.16 *Practice and administrative standards for effective prevention programs*

It has been difficult to identify characteristics common to effective prevention programs because there are few interventions related to child welfare that have been rigorously evaluated. However, there are characteristics that have been observed most frequently through evaluations of effective programs that exhibited a significant reduction in either child abuse and neglect or out-of-home placements. Washington State Institute for Public Policy identified five (5) broad characteristics shared among the majority of effective programs, including Healthy Families America, Nurse Family Partnership, Structured Decision Making in the State of Michigan, Triple-P Positive Parenting Program in the State of South Carolina, and at least ten (10) other evidence-based programs. These program characteristics are as follows:

- Targeted populations: successful programs tend to be targeted toward a specific group of people who might be expected to benefit the most from prevention services.

- Intensive services: programs with strong impacts on child welfare outcomes tend to provide intensive services (a high number of service hours and a requirement for a high level of engagement from participants).

- A focus on behavior: effective programs are likely to take a behavioral approach (vs. an instructional approach) to educating parents, such as parent coaching.

- Inclusion of both parents and children: successful programs take an approach that acknowledges the central role of the parent-child relationship in child outcomes.

- Program fidelity: programs that demonstrate the importance of maintaining adherence to the program model utilized demonstrate the most success.

Research has demonstrated that early intervention, specifically early childhood education programs designed to promote children's development by building protective factors in both children and their families, can help to protect vulnerable children from the consequences associated with the early experience of multiple risk factors.[8] This body of research, along with the extensive literature review that supports the impact of the strengthening families' protective factors, articulates a strong justification for the incorporation of a family-centered developmental approach into child welfare practice with young children and families.

The State of Arizona's Child Abuse and Neglect Prevention System conducted an extensive literature review about effective prevention programs and recommended a set of standards adapted from the State of New Jersey Task Force on Child Abuse and Neglect's standards. Virginia has added some standards based on the emergence of information on the importance of trauma informed practice.

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[8] Center for the Study of Social Policy. (2010). Allied for Better Outcomes: Child Welfare and Early Childhood. Retrieved from https://www.cssp.org/publications/neighborhood-investment/strengthening-families/top-five/allied-for-better-outcomes-child-welfare-and-early-childhood-august-2010.pdf.

PRACTICE WITH FAMILIES	*PRACTICE WITH COMMUNTIES*	*ADMINISTRATIVE STANDARDS*
1. *Family-focused.* 2. *Strength-based, goal setting in partnerships with family.* 3. *Flexible and responsive.* 4. *Accessible and incentivized.* 5. *Voluntary and non-stigmatizing.* 6. *Comprehensive and integrated.* 7. *Developmentally informed.* 8. *Long-term and adequate intensity.* 9. *Cultural responsiveness/ reciprocity.* 10. *Trauma competence.* 11. *Youth and family empowerment, choice, and control.*	1. *Participatory development planning.* 2. *Community integration.* 3. *Early intervention at all developmental stages.* 4. *Sensitivity, awareness and use of knowledge of trauma into the organizational culture and service array.* 5. *Strength-based approach.*	1. *Long-range and on-going planning.* 2. *Supervision, organization management, and professional development.* 3. *Parent and community leadership.* 4. *Fidelity to an established, appropriate model.* 5. *Highly qualified, competent and caring staff.* 6. *Data collection and documentation.* 7. *Measures outcomes and conducts evaluation.* 8. *Adequate funding and long-term commitment to sustainability of the program.* 9. *Policies and procedures that support strength-based, trauma informed approach and use of protective factors.*

These standards are consistent with the literature on family support programs that emphasize families:

- Helping themselves.

- Preventing problems rather than correcting them.

- Increasing the stability of families.

- Increasing parents' confidence and competence in their parenting abilities.

- Building on formal and informal resources.

- Responding to the impact of trauma on children and families.

- Promoting the flow of external resources and supports to families.

1.17 Administrative supports needed for effective prevention services

The VDSS Practice Model and the Children's Services Practice Model both emphasize "how we do our work is as important as the work we do." Furthermore, the ACYF makes the following statement: "An understanding of the impact maltreatment has had on children when they come to the attention of the child welfare system allows providers to be more proactive, knowing what to look for and anticipating the services that may be needed. This capacity is necessary at the service worker level, but also at the level of administrators who are making decisions about the array of services needed internally or through contracts."

1.17.1 Key tasks for administrators and supervisors

The Center for the Study of Social Policy (CSSP) suggests five approaches for changing systems to more effectively strengthen families and to sustain the practice approaches such as those suggested in this guidance manual.

Family-strengthening and trauma informed child welfare practice across the continuum of service extending from public education to prevention with intact families, supporting foster families, and other families caring for children not born to them (such as diversion families), preparing families for reunification and post adoption or post reunification supports:

- Infrastructure changes, including integration of a protective factors and trauma informed approach into regulations and procedures that govern practice.

- Professional development that integrates the protective factors and trauma informed approach into on-going education and training for all who work with children and families.

- Parent partnerships at all levels of the child welfare system with parents engaged in decision making.

- Early childhood systems integration across diverse early childhood initiatives and systems in order to reach families sooner.

In addition to these system changes, administrative and supervisory staff at the local level plays a critical role in insuring positive outcomes for families and support of prevention.

Key tasks for administrators and supervisors to facilitate a strengthening families, trauma focused system for prevention that incorporates the protective factors include the following:

- Recognize and acknowledge the many ways in which staff is providing prevention services even when no formal program exists.

- Ensure that staff have the resources they need to do the best job they can.

- Provide staff with the training and information they need.

- Create a positive working environment and an organizational climate and culture that supports change.

- Assess the LDSS and staff's readiness for change.

- Engage staff in program decision making and administrative decisions that will impact them and the families they serve.

- Model a strength-based approach with staff, emphasizing what they do well and using their knowledge and skills to achieve change when change is needed.

- Establish written policies and procedures that reflect strength-based, trauma informed practice and the use of protective factors.

- Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience.

- Be transparent about the expectations of staff.

- Provide opportunities for both peer and individual supervision.

- Encourage staff to collaborate with individuals and organizations that embrace strength-based, trauma informed practice.

- Utilize case staffing to insure that all staff are operating out of the same value and practice base so that clients get consistent messages no matter what program or individual serves them.

- Provide concrete support for service workers in the field and in crisis.

- Evaluate program effectiveness by utilizing input from the field about what is working and what is not working well and making needed changes based on the information gathered.

- Partner with parents for child safety and permanency at various levels beyond case specific activities such as a FPM, including providing peer support to each other, sharing their successes and suggestions with other parents, assisting with LDSS special events, soliciting their ideas and suggestions about policy and practices within the LDSS, and serving on LDSS committees and the local board.

- Work with the community to establish a positive image of the LDSS that reduces their fear of either contacting the LDSS for help or opening their door to LDSS staff before a crisis arises.

1.17.2 Realigning resources

1.17.2.1 Staffing

LDSS who provide prevention services, either through a formal program or through the provision of services within existing programs, have to be both creative and flexible in the use of staff.

In the 2011 VDSS Prevention Survey, LDSS indicated that although 93% of the agencies provide prevention services, less than 50% of LDSS had staff primarily devoted to prevention efforts. Most agencies use a wide range of staff who may be working in any child welfare, adult services, or eligibility program (e.g., CPS, Foster Care, Family Preservation Teams, Virginia Initiative for Employment Not Welfare (VIEW), other benefit programs, and child care).

Staff utilized to provide prevention services include service workers and supervisors in all program areas, as well as local directors, family support workers, child care workers, case or parent aids, school-based workers, intake workers in all program areas, interns, generic workers, training staff, FPM coordinators, and volunteers. In some instances, staff members volunteer their time for prevention efforts when it is not their primary program responsibility.

In order to use existing staff for prevention services, it is critical to develop mechanisms to carry out the following activities:

- Identify the needs of families in each community through a community needs assessment or other strategy that solicits input both internally and externally.

- Monitor caseloads and job responsibilities as needs shift.

- Utilize data collection and documentation to monitor outcomes in programs to determine if needs are being met.

- Consider a variety of positions, including benefit programs, supervisors, and others to either provide prevention services or to recognize the need for such services and refer the family to the appropriate prevention resource.

- Develop partnerships with local community-based agencies at both the administrative and service level who can work collaboratively with the LDSS to provided needed services.

- Include competency in practice approaches known to be effective in prevention (such as those listed below) in job descriptions and performance evaluations.

1.17.2.2   Funding

Funding prevention is an on-going challenge and requires both a commitment to allocate available funds to families before CPS involvement and to be creative in the use of funding for prevention services. Because the programmatic structure of many localities does not include a formal prevention program and there are no broad based state or federal funding sources for prevention, localities often combine diverse funding sources to use for families at different points in the child welfare continuum. Federal and state funds, grant opportunities, and local funds used by localities to provide prevention services are included in Appendix I: Funding Sources for Prevention. Diversity and creativity are reflected in the range and types of funding utilized to provide prevention services.

1.17.3 Data management

The development of an internal data collection process is needed to capture prevention information, until statewide automated data system (OASIS) can collect the data needed.

Collecting, managing, and analyzing data about the following can guide program evaluation, identify gaps in policies and procedures, target technical assistance needs, enhance direct services to families and inform public education, marketing and fundraising efforts:

- Information and referral only clients: Name, address, phone number of parents, date of initial contact, date of final contact, number and ages of children, presenting problem, service provided, referral made and to whom.

- Short-term assessment/crisis intervention when no case is opened: Name, address, phone number of parents, date of initial contact, date of final contact, number and ages of children, presenting problem, service provided, referral made and to whom.

- The number of families served, types of services received, and, when closed, reasons for closure.

- The families in each community who seem to be at greater risk of maltreatment and out-of-home care.

- The types of services that are provided to families and the outcomes families are able to achieve with those services.

- The number of children diverted from the foster care system as a result of prevention services.

- The types of challenges families in prevention face and their needs.

- The types of public education and awareness activities that are undertaken and the results of those efforts.

Other data collected should be based on defined outcomes expected and a planned program evaluation process.

1.17.4 Measuring program outcomes

Outcome accountability is necessary for all prevention program stakeholders including funding sources, participants, community members, and for the program itself. Accountability informs these groups and provides the framework for gathering evidence that what you are doing works. All programs need periodic self-assessment in order to know whether they are fulfilling their overall purpose of strengthening families.

Key components in program evaluation and developing outcomes include the following:

- Define realistic program outcomes.

- Develop strategic plans and a logic model defining goals and objectives, outputs, and outcomes.

- Design a practical and sustainable plan for collecting data on these measures can include the following:

  - Implementation of a formal and informal mechanism for soliciting information from staff, local boards, community partners, and families about outcomes achieved on a regular basis.

  - Creation of baseline data from which change can be measured.

  - Identification of specific measures to examine in order to determine the extent to which an organization achieves its outcomes.

Suggested outcomes include the following:

- Increase the number of LDSS providing prevention services (e.g., public education, services to groups, and services to families prior to a valid CPS referral).

- Reduce the number of families who receive a valid referral after receiving prevention services six (6) months, 12 months, and 24 months post-case closure.

- Reduce the number of children who enter into foster care after receiving prevention services six (6) months, 12 months, and 24 months post- case closure.

- Increase the percentage of prevention services closed as a result of the family being "successfully stabilized."

- Reduce the number of first time victims of maltreatment.

For more information on developing outcomes, see The National Center for Community-Based Child Abuse Prevention (FRIENDS) Outcome Accountability Guide that provides information to start identifying, measuring, and reporting the outcomes of services.

1.17.5 Professional development

Having a skilled, knowledgeable, and caring workforce is essential to achieving program outcomes. The key to individual change in families is the ability to build an effective working relationship with clients and to know how to simultaneously support and empower families. They need to believe that families can and do change and those families have the inherent capacity to know themselves better than any service worker can and to be a good parent. Insuring that the messages all staff convey to the community and families, including administrative support, intake, information system staff and all program staff, can greatly impact the effectiveness of all services.

The Division of Family Services training system offers competency-based training for both supervisors and service workers. Competency-based training is supported by a definable list of core competencies that are a statement of knowledge and skill required for service workers to complete a job task effectively and represent fundamental and essential best practice.

Minimum competencies in prevention include the following:

- Engaging and motivating families for change.

- Understanding the impact of trauma on children and families and how to implement trauma informed practice.

- Cultural competence.

- Understanding DV and its impact on children.

- Interviewing skills using a strength-based approach.

- Family assessment and service planning using risk and protective factors in voluntary services.

- Marketing and community awareness (to conduct public education and awareness activities).

- Working with at-risk groups.

- Engaging fathers.

The Virginia Administrative Code (VAC) mandates uniform training requirements for all CPS workers and supervisors. There are currently no mandated training requirements for prevention, however, several training opportunities are recommended for service workers that will assist in developing fundamental knowledge and skills necessary for best practice. These training opportunities are

accomplished in both classroom and online courses that meet the critical needs of the workforce.

Recommended training in the Virginia Learning Center (VLC) includes the following:

- *CWSE1002: Exploring Child Welfare.*

- *CWSE1500: Navigating the Child Welfare Automated Information System: OASIS.*

- *CWSE2020 & CWS2020: On-Call for Non-CPS Workers.*

- *CWSE5692: Recognizing and Reporting Child Abuse and Neglect – Mandated Reporter Training (This course is also available on the VDSS public website).*

- *CWSE1515: Initial SDM Assessments for Non-CPS On-Call Workers.*

- *CWSE2090: Injury Identification in Child Welfare.*

- *CSW1021: The Effects of Abuse and Neglect on Child and Adolescent Development.*

- *CWS1031: Separation and Loss Issues in Human Service Practice.*

- *CSW1041: Legal Principles in Child Welfare Practice.*

- *CSW1061: Family Centered Assessment in Child Welfare.*

- *CSW1071: Family Centered Case Planning.*

- *CSW1091: SafeMeasures Training for Workers.*

- *CSW1305: The Helping Interview: Engaging Adults for Assessment and Problem-Solving.*

- *CWS3081: Promoting Family Reunification.*

- *CSW4020: Engaging Families and Building Trust-Based Relationships.*

- *CWS5305: Advanced Interviewing: Motivating Families for Change.*

- *CWS5307: Assessing Safety, Risk, and Protective Capacities in Child Welfare.*

- *CWS5501: Substance Abuse.*

- *CWSE1006: Reasonable Candidacy.*

- *CWSE1071: Introduction to SafeMeasures*

- *CWSE4000: Identifying Sex Trafficking in Child Welfare (This course is also available on the VDSS public website).*

- *CWSE4015 & CWS4015: Trauma Informed Child Welfare Practice.*

- *CWSE4050: Psychotropic Medications in the Child Welfare System.*

- *DVS1001: Understanding Domestic Violence.*

- *DVS1031: Domestic Violence and Its Impact on Children.*

- *Children's Services Act (CSA) for New LDSS Employees (Five (5) modules numbered CSA011 – CSA015).*

- *FSWEB1003: The Journey to Practice Enhancement.*

- *FSWEB1011: Using the Practice Profiles Assessment Toolkit.*

- *FSWEB1013: The Coaching Conversation.*

The National Alliance of Children's Trust and Prevention Funds has developed an online training course: Strengthening Families™ Protective Factors Framework. It is an excellent basic overview of how the protective factors can be incorporated into prevention work.

A comprehensive resource for trauma screening and initial assessment is the Child Welfare Trauma Referral Tool (CWT) which can be found in the Child Welfare Trauma Training Toolkit.

For additional information on Division of Family Services (DFS) training visit the DFS Training website on FUSION.

1.17.6 Parent Partnerships

FRIENDS: National Center for Community-Based Child Abuse Prevention (CBCAP) promotes and encourages parent partnerships and parent leadership as a critical component of prevention services. The following activities can all positively impact a family-strengthening prevention approach across the child welfare continuum:

- Engaging parents at each step of their involvement with agency.

- Involving parents in decision making, not just about their family but about the policies and procedures that affect them.

- Providing opportunities for parents to support the LDSS as volunteers.

- Facilitating the process for parents to serve as role models for other families

1.17.7 Community and systems integration

The Children's Bureau Office on Child Abuse and Neglect states the following:

"The responsibility for addressing child maltreatment is shared among community professionals and citizens. No single agency, individual, or discipline has all the necessary knowledge, skills, or resources to provide the assistance needed by abused and neglected children and their families."

Prevention services have been embraced by community-based organizations who have often taken the lead in their communities. It is clear that the development of functional partnerships to address the complex needs of all families should occur in order to optimize the effectiveness of a multi-disciplinary response to strengthening and supporting families and reducing the risk of child maltreatment and out-of-home care.

An integrated service approach to strengthening families begins at the administrative level, with directors and other administrative staff reaching out to other organizations to inform them of the work and role of the LDSS, to seek out ways to fill the gaps in services to families, and to provide leadership for a community-based approach to prevention.

The results of the 2011 VDSS Prevention Survey revealed that 37 LDSS participate in local or regional prevention-related coalitions.

A list of on-line resources for prevention information, best practice models, and funding is in Appendix J: On-line resources for information and funding.

1.18 Benefits of embracing a prevention perspective across child welfare

The literature, research, and Virginia's data reflect the need for a continuum of prevention services. Investments made in families and children become assets in the development of strong citizens and communities. Prevention services with a strength-based, trauma informed approach which integrates the protective factors as described in this manual can accomplish the following:

- Reduce costs associated with CPS, foster care, and adoption.

- Reduce the number of families requiring intervention as a result of abuse and neglect and the resulting costs to the agency, the family, and the community.

- Increase opportunities for self-sufficiency and personal accountability.

- Increase safety and stability of children and families.

- Improve Child and Family Services Review (CFSR) safety, permanency, and well-being outcomes.

- Normalize all families' need and desire to learn how to be effective caregivers.

- Connect families to resources throughout the life-span of their children.

- Increase community awareness of prevention efforts and cultivate an integrated service approach.

- Change the way the community views LDSS so that the local department is seen as helpful and proactive, rather than punitive and reactive.

- Increase opportunities to collaborate with other groups and organizations within the community.

- Provide valuable opportunities for interaction and engagement, which is key to setting the stage for collaborative work through the co-location of prevention of child abuse and neglect programs and state systems.

- Other states that have used the protective factors and the strengthening families framework identify these approaches as an effective method of grounding their work and engaging others in prevention work.

1.19 Appendix A: Resources used in developing guidance

The following activities were conducted in the development of this guidance:

- A review of the literature on best practices in prevention.

- Technical assistance from FRIENDS (Family Resource Information, Education and Network Development Services), which provides the technical assistance for the federally funded Community Based Child Abuse Prevention Program (CBCAP).

- Review of what other states provide prevention services.

- Implementation of a statewide Prevention Advisory Committee comprised of VDSS staff, LDSS staff, and community partners who provided direction, feedback, and support for the development of the manual.

- Development and distribution of a Prevention Survey to LDSS in 2011, supported by the League of Social Services Executives (VLSSE). One hundred fourteen (114) agencies responded and results contributed significantly to this manual.

- Participation in regional, local, and community-based prevention meetings to provide information and solicit input on the development of the manual.

Other resources used include the following:

Administration for Children and Families, Office of Planning, Research and Evaluation: Abuse, Neglect, Adoption and Foster Care Research: National Survey of Child Abuse and Adolescent Well-Being (1997 – 2014).

Best Available Research Evidence: A Guide to the Continuum of Evidence and Effectiveness. Atlanta, GA: Centers for Disease Control and Prevention.

Centers for Disease Control and Prevention (2011). *Child Maltreatment: Risk and protective factors.* Atlanta, GA: Centers for Disease Control and Prevention.

Center for the Study of Social Policy. *Research in Brief: Resilience in Childhood.* Washington, DC: Center for the Study of Social Policy.

Community-Based Care Technical Assistance Project & University of South Florida; College of Behavioral and Community Sciences National Center of Child Abuse and Neglect (2010). *A National Review of State Legislative, Policy and Implementation Approaches to Fostering Connections Options Guardian Assistance Program and Extended Foster Care to Age 21.*

Congressional Coalition on Adoption Institute's 2015 Foster Youth Internship Report.

Early Head Start National Research Center.

Felitte, V. J. & Anda, R. F. *Arizona Child Abuse and Neglect Prevention System: Characteristics of Effective Programs and Recommendations for Prevention Child Abuse and Neglect in Arizona Adverse Childhood Experiences Study*. Centers for Disease Control and Prevention.

FRIENDS: The National Resource Center for Community-Based Child Abuse Prevention.

Healthy Families Virginia: *Statewide Evaluation Executive Report FY 2007-2011*.

Initial Views*: Parenting with Parents for Child Safety and Permanency: Results of a Baseline Survey Conducted with Child Safety and Permanency Division Staff of the Minnesota Department of Human Services* (2010).

National Center for Children in Poverty: Young Child Risk Calculator.

National Survey for Child and Adolescent Well-Being.

North Carolina Department of Health and Human Services On-Line Manual (2003). *Family Support America: Standards for Prevention Programs: Building Success through Family Support, New Jersey Task Force on Child Abuse and Neglect*.

Office of Adolescent Health, Evaluation Technical Assistance Brief for Office of Adolescent Health (OAH) and Administration of Children, Youth and Families (ACYF) Teenage Pregnancy Prevention Grantees.

Oklahoma State Department of Health State Plan for the Prevention of Child Abuse, (92).

Puddy, R. W. & Wilkins, N. (2011). Understanding Evidence Part 1: *Best Available Research Evidence. A Guide to the Continuum of Evidence of Effectiveness*. Atlanta, GA: Centers for Disease Control and Prevention.

U.S. Department of Health and Human Services (2011). *Abuse, Neglect, Adoption & Foster Care Research: National survey for child and adolescent well-being*. Washington, DC: Administration for Children and Families.

U.S. Department of Health and Human Services & U.S. Department of Education (2011). *State issues and innovations in creating integrated early learning and development systems: A follow-up to early childhood 2010: Innovations for the next generation* (HHS Publication No. SMA 11-4661). Rockville, MD: U.S. Department of Health and Human Services.

U.S. Department of Health and Human Services Administration for Children and Families. *Systems of Care Policy Action Guide*.

U.S. Department of Health and Human Services Administration for Children and Families: Children's Bureau: Child Information Gateway.

U.S. Department of Health and Human Services Administration for Children and Families: Children's Bureau: Child Information Gateway: My Child Welfare Librarian. *Supporting Brain Development in Traumatized Children and Youth*.

Strengthening Families Initiative: Strengthening Organizations to Support Families and Communities.

The Early Head Start National Resource Center.

Van der Kolt, B. A. (2000). *Developmental Trauma Disorder. Psychiatric Annals*.

Virginia Child Protection Newsletter (2010). *35 Years of Progress in Prevention and Intervention Executive Summary*.

Virginia Child Protection Newsletter (2011). *Parent Leadership and Family Engagement in Child Protective Services and Foster Care*.

Violence at Home: Family and Children's Trust Fund (FACT) of Virginia – FACT Report.

1.20 Appendix B: What the research reflects about the impact of maltreatment and removal and the costs to children, families and communities

Research has demonstrated that traumatic childhood experiences, including maltreatment, removal, and placement disruptions have a profound impact on many areas of their biological, physical and mental functioning. The following information reflects a brief review of the literature that identifies both the short-term and long-term financial, physiological, and emotional costs of maltreatment, family instability and trauma on children, families and communities.

1.20.1 The impact of maltreatment and trauma on child well-being

The _Adverse Childhood Experiences Study (ACE Study)_ conducted by the Centers for Disease Control and Prevention and Kaiser Permanente from 1995 to 1997, examined more than 17,000 participants. Although no further participants will be enrolled, the medical status of the baseline participants continues to be tracked. The ACE study examined the effect of ten categories of negative experiences in childhood, including 5 types of maltreatment and 5 types of family dysfunction, and found a strong link between these experiences and the following:

- Chronic illness, including heart disease, diabetes, and depression.

- Premature death.

- Economic strain on the economy.

Dr. Bessel A. Van der Kolk, past President of the International Society for Traumatic Stress Studies, Professor of Psychiatry at Boston University Medical School, and Medical Director of the Trauma Center at JRI in Brookline, Massachusetts reviewed the ACE study and found that it "confirmed … a highly significant relationship between adverse childhood experience and depression, alcoholism, drug abuse, sexual promiscuity, domestic violence, cigarette smoking, obesity, physical inactivity and sexually transmitted diseases."

The ACE Study concluded that what are conventionally viewed as public health problems are often personal solutions to long-concealed adverse childhood experience. Adverse childhood experiences are the most basic and long-lasting determinants of health risk behaviors, mental illness, social malfunction, disease, disability, death, and healthcare costs. Because adverse childhood experiences are common but typically unrecognized and their link to major problems later in life is strong, proportionate and logical, they are the nation's most basic public health problems. Primary prevention is presently the only feasible population approach.

Scientists whose focus is neurobiology compared the results of their research with the results of the ACE Study research and found that "early experiences can have profound long-term effects on the biological systems that govern responses to stress".

According to an article in the Journal of General Internal Medicine, long-term healthcare costs are 16% higher for women who have experienced child sexual abuse and 36% higher if they experience both sexual and physical abuse. According to the National Cancer Institute, child sexual abuse is 75 times more common than pediatric cancer.

The National Survey of Child and Adolescent Well-Being (NSCAW), 1997-2010, surveyed 6,200 children from birth to age 14, and confirmed that mental health problems resulting from abuse and neglect carry into the grade schools years and likely into adulthood. Forty eight percent (48%) of children found to be abused and neglected as a result of an investigation carried mental health issues into early adulthood.

At the federal level, the physical, social and emotional gains that children and families experience when their needs are addressed sooner rather than later are implicit in the key principles guiding child protection delineated in the Child Abuse Prevention and Treatment Act and the Adoption and Safe Families Act. They are:

- Safety as the paramount concern that should guide prevention efforts.

- Permanency, emphasizing a sense of continuity and connectedness as being central to a child's healthy development.

- Child and family well-being, encouraging nurturing environments where a child's physical, emotional, educational and social needs are met.

The survey also emphasized the importance of accountability of service delivery systems in achieving positive outcomes for child related to each of these goals.

1.20.2 The impact of maltreatment and trauma on permanency

Child traumatic stress refers to the physical and emotional responses of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling). Chronic trauma refers to the experience of multiple and varied traumatic events-experiences a death in the family, becomes physically ill and then becomes a victim of community violence or longstanding trauma such as physical abuse or war. One prevalent form of chronic trauma is child neglect, defined as the failure to provide for a child's basic physical, medical, educational, and emotional needs. Neglect can have serious and lifelong consequences-particularly for very young children who are completely dependent on

caregivers for sustenance. Chronic trauma would also include multiple moves in foster care.

The short and long-term impact of traumatic events is determined in part by the nature of the events, and in part by the child's subjective response to them. Every distressing event does not result in traumatic stress and something that is traumatic for one child may not be traumatic for another. The ultimate impact of a potentially traumatic event depends on several factors, including:

- The child's age and developmental stage.

- The child's perception of the danger faced.

- Whether the child was the victim or a witness.

- The child's relationship to the victim or perpetrator.

- The child's past experience with trauma.

- The adversities the child faces in the aftermath of the trauma.

- The presence/availability of adults who can offer help and protection.

When trauma is associated with the failure of those who should be protecting and nurturing a child, it has profound, multifaceted, and far-reaching effects on nearly every aspect of the child's development and functioning, including their ability to achieve the national goals for children of safety, permanency and well-being.

The NSCAW data indicate that both preschoolers and school age children in contact with the child welfare system show a variety of developmental risks. These children show higher levels of behavior problems and depression and also poorer social and life skills, cognitive and neurological development, and academic achievement than children their age in normative samples. Preschoolers appear to be particularly at risk cognitively and neurologically, while school age children show greater difficulties in their social skills and behavior. Other findings from NSCAW revealed the following:

- Placement instability is relatively common for those children placed outside the home.

- Among children who began the study without mental health problems, later mental health needs were associated with unstable placements.

- Young children appear particularly vulnerable to behavioral and developmental problems.

- Although slightly less than half of children reported to CPS show signs of an emotional or behaviors problems, these problems are especially high among those placed outside the home.

- High levels of children's mental health needs go unmet.

The effects of chronic trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact. A child exposed to a series of traumas may become more overwhelmed by each subsequent event and more convinced that the world is not a safe place. Over time, a child who has felt overwhelmed over and over again may become more sensitive and less able to tolerate ordinary everyday stress.

As a result of these traumatic experiences, significant numbers of children known to the child welfare system are likely to be suffering from chronic traumatic stress. Under most conditions, parents are able to help their distressed children restore a sense of safety and control but when children are moved from one caretaker to another, the security of the attachment process is disrupted and mitigates against trauma-induced terror. Children are likely to become intolerably distressed and unlikely to experience a sense that their external environment is able to provide safety and relief.

According to Dr. Van der Kolk, exposure to complex trauma most often occurs within the child's care giving system and includes all types of maltreatment and multiple care giving experiences (removal, frequent moves in foster care, etc.).

What this means is that chronic trauma has a pervasive effect on the development of the mind and brain, resulting in long-term cognitive, language, and academic abilities (Child Welfare Information Gateway, 2008). In presenting findings from the ACE study, Dr. Vincent J. Felitti confirmed that these experiences result in:

- Disrupted neurodevelopment.

- Social, cognitive, and emotional impairment.

- Adoption of health risk behaviors, including drug and alcohol addiction, teen pregnancy and paternity.

- Disease, disability, and social problems.

- Early death.

The *Child Welfare Trauma Training Toolkit* presents a summary of the research on the impact of trauma:

- Maltreated children are more likely than non-maltreated children to have depressive symptomatology, school behavior problems, difficulties with peer relationships resulting in more peer rejection and victimization, as well as difficulties with mood regulation. Chronic maltreatment is associated with greater emotional and behavioral difficulties (Ether et al., 2004).

- A study of the prevalence of mental health diagnoses in three groups of abused children found that posttraumatic stress disorder (PTSD) generally co-occurs with other disorders including depression, anxiety, or oppositional defiant disorder (Ackerman et al., 1998).

- A study of children in foster care revealed that PTSD was diagnosed in 60% of the sexually abused children and in 42% of the physically abused children (Dubner & Motta, 1999). They also found that 18% of the foster children who had not experienced either type of abuse had PTSD, possibly as a result of exposure to domestic or community violence (Marsenich, 2002).

Simply stated, the brains of children who experience trauma are wired differently. Their ability to think before they act, their academic performance, their ability to regulate emotions, the integration of their senses, their self-defeating aggression, additive behaviors, hyperarousal, and their capacity for logical thinking are all impacted.

Recognition and response to the understanding that many of their behaviors are a result of the sort and long-term impact of trauma on children and not an intentional desire to disobey has far reaching implications for the child welfare system. This understanding should be reflected in (1) the knowledge, skills, abilities and supportive services needed by birth parents whose children return home and, (2) by substitute parents to help these children heal. Both need cash assistance programs and long-term access to services throughout each developmental stage of the child.

Research reflected in the 2010 report of the Strengthening Families Allied for Better Outcomes (LINK) also indicates that the long-term impacts of trauma on young children are numerous and entrance into the child welfare system is greater:

- Prenatal and Perinatal Health: Eighty percent (80%) of children under the age of six who enter child welfare are at risk for developmental issues stemming from maternal substance abuse, and 40% are born premature or with low birth weight (Committee on Early Childhood, Adoption, and Dependent Care, 2000).

- Physical Health: Traumatized children demonstrate biologically based challenges, including problems with movement and sensation, hypersensitivity to physical contact, insensitivity to pain, coordination and balances problems and unexplained physical symptoms and increased medical problems. As many as 90% of these children have serious or chronic

conditions, and concurrent conditions are common (Dicker, Gordon, & Knitzer, 2001).

- Attachment: Traumatized children feel that the world is uncertain and unpredictable. Their relationships are often marked by distrust and suspiciousness. Young children involved with the child welfare system exhibit elevated rates of attachment disorders (Morton & Browne, 1998), which increase risk for poor peer relationships, behavior problems, and mental health issues throughout childhood.

- Cognition. Children exposed to trauma can have problems focusing on and completing tasks in school as well as difficulty planning for and anticipating future events and challenges with cause and effect thinking. These children experience developmental delay at four to five times the rate of the general population (Dicker, Gordon, & Knitzer, 2001).

- Education: Children with child welfare involvement have substantially lower grades and test scores, as well as more absences and grade repetitions (Eckenrode, et al., 1995). These children also have an increased risk of special educational needs (Emerson & Lovitt, 2003).

- Safety: Traumatic stress can adversely impact the child's ability to protect himself or herself from abuse, or for the LDSS to do so, in numerous ways (Child Welfare Trauma Training Toolkit: Comprehensive Guide—2nd Edition 11 March 2008). The child's altered world view may lead to behaviors that are self-destructive or dangerous, including premature sexual activities

- Regulation of moods and behavior: The extreme emotions and resulting behaviors may overwhelm or anger caregivers to the point of increased risk of abuse or re-victimization. Traumatic reactions may dull the child's emotions in ways that make some investigators skeptical of the veracity of the child's statements. The child's inability to regulate his or her moods and behavior may lead to behaviors that endanger or threaten stable placements, reunification, or adoptive placement.

- Behavior Control: Because of their inability to regulate their emotions, traumatized children can demonstrate poor impulse control, self-destructive behaviors and aggression towards others. Sleep and eating problems can also surface.

- Trust: The child's lack of trust may lead to the child's providing investigators or the courts with incomplete or inaccurate information about abuse experienced or witnessed.

- Permanency: The child's reaction to traumatic stress can adversely impact the child's stability in placements. For example, the child's lack of trust in the

motivations of caregivers may lead to rejection of possible caring adults or, conversely, lead to superficial attachments. The child's early experiences and attachment problems may reduce the child's natural empathy for others, including foster or adoptive family members. A new foster parent or adoptive parent, unaware of the child's trauma history or of which trauma reminders are linked to strong emotional reactions, may inadvertently trigger strong reminders of trauma.

- Well-being: Traumatic stress may have both short- and long-term consequences for the child's mental health, physical health, and life trajectory, including:

  o The child's traumatic exposure may have produced cognitive effects or deficits that interfere with the child's ability to learn, progress in school, and succeed in the classroom and the community (and later in the workplace).

  o The child's inability to regulate emotions may interfere with his or her ability to function in a family, a traditional classroom, or with peers in the community.

  o The child's mistaken feelings of guilt and self-blame for the negative events in his or her life may lead to a sense of hopelessness that impairs his or her ability and motivation to succeed in social and educational settings.

  o A child's traumatic experiences may alter his or her worldview so that the child now sees the world as untrustworthy and isolates himself from family, peers, and social and emotional support.

Despite children's vulnerabilities, the vast majority of them are not receiving mental health or special educational services. At most, half of the children showing developmental risk are receiving any given service; typically, the figures are far lower. Preschoolers are particularly unlikely to receive services; only about 1 in 10 children from birth to age 5 who are developmentally at-risk receives special educational services.

These findings imply that many children involved with the child welfare system, both in their homes and once removed, are not receiving needed services that will enhance their future development. Moreover, the findings suggest that child welfare LDSS staff need better tools for assessing children's developmental needs. Once needs are identified, it is critical that LDSS staff have access to needed services, provided by professionals trained in trauma and attachment. The high level of need found among children in the NSCAW sample highlights the importance of efforts to improve assessments, to establish strong linkages with other child service systems, and to provide timely access to needed services.

Children involved with the child welfare system are likely to have experienced both acute and chronic trauma, in environments characterized by adversity and deprivation, and often without the mitigating influence of consistent and supportive caregivers. It is important for child welfare service workers to recognize the complexity of a child's lifetime trauma history and to not focus solely on the single event that might have precipitated a report. In general, children who have been exposed to repeated stressful events within an environment of abuse and neglect are more vulnerable to experiencing traumatic stress.

1.20.3 The impact of poverty on families

The family is, historically, the cornerstone of American culture. As the culture has changed, so have families. Increased mobility of families often means less access to intergenerational support in child rearing. As poverty, homelessness, unemployment, divorce and violence in communities increase, the stress families experience also increases. Access to community-based services used to supplement family support in times of stress is impacted by limited resources, diminished funding, and the lack of availability of widespread public transportation.

The American Academy of Pediatrics researchers compared the unemployment statistics from 1990 to 2008 to data from the National Child Abuse and Neglect Data system. Each one percent increase in unemployment was associated with at least .50 per 1000 increase in confirmed cases of child maltreatment. Unemployment has risen considerably since then, making children even more vulnerable to neglect and abuse and increasing the instability of families.

As a result, significant numbers of children are likely to be suffering from child traumatic stress and are at risk of child abuse and neglect and out-of-home care.

1.20.3.1 The costs to children, families and communities when early prevention services are not provided

Research overwhelmingly points to the benefits of supporting children and families at an early age to prevent maltreatment and its negative effects on brain development before they occur. In addition, cost-benefit analyses demonstrate a stronger return on investments that result from strengthening families, supporting development, and preventing maltreatment during childhood and adolescence rather than funding treatment programs later in life (Center on the Developing Child at Harvard University, 2007, Child Welfare Information Gateway).

The Journal of Child Abuse and Neglect published the results of a study which used the best available secondary data to develop cost per case estimates. Results indicated the following:

"The estimated average lifetime cost per victim of nonfatal child maltreatment is $210,012 in 2010 dollars, including $32,648 in childhood health care costs; $10,530 in adult medical costs; $144,360 in productivity losses; $7,728 in child welfare costs; $6,747 in criminal justice costs; and $7,999 in special education costs. The estimated average lifetime cost per death is $1,272,900, including $14,100 in medical costs and $1,258,800 in productivity losses. The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately $124 billion. In sensitivity analysis, the total burden is estimated to be as large as $585 billion." (Fang, X, Brown, D.S., Florence, C.S., & Mercy, J.A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. Child Abuse & Neglect (36) 156–165).

Child maltreatment is a serious issue with both financial and emotional costs to families and the community. The costs of providing medical, mental health and social services, legal investigation and prosecution, educational remediation, foster care and adoption far outweigh the cost of strengthening families before problems arise and preventing child maltreatment and the need for out-of-home care before they occur.

A conservative estimate of the annual cost of child maltreatment based on 2007 data (including short-term costs of hospitalization, mental health care, child welfare services, law enforcement, special education juvenile delinquency and other long-term costs, such as criminal justice costs, the loss of productivity in the workforce and long-term health and mental health care) was $103.8 billion (Wang and Holton, 2001 & Holton 2007).

"Researchers calculated an average lifetime cost per child maltreatment case and applied it to confirmed cases of child maltreatment in 2008. They estimated a total lifetime economic burden from fatal and nonfatal child maltreatment in the United States in 2008 of $124 billion. This includes an average $210,012 (in 2010 dollars) per victim for the effects of nonfatal child maltreatment and close to $1.3 million dollars per fatal case of child maltreatment, which includes estimated lifetime productivity. (Fang, X, Brown, D.S., Florence, C.S., & Mercy, J.A. (2012). The economic burden of child maltreatment in the United States and implications for prevention. Child Abuse & Neglect (36) 156–165).

Children involved with the child welfare system or at risk of involvement are more likely to experience chronic stress and trauma that has both short and long-term consequences. Brain research conducted over the past few years has revealed that, when trauma is associated with the failure of those who should be protecting and nurturing a child, it has profound, multifaceted, and far-reaching effects on nearly every aspect of the child's development and functioning, including their ability to achieve the national goals for children of safety, permanency and well-being. These children suffer impairment in many

of the following areas: brain development, biology, mood regulation, attachment, dissociation, behavioral control, ability to protect themselves as young adults, developmental delays, cognition and other learning difficulties, and low self-esteem. (Office of the Administration for Children & Families (ACF) – Office of Planning, Research & Evaluation (OPRE): National Survey of Child and Adolescent Well-Being (NSCAW), 1997-2014 and 2015-2022).

Prevention services reduce trauma to children and help avoid the physiological, psychological, and emotional costs associated with separation of the child from the family and the provision of child protective services, foster care, and adoption services. It is also the most cost effective approach to strengthening families and insuring the safety, permanency and well-being of children.

1.21 Appendix C: Virginia's prevention initiatives

VDSS continues to take the lead in coordinating statewide initiatives to support prevention at the local and state levels. Activities undertaken, in addition to those described in Section 1.9 of the guidance, include the following:

- VDSS continues to actively participate in Virginia's on-going efforts to create interdisciplinary, collaborative, community-based public-private partnerships for prevention of child abuse and neglect.

- Prevention staff serves on state level inter- and intra-agency workgroups tasked with coordinating service and program initiatives to strengthen families and promote child health, safety, and well-being.

- Other statewide organizations such as the Early Impact Virginia (EIV) (formerly Virginia Home Visiting Consortium), Virginia Statewide Parent Education Coalition (VSPEC), Virginia Coalition for Child Abuse Prevention, and Prevent Child Abuse Virginia (PCAV) all play a vital role in prevention.

- VDSS uses resources available through the Child Welfare Information Gateway and the FRIENDS: the National Center for Community-Based Child Abuse Prevention (CBCAP) as appropriate to provide training and technical assistance to grantees, supports the dissemination of information, and provides a forum for information-sharing related to positive family functioning and healthy child development.

- Since 1983, VDSS has provided leadership in the Commonwealth's annual observance of Child Abuse Prevention Month. In partnership with Prevent Child Abuse Virginia, VDSS continues to spearhead a coalition of agencies and organizations charged with planning and promoting Child Abuse Prevention Month activities. Each year, the Coalition requests the Governor to proclaim April as Child Abuse Prevention Month. VDSS also participates with Prevent Child Abuse Virginia and others to sponsor an annual April Child Abuse Prevention Month conference for both public and private prevention partners.

- VDSS also utilizes some of the federal Child Abuse Prevention and Treatment Act (CAPTA) State Grant Funds for Child Protective Services to support a child sexual abuse prevention program and The Virginia Child Protection Newsletter (VCPN). The VCPN often features prevention topics and promotes prevention efforts.

- Promoting Safe and Stable Families (PSSF) planning and funding initiative has also played a key role in creating resources for prevention at the local level. PSSF is authorized under Title IV-B, Subpart II of the Social Security Act, as amended and is codified at SEC.430 through 435 [42 U.S. C. 629a through

629e]. The PSSF program was initially created in 1993 as the Family Preservation and Support Services Program, geared toward community-based family preservation and support. In 1997, the program was reauthorized under the Adoption and Safe Families Act (ASFA) and renamed the PSSF Program.

- Since 1986, the Family and Children's Trust Fund (FACT) of Virginia has worked to prevent and treat family violence in Virginia. Family violence includes child abuse and neglect, domestic violence, dating violence, sexual assault, and elder abuse and neglect.

- The Virginia Department of Social Services Fatherhood Initiative (FI) provides a point of contact for individuals and organizations seeking information about fatherhood related programs and services. It connects families with resources to help them develop effective parenting and relationship skills. It supports community outreach and education strategies and provides funding opportunities designed to promote healthy and safe family practices and father involvement.

- Healthy Families Virginia (HFV) has been supported by VDSS and has provided home-visiting service to Virginia's most over-burdened families for nearly two decades. What began as a state-funded demonstration project has grown into a statewide initiative defined by four major goals:

  o Improving pregnancy outcome and child health.

  o Promoting positive parenting practices.

  o Promoting child development.

  o Preventing child abuse and neglect.

1.22 Appendix D: The prevention continuum

SERVICE				
PREVENTION PROVIDED PRIOR TO A VALID CPS REFERRAL		**PREVENTION PROVIDED AFTER RECEIPT OF A CURRENT, VALID CPS REFERRAL**		
Primary Public Education and Awareness Prevention Services	Secondary Prevention Services	Tertiary Prevention Services provided through CPS	Secondary or Tertiary Prevention services provided through Foster Care AFTER removal of a child	Secondary or Tertiary Prevention Services provided AFTER adoptive placement
TARGET POPULATION				
General public	• Groups of families *or* • Individual families at risk of abuse and neglect, or out-of-home care	• Birth families who have suspected or confirmed abuse or neglect *and* • Alternative families identified by parents as caretakers to prevent removal and foster care placement	• Potential foster families, • Approved foster families • Birth families whose children have been removed • Birth families whose children have been returned to them and • Foster care children in independent living arrangements	• Potential adoptive families • Approved adoptive families • Birth families who may continue contact with children
OUTCOME				
Helping children thrive, reducing the risk of abuse and neglect in the community, and supporting families so that all children can remain safely at home	Reducing the risk of abuse and neglect in at-risk groups or at-risk individual families and increasing family stability	Reducing risk of future harm in birth families or other alternative families used to prevent foster care and increasing family stability	Helping children heal and reducing risk of future harm through reabuse or placement disruptions in birth and foster families	Helping children heal and reducing risk of future harm through reabuse or placement disruption/ dissolution in adoptive families

1.23 Appendix E: Protective Factors

Six protective factors provide the foundation of the strengthening families approach and are promoted by the FRIENDS: National Center for Community-Based Child Abuse Prevention (CBCAP) and the National Alliance of Children's Trust and Prevention Funds (Alliance).

The Alliance has also developed an online training course: Strengthening Families™ Protective Factors Framework, an excellent basic overview of how the protective factors can be incorporated into prevention work.

1.23.1 Parental resilience

Although no one can eliminate stress from parenting, a parent's capacity for resilience can affect how a parent deals with stress. Resilience is the ability to manage and recover from difficult life events and the ability to form positive relationships with one's children. Resilient parents have empathy for themselves, their child and others. It requires the ability to communicate, recognize challenges, use healthy coping strategies, embrace a positive belief system, acknowledge feelings and make good choices. Teaching resilience means supporting family driven services and decision making. It means helping families find ways to solve their problems, to build and sustain trusting relationships including relationships with their children, to know how to seek help when necessary and be able to identify and use the resources available. Specific examples include the following:

- Able to stay in control when child misbehaves-uses non abusive disciplinary techniques and consequences.

- Feelings of competence in parenting roles.

- Pulling together in times of stress.

- Listen to each other.

1.23.2 Social connections

Social connections are the antidote to social isolation, a primary risk factor for child abuse and neglect. Families can have many different types of social connections that provide different types of support. For example, friends, extended family members, other parents with children the same age, neighbors and community members provide emotional support, help solve problems, offer parenting advice and give concrete assistance to parents. Networks of support are essential to parents and also offer opportunities for people to "give back", an important part of self-esteem as well as a benefit for the community. Isolated families may need extra help in reaching out to build positive relationships. An example includes the following:

- Have others to talk to when there is a problem or crisis.

1.23.3 Concrete support in times of need

Providing concrete help to families at times when they need it most can help fortify families, minimize the stress they are experiencing and help them take care of their children despite the circumstances they face. Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Meeting basic emotional needs is equally important. All families can benefit from concrete support in times of need and when crises arise. When this happens, both social connections and adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis. Specific examples include the following:

- Knowledge of community resources and available supports where to go for help.

- Supportive family environment and social connections and supports.

- Adequate and stable housing.

- Access to health care and social services.

- Parental employment and financial solvency.

- Opportunities for education and employment.

- Adequate housing.

1.23.4 Knowledge of parenting and child development

One of the primary factors in family disruption is unmatched expectations of the parents. Accurate information about child development and appropriate expectations for children's behavior at every age help parents see their children and youth in a positive light and promote their healthy development. Information can come from many sources, including family members as well as parent education classes and surfing the internet. Studies show information is most effective when it comes at the precise time parents need it to understand their own children. Parents who experienced harsh discipline or other negative childhood experiences may need extra help to change the parenting patterns they learned as children. Specific examples include the following:

- Effective parenting knowledge.

- Understanding of child development.

- Realistic expectations of child.

- Uses praise.

1.23.5 Social and emotional competence of children

All of these have a positive impact on their relationships with their family, other adults, and peers. Challenging behaviors or delayed development creates extra stress for families, so early identification and assistance is necessary for both.

1.23.6 Nurturing and attachment

Parents, who are nurturing, provide structure and consistently meet children's emotional and physical needs and help children develop healthy attachments with their caregivers. This attachment provides the foundation for positive interaction, self-regulation, effective communication and a positive self-concept.

- Demonstrate empathy towards the child and understand and attuned to the child's needs.

- Enjoys being with child.

- Able to soothe child when they are upset.

- Spend time with the child doing what the child likes to do.

- Provides nurturing and affection.

- Positive, strong, stable, and caring parent child relationships.

- Open communication and problem-solving.

1.24 Appendix F: Risk Factors

Research has uncovered a number of risk factors or attributes commonly associated with maltreatment. Children in families and environments where these factors exist have a higher probability of experiencing maltreatment.

A greater understanding of risk factors can help professionals working with children and families identify maltreatment and at risk situations so they can intervene appropriately. It must be emphasized, however, that while certain factors often are present among families where maltreatment occurs, this does not mean that the presence of these factors necessarily lead to child abuse and neglect.

Common factors associated with increased risk of child maltreatment are often categorized as follows:

1.24.1 Parent related

- Parent substance abuse or history of substance abuse.

- Parental history of child abuse or neglect in family of origin.

- Parental history of receiving domestic violence (DV) services or involvement of law enforcement due to DV.

- Self-reported incident of or exposure to DV.

- History of child abuse or neglect involving parents' child.

- Current or history of depression.

- Parent physical and mental health issues.

- Parent language barriers.

- Parent's unrealistic expectations of child.

- Parent antisocial behavior.

- Late, poor, or no prenatal care.

- Abortion unsuccessfully sought or attempted for pregnancy of a particular child.

- Parental attitude about becoming a parent.

- Relinquishment of adoption sought or attempted for a particular child.

- History of psychiatric care.

- Education under 12 years.

- Low maternal self-esteem.

- Low parental IQ.

- Parents' negative view of the child in families where DV is present.

- Single parents.

- Non-biological, transient caregivers in the home.

- Language barriers.

1.24.2 Child related

- Child younger than four (4) years of age.

- Child exposure to DV.

- Child's behavior and temperament.

- Child with disabilities or other special needs that may increase caregiver burden.

- Child antisocial behavior.

1.24.3 Family related

- Abnormal or nonexistent attachment and bonding.

- Family economic factors.

- Unemployment, inadequate income, unstable housing, and no phone.

- Family management problems and family conflict.

- History of family violence of any kind.

- Marital or family problems.

- Single-parent family.

- Inadequate emergency contacts-excludes immediate family.

1.24.4 Community/environmental related

- Lack of social supports.

- Isolation.

- Few housing opportunities.

- High unemployment.

- High incidence of teen pregnancy.

- Lack of resources: lack of access to early infant and child services, day care, mental health resources, educational resources, after-school programs, parent support groups, child development information.

- Availability of drugs in the community.

- Community violence.

- Community disorganization/low neighborhood attachment.

For more information on risk factors, see the Child Welfare Information Gateway.

1.25 Appendix G: Moving from problem focused to solution focused in strength-based practice

	Problem Based	*Solution Based*
FOCUS	*What's wrong?*	*What's right?* *What can be more right?* *What's happened to you?*
VIEW OF PARENT	*"Bad" parent*	*Parent struggling with a challenge*
PURPOSE	*Service worker seeking answers to questions; Interrogation*	*Service worker and family raise questions and together explore answers; Consensus building*
ASSESSMENT	*Service worker assesses family*	*Mutual assessment; Both service worker and family have a wealth of knowledge to share*
PLANNING	*Service worker driven plan; Individual focused*	*Family driven plan and owned; Both individual and family focused*
ROLE OF THE SERVICE WORKER	*Monitor progress; Often adversarial; Interpret lack of progress as resistance*	*Coach the family; Acknowledge learning and change; Expect backsliding; Explore with the family what's getting in the way*
OUTCOME	*Compliance of the individual; Service worker owns outcome*	*Family members gain new knowledge and learn new skills; Family owns outcome*
EMOTIONAL RESPONSE	*Parent and service worker anxious about outcomes and often feel guilty or bad*	*Parent and service worker manage feelings and feel good about what the family has accomplished*

1.26 Appendix H: Father Friendly Environmental Assessment Tool

**100% Self-Monitoring Tool -
To be completed by the Fatherhood Representative**

Fatherhood Representative Name _____ Date of Review _____

Directions: Walk through your center and complete the following audit. If you are a female, imagine you are male or take a trusted man with you.

Scoring: *2 points for each area of full compliance*
1 point for each area of partial compliance
0 points for noncompliance

A. *First Impression* _____

The initial reception area is free of signs or posters that would be possibly intimidating for men (e.g., domestic violence posters that target men as batterers). Staff members are warm, friendly and comfortable with men and fathers coming for services.

B. *Landscape* _____

All visual materials include men and fathers of varied racial and ethnic backgrounds in positive roles; posters have positive, non-stereotypical messages. Magazines and brochures are relevant to men and women.

C. *Role Models* _____

There are visuals (posters, pictures, toys) present within the center; including male staff working with parents and children in roles other than that of bus driver, cook, janitor or accountant. Examples: a poster with a male nurse, pictures of male teachers, books with male bakers, magazines with male restaurant waiters etc.

D. *Linguistic Pollution* _____

Verbal and nonverbal language and cues avoid stereotyped generalizations about men; there is no joking or humorous conversation where men/fathers are the butt of the joke; there are no informal negative conversations about men to be overhear.

E. *Communication and Roles* _____

Men in the program (staff or fathers) are listened to with open minds; their ideas are considered thoughtfully. Differences in male/female communication styles are understood and respected; men are not expected to communicate exactly like women. Men are appreciated in both traditional and nontraditional roles. They are not asked to do all of the heavy labor tasks, but are appreciated if they volunteer to do some heavy tasks. Their ability to be effective and appropriate in their interactions with young children is recognized. Examples would include: respecting that males talk more about information or to report. Men talk more about things (business, sports, food) than about people. Men convey facts, not details. Men are goal oriented. Women talk to gain information and to connect, and are relationship oriented.

F. *Materials/Activities for Parents* _____

Equipment, resources and types of parenting activities are diverse and relevant for both fathers and mothers. Specific brochures/publications are provided for fathers. Referral lists include services for fathers as well as mothers.

G. *Interaction with Parents* _____

Mothers and fathers get equal respect and attention from staff. Staff members encourage and expect fathers to be involved, welcome them warmly, recognize and respect differences in male and female parenting styles, and avoid "correcting" fathers as they interact with their children. Examples: Records show interactions with fathers during Home Visits and staff/parent conferences, fathers input in child's goal setting and observations.

Total Score Rating _____

0-5	Just beginning
6-10	In Process
11-14	Almost There
14	CONGRATULATIONS!

ACTION PLAN

Based on the Father-Friendly Environmental assessment, what do you recommend to make the environment more welcoming to men/fathers?

Action Steps	Persons Responsible	By When

1._____   _____   _____
   _____
   _____

2. _____   _____   _____
   _____
   _____

3. _____   _____   _____
   _____

Agency Name: _____

(Adapted from the Male-Friendliness Environment Audit developed by Pamela Wilson under contract with the Head Start Bureau, 2001.)

1.27 Appendix I: Funding sources for prevention

1.27.1 Federal and state funds used by localities to provide prevention services

1.27.1.1   Promoting Safe and Stable Families (PSSF)

Promoting Safe and Stable Families (PSSF) is designed to assist children and families resolve crises, connect with necessary and appropriate services, and remain safely together in their own homes whenever possible. Services are provided to meet the following objectives:

- Prevent or eliminate the need for out-of-home placements of children.

- Promote family strength and stability.

- Enhance parental functioning.

- Protect children.

- Assess and make changes in state and local service delivery systems.

The services provided through the program, are child-centered, family-focused, and community-based. The citizens of Virginia communities receiving funding determine how best to utilize those funds on behalf of the children and families in their respective communities. Receipt of the funding is based upon approval by the state of individual community plans that have been developed from comprehensive community-based needs assessments. Funds in each community are managed by the Community Policy and Management Team (CPMT).

1.27.1.2   Children's Services Act (CSA) state pool funds

The need for services funded by the Children's Services Act (CSA) is determined by local Family Assessment and Planning Teams (FAPT) on a case-by-case basis. The purpose of the funds is to avoid out-of-home or out-of-community placements of at-risk children. The funding varies by locality and type of service.

> (§ 2.2-5212). In order to be eligible for funding for services through the state pool of funds, a youth, or family with a child, shall meet one or more of the criteria specified in subdivisions 1 through 4 and shall be determined through the use of a uniform assessment instrument and process and by policies of the community policy and management team to have access to these funds.

1. The child or youth has emotional or behavior problems that:

a. Have persisted over a significant period of time or, though only in evidence for a short period of time, are of such a critical nature that intervention is warranted;

b. Are significantly disabling and are present in several community settings, such as at home, in school or with peers; and

c. Require services or resources that are unavailable or inaccessible, or that are beyond the normal agency services or routine collaborative processes across agencies, or require coordinated interventions by at least two agencies.

2. The child or youth has emotional or behavior problems, or both, and currently is in, or is at imminent risk of entering, purchased residential care. In addition, the child or youth requires services or resources that are beyond normal agency services or routine collaborative processes across agencies, and requires coordinated services by at least two agencies.

3. The child or youth requires placement for purposes of special education in approved private school educational programs.

4. The child or youth requires foster care services as defined in § 63.2-905.

B. For purposes of determining eligibility for the state pool of funds, "child" or "youth" means (i) a person younger than 18 years of age or (ii) any individual through 21 years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services.

According to the 2011 Prevention Survey of LDSS, 90% of LDSS brought prevention cases to FAPT for funding. The primary reason children were brought to FAPT was for a child at risk of foster care resulting from suspected, initial, or recurring maltreatment or a Child In Need of Services (CHINS). Other prevention cases are brought to FAPT as a result of a court order, delinquency, truancy, educational issues, and homelessness.

Access to CSA funds is governed by state and local policies which require multiagency planning, uniform assessment, utilization review, and authorization of funds. Service workers should become familiar and comply with policies established by their local CPMT and FAPT for access to CSA funding.

For more information on CSA state pool funds, see the CSA User Guide and Policy Manual.

1.27.1.3 Family Preservation and Support Program (FPSP)

Federal Social Services Block Grant (SSBG) funds are provided to enable each state to furnish social services best suited to meet the needs of the individuals residing within the state. Virginia's portion of SSBG funds is administered through the Family Preservation & Support Program (FPSP).

FPSP funds are allocated to each LDSS based on a budget submission. The purpose of the FPSP is to strengthen the family unit or to prevent or remedy neglect or abuse of children who may be at-risk of entering foster care.

FPSP goods or services include interventions to maintain and strengthen the family unit while ensuring the safety of the child. The goods or services provided through FPSP are child-centered, family-focused, and community-based. The primary purpose of the FPSP is to help children and families that are in crisis who need short-term support to become self-sustaining.

FPSP funds must be used for two broad types of funding and eligible populations:

- *Family Support Services (FSS): This service type is used to assist vulnerable families where there is no immediate risk of the children entering foster care. Services that families may receive include community-based preventive activities designed to promote the safety and well-being of children and families; promote parental competencies and behaviors that will increase the ability of families to successfully nurture their children; enable families to use other resources and opportunities available in the community; create supportive networks to enhance child-rearing abilities of parents and help compensate for the increased social isolation and vulnerability of families; and strengthen parental relationships and promote healthy marriages. This definition also includes mentoring programs.*

- *Family Preservation Services (FPS): This service type is used to assist families whose children have been identified as being at risk of out-of-home placement unless immediate services are provided to preserve the family. The services provided are designed to help families alleviate crises; maintain the safety of children in their own homes; and assist families to obtain support to address their multiple needs in a culturally sensitive manner.*

1.27.1.4 Other federal or state funding sources

In addition to the above funding sources, LDSS may help families access Temporary Assistance for Needy Families (TANF), Virginia Initiative for Employment Not Welfare (VIEW), Medicaid, General Relief (GR), and adoption

assistance to prevent maltreatment and support stable foster and adoptive families.

1.27.2 Grant programs used for prevention

Availability of grant funds varies from year to year. LDSS staff should explore the logical connections between local program needs and community resources to build the assets of the LDSS for prevention. Many localities have been creative in finding a good "fit" with funding sources that may not have been obvious. The examples below are not intended to be all inclusive but to be used as impetus for brainstorming ideas about possible funding sources.

Some of the types of state grant funding used by localities have included Community-Based Child Abuse Prevention (CBCAP) funds, Family and Children's Trust Fund (FACT), Substance Abuse Prevention and Treatment Block Grant (SABG), Maternal Infant Early Childhood Home Visiting (MIECHV) funding, Office of Juvenile Justice and Delinquency Prevention (OJJDP) grants, Virginia Foundation for Healthy Youth (VFHY) grants, and United States Department of Housing and Urban Development (HUD) Emergency Shelter Grants (ESG). Localities have also identified foundation, corporation, and community-based organization funding sources.

1.27.3 Local funding sources

Local agencies can dial 2-1-1 to find out about resources in their community. Other local resources can include local only government funds; community block grants; United Way; local churches and faith-based organizations; local businesses; funds from local advocacy teams or coalitions; civic, social and fraternal organizations (i.e. Kiwanis, General Federation of Women's Clubs, etc.); Girl Scouts and Boy Scouts councils, and local banks. Some local agencies also conduct fund raising events and solicit donations from the public.

1.28 Appendix J: Online resources for information and funding

The resources below are listed alphabetically by content area. Within each content area there is a combination of national, state, and local resources. Content areas include the following:

- *Attachment.*

- *Child abuse and neglect (national).*

- *Child abuse and neglect (state).*

- *Child care.*

- *Data and statistical.*

- *Evidence-based clearinghouses.*

- *Evidence-based programs.*

- *Evidence-based tools.*

- *Funding.*

- *Protective factors.*

- *Publications.*

- *Strengthening families.*

- *Trauma.*

1.28.1 Attachment

Association for the Treatment and Training in the Attachment of Children (ATTACh): An international coalition of professionals and families dedicated to helping those with attachment difficulties by sharing our knowledge, talents and resources.

Attachment Parenting International (API): Promotes parenting practices that create strong, healthy emotional bonds between children and their parents.

1.28.2 Child abuse and neglect prevention (National)

Annie E. Casey Foundation: The primary mission of the Annie E. Casey Foundation is to foster public policies, human-service reforms, and community supports that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities, and neighborhoods fashion more innovative, cost-effective responses to these needs.

Child Welfare Information Gateway: Child Welfare Information Gateway promotes the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the general public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more.

Children's Bureau: works with State and local agencies to develop programs that focus on preventing the abuse of children in troubled families, protecting children from abuse, and finding permanent placements for those who cannot safely return to their homes

FRIENDS (Family Resource Information, Education, and Network Development Service) - National Center for Community-Based Child Abuse Prevention.

Healthy Families America: Evidence-based, nationally recognized home visiting program model designed to work with overburdened families who are at-risk for child abuse and neglect and other adverse childhood experiences.

National Alliance of Children's Trust and Prevention Funds (Alliance): Membership organization that provides training, technical assistance and peer consulting opportunities to state Children's Trust and Prevention Funds and strengthens their efforts to prevent child abuse.

National Child Support Enforcement Association (NCSEA): Serves child support professionals, agencies, and strategic partners worldwide through professional development, communications, public awareness, and advocacy to enhance the financial, medical, and emotional support that parents provide for their children.

National Survey of Child and Adolescent Well-Being (NSCAW): Nationally representative, longitudinal survey of children and families who have been the subjects of investigation by Child Protective Services.

Prevent Child Abuse America: Provides leadership to promote and implement prevention efforts at both the national and local levels.

1.28.3 Child Abuse and Neglect (State)

Casey Family Programs: *Works in all 50 states, the District of Columbia and Puerto Rico to influence long-lasting improvements to the safety and success of children, families and the communities where they live. This resource offers an extensive library of child welfare research, best practices, and policy tools.*

Virginia Children's Advocacy Organization (CAC): *Membership organization dedicated to helping local communities respond to allegations of child abuse and neglect in ways that are effective and efficient and put the needs of children first-provides training, support, technical assistance and leadership on a statewide level to local children's and child advocacy centers and communities throughout Virginia*

Children's Trust Roanoke Valley: *Provides parent education to new or inexperienced parents, high risk parents experiencing homelessness or drug and alcohol abuse treatment, and teen parents and expectant teen parents living in the greater Roanoke Valley.*

Family and Children's Trust Fund (FACT) of Virginia: *Works to prevent and treat family violence in Virginia. Family violence includes child abuse and neglect, domestic violence, dating violence, sexual assault, and elder abuse and neglect.*

Greater Richmond SCAN (Stop Child Abuse Now): *local nonprofit organization dedicated solely to the prevention and treatment of child abuse and neglect in the Greater Richmond area.*

Prevent Child Abuse Virginia (PCAV): *Statewide, nonprofit, non-partisan organization that works to prevent child abuse and neglect by valuing children, strengthening families and engaging communities.*

SCAN of Northern Virginia: *Non-profit organization whose mission is to promote the well-being of children, improve parent-child relations and prevent child abuse and neglect.*

Voices for Virginia's Children: *Statewide, privately funded, non-partisan awareness and advocacy organization that builds support for practical public policies to improve the lives of children.*

1.28.4 Child care

Child Care Aware® of Virginia: *Community-based network of early care and education specialists whose purpose is to deliver services to families, child care professionals and communities to increase the accessibility, availability and quality of child care in Virginia.*

1.28.5 Children and youth programs

Boys & Girls Clubs of America: *National organization of local chapters which provide after-school programs for young people.*

Commission on Youth: *Bi-partisan legislative commission of the General Assembly which provides a legislative forum in which complex issues related to youth and their families can be explored and resolved.*

Incredible Years: *Evidence-based programs and materials that develop positive parent-teacher-child relationships and assist in preventing and treating behavior problems and promoting social, emotional, and academic competence before a child becomes an adult.*

STRYVE (Striving To Reduce Youth Violence Everywhere): *National initiative led by the Centers for Disease Control and Prevention (CDC) to prevent youth violence. STRYVE works to: increase public health leadership to prevent youth violence; promote the widespread adoption of youth violence prevention strategies based on the best available evidence; and reduce the rates of youth violence on a national scale.*

Virginia High School League (VHSL): *An alliance of Virginia's public and approved non-boarding, non-public high schools that promotes education, leadership, sportsmanship, character and citizenship for students by establishing and maintaining high standards for school activities and competitions.*

Virginia RULES: *Virginia's state-specific law-related education program for middle and high school students. The purpose of Virginia Rules is to educate young Virginians about Virginia laws and help them develop skills needed to make sound decisions, to avoid breaking laws, and to become active citizens of their schools and communities.*

Youth.gov: *Youth.gov (formerly FindYouthInfo.gov) was created by the Interagency Working Group on Youth Programs (IWGYP), which is composed of representatives from 19 federal agencies that support programs and services focusing on youth.*

1.28.6 Court services

Court Appointed Special Advocate Program (CASA) - Virginia: *CASA is the Court Appointed Special Advocate Program. CASA is a child advocacy organization that seeks to provide trained volunteers to speak for abused and neglected children who are the subjects of juvenile court proceedings. CASA volunteers advocate for safe, permanent homes for children.*

Virginia State Bar - Virginia Lawyer Referral Service (VLRS): *Quickly and efficiently supports procurement of legal services, encourages preventive law, and furthers the education of the public to the legal profession by connecting qualified, competent, fully licensed practitioners in specific areas of need with: members of the public with legal challenges; businesses; and other licensed practitioners.*

1.28.7 Data and other statistical information

Casey Family Programs: *Works in all 50 states, the District of Columbia and Puerto Rico to influence long-lasting improvements to the safety and success of children, families and the communities where they live. Offers an extensive library of child welfare research, best practices, and policy tools.*

Child Abuse and Neglect Statistics – Child Welfare Information Gateway: *These resources present statistics and data on the different types of abuse and neglect as well as the abuse and neglect of children with disabilities, abuse and neglect in out-of-home care, recurrence, and fatalities.*

Child Trends: *Nonprofit, nonpartisan research center that studies children at all stages of development.*

Census Data – Children's Defense Fund (CDF): *CDF is affiliated with the United States Bureau of the Census as a Census Information Center for data on children and families. In this role, CDF analyzes and disseminates Census data in a variety of formats to concerned citizens, advocates, policy makers and the media.*

Family and Children's Trust Fund (FACT) of Virginia – FACT Data Portal: *Repository for data on family violence across Virginia.*

KIDS COUNT Data Center – Voices for Virginia's Children: *Serves as a powerful tool for viewing and comparing statewide and locality-level data on: demographics, employment and income, public assistance, poverty, housing, test scores, and more.*

National Data Archive on Child Abuse and Neglect (NDACAN): *Aims at facilitating the secondary analysis of research data relevant to the study of child abuse and neglect and seeks to provide an accessible and scientifically productive means for researchers to explore important issues in the child maltreatment field.*

National Fatherhood Initiative's Father Facts: *The latest statistics on families and fatherhood.*

Supplemental Nutrition Assistance Program (SNAP): *Program participation and activity in Virginia.*

Virginia Performs: *Shows how Virginia is doing in areas that effect quality of life for people and their families.*

1.28.8 Evidence-based clearinghouses

Blueprints for Healthy Youth Development: Identifies evidence-based positive youth development prevention and intervention programs.

California Evidence-Based Clearinghouse for Child Welfare (CEBC): Seeks to advance the effective implementation of evidence-based practices for children and families involved with the child welfare system.

Centers for Disease Control and Prevention (CDC) – Division of Violence Prevention: Seeks to prevent injuries and deaths caused by violence. The site includes evidence-based programs to stop child maltreatment.

Community Preventive Services Task Force (Task Force): Established in 1996 by the U.S. Department of Health and Human Services to identify population health interventions that are scientifically proven to save lives, increase lifespans, and improve quality of life. The Task Force produces recommendations (and identifies evidence gaps) to help inform the decision making of federal, state, and local health departments, other government agencies, communities, healthcare providers, employers, schools and research organizations.

FRIENDS, the National Center for Community-Based Child Abuse Prevention (CBCAP): Provides training and technical assistance to federally funded CBCAP Programs. FRIENDS serves as a resource to those programs and to the rest of the Child Abuse Prevention community.

National Registry of Evidence-based Programs and Practices (NREPP): Supplies a searchable online registry of mental health and substance abuse interventions that have been assessed and rated by independent reviewers.

Office of Juvenile Justice and Delinquency Prevention (OJJDP): Collaborates with professionals from diverse disciplines to improve juvenile justice policies and practices.

Promising Practices Network (PPN): Resource that offers credible, research-based information on what works to improve the lives of children and families.

Virginia Commission on Youth's Collection of Evidence-based Practices for Children and Adolescents with Mental Health Treatment Needs (Collection): The 2002 General Assembly, through Senate Joint Resolution 99, directed the Virginia Commission on Youth to coordinate the collection of treatments recognized as effective for children and adolescents, including juvenile offenders, with mental health disorders. The resulting publication, the Collection, was compiled by the Commission on Youth with the assistance of an advisory group of experts.

1.28.9 Education

Early Childhood Special Education: Early Childhood Special Education (Part B of IDEA) and Early Intervention (Part C of IDEA), in Virginia, provide services for children from birth to Kindergarten age who qualify according to state and federal law. All localities in the state have services available for children in this age group who are eligible.

Project HOPE - Virginia: Virginia's Program for the Education of Homeless Children and Youth, is a federally-funded grant authorized by the McKinney-Vento Homeless Education Assistance Program. Project HOPE ensures the enrollment, attendance, and the success of homeless children and youth in school through public awareness efforts across the commonwealth and sub-grants to local school divisions.

The Family Engagement for High School Success Toolkit: Designed to support at-risk high school students by engaging families, schools, and the community. Created in a joint effort by United Way Worldwide (UWW) and Harvard Family Research Project (HFRP) as part of the Family Engagement for High School Success (FEHS) initiative.

Virginia Department of Education (VDOE): The mission of Virginia's public education system is to educate students in the fundamental knowledge and academic subjects that they need to become capable, responsible, and self-reliant citizens. Therefore, the mission of the Virginia Board of Education and the superintendent of public instruction, in cooperation with local school boards, is to increase student learning and academic achievement.

Virginia Head Start Association, Inc.: Head Start is a national child development program for children from birth to age 5, which provides services to promote academic, social and emotional development for income-eligible families.

1.28.10 Family supports and services

Early Impact Virginia (EIV) (formerly Virginia Home Visiting Consortium): A collaboration of statewide early childhood home visiting programs that serve families of children from pregnancy through five (5) years of age.

Healthy Families America (HFA): Nationally recognized evidence-based home visiting program model designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and other adverse child experiences; and current or previous issues related to substance abuse, mental health issues, or domestic violence.

Infant & Toddler Connection of Virginia: Provides early intervention supports and services to infants and toddlers from birth through age two (2) who are not developing as expected or who have a medical condition that can delay normal development.

1.28.11 Fatherhood

National Fatherhood Initiative (NFI): Seeks to transform organizations and communities by equipping them to intentionally and proactively engage fathers in their children's lives.

Nurturing Fathers Program (NFP): An evidence – based, 13-week training course designed to teach parenting and nurturing skills to men. Each 2 ½ hour class provides proven, effective skills for healthy family relationships and child development.

1.28.12 Funding

eVA - Virginia's eProcurement Portal: Virginia's online, electronic procurement system where VDSS grant opportunities are posted.

Children's Services Act (CSA) - Commonwealth of Virginia: Establishes a single state pool of funds to purchase services for at- risk youth and their families. The state funds, combined with local community funds, are managed by local interagency teams who plan and oversee services to youth.

Promoting Safe and Stable Families Program (PSSF): Designed to assist children and families resolve crises, connect with necessary and appropriate services, and remain safely together in their own homes whenever possible.

Virginia Community Based Child Abuse Prevention (CBCAP) – State Report: Community-based child abuse prevention state reports.

1.28.13 Mental and behavioral health

Mental Health America (MHA): National community-based nonprofit dedicated to helping Americans achieve wellness by living mentally healthier lives. MHA's work is driven by a commitment to promote mental health as a critical part of overall wellness, including prevention for all, early identification and intervention for those at risk, integrated health, behavioral health and other services for those who need them, and recovery as a goal.

National Alliance on Mental Illness (NAMI): Nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness.

National Institute of Mental Health – Child and Adolescent Mental Health: Lead federal agency for research on child and adolescent mental disorders. The mission of NIMH is to transform the understanding and treatment of mental illnesses through basic and clinical research, paving the way for prevention, recovery, and cure.

Substance Abuse and Mental Health Services Administration (SAMHSA): Agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

The ARC of Virginia: Promotes and protects the human rights of people with intellectual and developmental disabilities and actively supports their full inclusion and participation in the community throughout their lifetimes.

Virginia Association of Community Services Boards (VACSB): Represents Virginia's Community Services Boards and Behavioral Health Authorities who provide mental health, intellectual disability, and substance use disorder services management and delivery in Virginia's communities.

Virginia Department of Behavioral Health & Developmental Services (DBHDS): Virginia's public mental health, intellectual disability, and substance abuse services system is comprised of 16 state facilities and 40 locally-run community services boards. The CSBs and facilities serve children and adults who have or who are at risk of mental illness, serious emotional disturbance, intellectual disabilities, or substance abuse disorders.

Virginia Department for Aging and Rehabilitative Services (DARS): DARS, in collaboration with community partners, provides and advocates for resources and services to improve the employment, quality of life, security, and independence of older Virginians, Virginians with disabilities, and their families.

1.28.14 Parent education and support

Circle of Parents®: Circle of Parents is a national network of parent leaders, statewide and metropolitan regional non-profit organizations dedicated to using a peer-to-peer, self-help model of parent support to carry out their mission of preventing child abuse and neglect and strengthening families.

KidsPriorityOne: Resource center where families, and those working with families, find local resources and valuable information related to raising healthy children. The website hosts a database of more than 1,000 organizations serving children and families across Hampton Roads--Southside and Peninsula. You'll find services for all ages of children, youth and their parents; those with disabilities and other special needs; families with basic and emergency needs, youth development, parenting support, and much more.

National Resource Center for Healthy Marriage and Families: NHMRC is a clearinghouse for high quality, balanced, and timely information and resources on healthy marriage. The NHMRC's mission is to be a first stop for information, resources, and training on healthy marriage for experts, researchers, policymakers, media, marriage educators, couples and individuals, program providers, and others.

NewFound Families (formerly FACES of Virginia Families): Non-profit membership organization whose mission is to provide a united voice of families caring for children and youth living in foster, adoptive, and kinship homes so that families and children receive the support and services they need. NewFound Families provides educational, advocacy, and support services to families caring for children unable to live with their birth parents.

Nurturing Parenting Programs®: A family-centered trauma-informed initiative designed to build nurturing parenting skills as an alternative to abusive and neglecting parenting and child-rearing practices. The long-term goals are to prevent recidivism in families receiving social services, lower the rate of multi-parent teenage pregnancies, reduce the rate of juvenile delinquency and alcohol abuse, and stop the intergenerational cycle of child abuse by teaching positive parenting behaviors.

Parent Educational Advocacy Training Center (PEATC): PEATC builds positive futures for Virginia's children by working collaboratively with families, schools and communities in order to improve opportunities for excellence in education and success in school and community life – with a special focus on children with disabilities.

Parent Resource Centers – Virginia: Virginia's Parent Resource Centers are committed to a positive relationship between parents and schools for students' sake. PRCs assist parents with questions and planning, as well as provide resources and training sessions.

Virginia Division for the Aging (VDA): The Virginia Division for the Aging (VDA) works with 25 local Area Agencies on Aging (AAAs) as well as various other public and private organizations to help older Virginians, their families and loved ones find the service and information they need. The Division is a central point of contact for information and services.

Virginia Cooperative Extension: An educational outreach program of Virginia's land-grant universities: Virginia Tech and Virginia State University, and a part of the National Institute for Food and Agriculture, an agency of the United States Department of Agriculture. Building local relationships and collaborative partnerships, we help people put scientific knowledge to work through learning experiences that improve economic, environmental, and social well-being.

1.28.15 Protective Factors

Prevention Resource Guide: A guide for preventing child maltreatment and promoting child well-being that includes guidelines for working with families around the protective factors and tips for parents to increase protective factors.

Strengthening Families™ Protective Factors Framework: An online training course that provides a basic overview of how the protective factors can be incorporated into prevention work.

1.28.16 Publications

Center for the Study of Social Policy (CSSP): Publications, documents, and other resources that have helped stimulate new directions and guide planning and implementation work from the ground to the policy level.

Child Welfare Information Gateway: Provides access to print and electronic publications, website, databases, and online learning tools for improving child welfare practice.

Virginia Child Protection Newsletter (VCPN): Focuses on one or more topics in child welfare. The articles provide a survey of literature and also address current practice issues.

1.28.17 Strengthening families

Center for the Study of Social Policy (CSSP): Works to secure equal opportunities and better futures for all children and families by improving public policies, systems and communities by building protective factors, reducing risk factors and creating opportunities that contribute to well-being and economic success.

Child Welfare Information Gateway: Connects child welfare and related professionals to comprehensive information and resources to help protect children and strengthen families.

1.28.18 Trauma

ACEs Connection: Social network that accelerates the global movement toward recognizing the impact of adverse childhood experiences in shaping adult behavior and health, and reforming all communities and institutions -- from schools to prisons to hospitals and churches – to help heal and develop resilience rather than to continue to traumatize already traumatized people.

Child Welfare Information Gateway: Resources and information on trauma experienced by children who have been abused, neglected, and separated from their families; secondary trauma experienced by child welfare workers; and mental health issues in child welfare during traumas and disasters.

National Child Traumatic Stress Network (NCTSN): Focused on raising the standard of care and improving access to services for traumatized children, their families, and communities throughout the United States. Also includes the Child Welfare Trauma Training Toolkit, which presents a summary of the research on the impact of trauma.