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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 provide prevention services within local communities. This section provides the following information:

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

- 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.

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

- A summary of the resources and evidence-based practices that can be used to support prevention services within LDSS (See Appendix I: Online 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 well-being, safety, 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 maltreatment.

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

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 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 and 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 their parent(s), siblings, and extended family members throughout their life.

- 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 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 Legal authority to provide prevention services

§ 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.

§ 63.2-319. Child welfare and other services. Each local board shall provide, either directly or through the purchase of services subject to the supervision of the Commissioner and in accordance with regulations adopted by the Board, any or all child welfare services herein described when such services are not available through other agencies serving residents in the locality. For purposes of this section, the term "child welfare services" means public social services that are directed toward:

1. Protecting the welfare of all children including handicapped, homeless, dependent, or neglected children;
2. Preventing or remedying, or assisting in the solution of problems that may result in the neglect, abuse, exploitation, or delinquency of children;

3. Preventing the unnecessary separation of children from their families by identifying family problems, assisting families in resolving these problems and preventing the break up of the family where preventing the removal of a child is desirable and possible;

4. Restoring to their families children who have been removed by providing services to the families and children;

5. Placing children in suitable adoptive homes in cases where restoration to the biological family is not possible or appropriate; and

6. Assuring adequate care of children away from their homes in cases where they cannot be returned home or placed for adoption.

Each local board is also authorized and, as may be provided by regulations of the Board, shall provide rehabilitation and other services to help individuals attain or retain self-care or self-support and such services as are likely to prevent or reduce dependency and, in the case of dependent children, to maintain and strengthen family life.

22 VAC 40-705-150 A. At the completion of a family assessment or investigation, the local department shall consult with the family to provide or arrange for necessary protective and rehabilitative services to be provided to the child and his family to the extent funding is available pursuant to § 63.2-1505 or 63.2-1506 of the Code of Virginia.

22 VAC 40-705-150 E. Protective services also includes preventive services to children about whom no formal complaint of abuse or neglect has been made, but for whom potential harm or threat of harm exists, to be consistent with §§ 16.1-251, 16.1-252, 16.1-279.1, 63.2-1503 J, and 63.2-1502 of the Code of Virginia.

§ 63.2-905 Foster Care Services: 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 the Code of Virginia.

1.6.2 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. The local department shall provide services pursuant to § 63.2-905 of the Code of Virginia to the child and birth parents or custodians to prevent the need for foster care placement when the child is abused and neglected as defined in § 63.2-100 of the Code of Virginia or has been found to be a child in need of services as defined in § 16.1-228 of the Code of Virginia by the court or as determined by the family assessment and planning team.

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. Appropriate services 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 written plan or in the IFSP used in conjunction with accessing CSA funds.

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 regulations, 45 CFR 1356.60(c).

G. The local department shall develop a written plan for the implementation of wrap around services prior to removing a child from his home. As long as the risk of removal from the home continues, services shall be provided to address identified needs. In the event that the child can no longer be safely maintained in the home, the local department shall document why the support and services considered and provided were not sufficient to maintain the child in his home.

H. Prior to removing the child from the custody of his parents, the local department shall make diligent efforts to notify in writing all adult relatives that the child is being removed or is likely to be removed and explain the options to relatives to participate in the care and placement of the child including eligibility as a kinship foster parent and the services and supports that may be available for children placed in such a home.

1.6.3 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.

Public Law (P.L.) 115-123. Family First Prevention Services Act (Family First).

42 U.S. Code § 670. Congressional declaration of purpose; authorization of appropriations. For the purpose of enabling each State to provide, in appropriate cases, foster care and transitional independent living programs for children who otherwise would have been eligible for assistance under the State's plan approved under part A (as such plan was in effect on June 1, 1995), adoption assistance for children with special needs, kinship guardianship assistance, and prevention services or programs specified in section 671(e)(1) of this title, there are authorized to be appropriated for each fiscal year such sums as may be necessary to carry out the provisions of this part. The sums made available under this section shall be used for making payments to States which have submitted, and had approved by the Secretary, State plans under this part.

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 the prevention of child maltreatment and foster care prevention services.

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

- Section 1: Overview of Prevention for Practice and Administration

- Section 2: Prevention and In-Home Services to Families

1.8 Definitions

The following words and terms must 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.
Alternate Caregiver	OASIS term for living arrangements in which children are cared for by relatives or fictive kin in a temporary or permanent setting.
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.
Candidate for Foster Care	A service worker must determine if a child is a candidate for foster care if they assess that the child can remain safely in the child's home or in a kinship placement as long as an evidenced-based and trauma-informed prevention service(s) (e.g., mental health, substance use disorder, or in-home parent skill-based program services) is provided. The service(s) necessary to prevent the entry of the child into foster care must be identified in Virginia's approved federal Prevention Plan.
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.).

Term	Definition
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.
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.
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.
Prevention Services	A full range of services provided to families that includes: primary prevention programs, directed at the general population (universal) in an effort to prevent maltreatment before it occurs; secondary prevention programs, targeted to individuals or families in which maltreatment is more likely (high risk); and tertiary prevention programs, targeted toward families in which maltreatment has occurred.

Term	Definition
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.
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 (§ 63.2-100).
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.

Term	Definition
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.
Imminent Risk	Means a child and family's circumstances demand that a defined case plan is put into place within 30 days. The plan must identify interventions, services, and/or supports, and absent these interventions, services, and/or supports, foster care placement is the planned arrangement for the child.
Individual Family Service Plan (IFSP)	The plan for services developed by the family assessment and planning team under the Children's Services Act.
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.
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.

Term	Definition
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.
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 Candidate	A service worker must determine if a child is a reasonable candidate when they assess that the child is at risk of foster care placement if services are not provided. If the child is eligible, the LDSS may claim title IV-E reimbursement for administrative activities performed on behalf of the child, regardless of whether the child is actually placed in foster care. It is important to note that reasonable candidate eligibility and documentation are related to the fiscal reimbursement for case management provided by the LDSS and do not replace the requirement to determine the need for preventive services.
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.

Term	Definition
Safety Services	Formal or informal services provided to or arranged for the family with the explicit goal of ensuring the child's safety. These services must be immediately available and accessible and may be provided by professionals, family members, or other willing parties as long as each involved individual understands their role and responsibility. The safety services must be clearly documented (i.e., safety plan, service plan, court order, Structured Decision Making (SDM) plan, etc.) for the involved parties and in the case record.
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.
Human Trafficking	Refers to both sex and labor trafficking
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.
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.

Term	Definition
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 Context for 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.

Public agencies across the state have recognized the benefits to families of providing 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 or neglect referral is received. Many agencies across the state, specifically 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,

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[1] Child Information Gateway. (2017). Child Maltreatment Prevention: Past, Present and Future. Retrieved from https://www.childwelfare.gov/pubPDFs/cm_prevention.pdf.

and community-based teams and organizations to meet the needs of families before crises occur.

Statewide dialogue has continued within the VDSS and with community partners about how to collaborate more effectively 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.

VDSS supports several prevention services through public-private partnerships, using federal, state, and local funding. VDSS administers the Virginia Family Violence Prevention Program (VFVPP) Child Abuse and Neglect Prevention grants that offer local communities an opportunity to tailor projects to meet prevention community needs. VDSS distributes VFVPP grants through request for proposals (RFPs) with appropriated state funds and federal Community Based Child Abuse Prevention (CBCAP) funds. VDSS is also responsible for funds appropriated by the General Assembly for the Healthy Families program. In addition, VDSS administers Promoting Safe and Stable Families (PSSF) funds, the Head Start State Collaboration Grant, and the Child Care and Development Fund.

VDSS also collaborates with numerous partners including the Virginia Family and Children's Trust Fund of Virginia (FACT), the Virginia Partnership for People with Disabilities, the Department of Behavioral Health and Developmental Services, the Department of Health, the Department of Criminal Justice Services, the Department of Juvenile Justice, the Department of Education, Families Forward Virginia (formerly known as Prevent Child Abuse Virginia (PCAV)) as well as other state, local, public, and private non-profit agencies and organizations. In conjunction with the collaborative network of child abuse and neglect prevention programs, VDSS utilizes prevention initiatives to improve the commonwealth's system of child abuse and neglect prevention and the delivery of family resource and support services. This work reinforces linkages among prevention initiatives that will improve services for children and families.

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

Prevention services in Virginia are provided across the prevention continuum, which includes primary, secondary, and tertiary activities. Both LDSS and VDSS provide services across the continuum. VDSS has historically provided tertiary prevention services through CPS Ongoing services; however, with the passing of the Family First Prevention Services Act (Family First), VDSS will enhance prevention services and programs to support LDSS in providing prevention services for children and families, particularly those at risk of entering foster care. VDSS will continue to collaborate with other public and private partners to provide primary and secondary prevention services.

In Virginia's locally administered child welfare system, LDSS have the flexibility to design services to meet a wide range of individual needs and circumstances for children and families based on needs, local demographics, and available resources. LDSS are expected to coordinate services with local public, private, and community organizations engaged in activities relevant to the unique needs of children and families in each locality. By doing so, several localities in Virginia have maximized local funding opportunities, along with the Office of Children's Services (OCS), to provide prevention services for children and families.

Moving forward, the Prevention Services program will play an integral role in targeting resources and services that prevent foster care placements and help children remain safely in their homes or with relatives, when appropriate. This In-Home services work is achieved through engagement of the family, their support system, and other service providers. Children and families will benefit from LDSS receiving additional guidance, training, and resources to support quality and uniform practice in the prevention of foster care. In-Home services that work with children at high or very high risk require a focus on family engagement, identifying individualized needs, creating, and monitoring service plans and progress with families, and continually assessing safety, risk, and protective factors. Attention to In-Home case practice at both the supervisor level and worker level is needed to create consistency in practice. This framework reflects the key priorities in child welfare and VDSS broader strategic efforts such as the Child and Family Services Plan (CFSP), Child and Family Services Review (CFSR)/Program Improvement Plan (PIP), and the Family First.

Programmatic efforts will continue to focus on the following: developing the prevention services workflow, including prevention services planning, case management process, and practice guidance and training; improving ease of access to prevention services; and ensuring quality of programs and services through implementation of a quality assurance and continuous quality improvement process. This approach aligns with the concept that prevention services are an integral part of the continuum of all child welfare services. The Prevention Services program will continue to collaborate with the Prevention Advisory Committee and other program areas within the Division of Family Services to develop a prevention strategies and best practice guidelines that can be used by LDSS in their delivery of prevention services.

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 prevention services.

1.12.2 Engaging families and a shift to family based decision-making

Engagement is essential to supporting families seeking prevention services. Support is dependent on a relationship with the service worker that engages the family in the process. The voluntary nature of prevention services also necessitates that the family is the primary decision maker. FPMs 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, Chapter A. Practice Foundations, Section 2, Family Engagement.

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 throughout the process. Characteristics of this approach include:

- Positive and proactive work with the family.

- Engaging parent(s), extended family, and other key individuals in the process.

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

- Emphasizing and reinforcing 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 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, examined the effect of ten categories of negative experiences in childhood. 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 use disorder, 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 report released by the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC) in 2018 estimates the total lifetime costs associated with just one year of confirmed cases of child maltreatment (physical abuse, sexual abuse, psychological abuse, and neglect) are approximately $428 billion.

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.

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2 Child Welfare Information Gateway. (2017). Supporting Brain Development in Traumatized Children and Youth. Retrieved from https://www.childwelfare.gov/pubPDFs/braindevtrauma.pdf.

- 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.

In addition, SAMHSA and Virginia HEALS introduce a concept of trauma and offers a framework for becoming a trauma-informed organization, system, or service sector.

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 must 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 use disorder, 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 D: 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.[3] Other demographic risk factors include the following:

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

- Substance use disorder or psychiatric care.

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

- Single parents.

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[3] Prevent Child Abuse Virginia. (2011). Healthy Families Virginia – State Evaluation Executive Report (FY 2007 – 2011). Retrieved from https://www.dss.virginia.gov/files/about/reports/children/annual_progress_services/apsr2011.pdf.

- 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.[4]

- 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 disorder.

- 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 these characteristics should be considered in the context of the current family system, current family functioning and in conjunction with formal assessment tools and processes when assessing 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 prevention services. Appendix E: 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.

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4 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.

- Shifting the approach from problem focused to solution focused.

The chart in [Appendix F: 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 can provide the range of services needed by families from birth through adulthood, 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 and private mental or behavioral health providers, community services boards (CSB), DV programs, prevention providers, child advocacy centers (CAC), respite care providers, Head Start, home visiting providers, post-legal adoption networks, foster parent support groups, substance use disorder prevention providers, sexual assault centers, statewide non-profit agencies such as Families Forward Virginia, food banks, faith-based organizations, schools, shelters, etc.

There is also a need for outreach to mandated reporters; specifically, schools, law enforcement, child care providers, and other connected community organizations to (1) educate them about the early warnings and risks before abuse or neglect 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.

1.13 Engaging the family in prevention

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:

- 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:

- Ongoing dialogue with the family focused on the family's strengths 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, Chapter A. Practice Foundations, Section 2, Family Engagement](#).

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.

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.

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 that 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 considers 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.

1.13.2 Cultural competence

Cultural competence is essential in practice and engagement 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 potential limitations regarding comprehension and interpretation.

- 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 Cultural humility

Cultural humility refers to "the attitude and practice of working with clients at the micro, mezzo, and macro levels with a presence of humility while learning, communicating, offering help, and making decisions in professional practice and settings."[5] The concept of cultural humility is at the center of cultural competence. When working cross-culturally, service workers cannot be effective without the presence of cultural humility. In child welfare, cultural humility challenges service workers to learn from the people with whom they serve, reserve judgment, and bridge the cultural divide between perspectives, to promote child well-being, safety, and permanency.

1.13.4 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.

The National Fatherhood Initiative's - Father Facts 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.

- Fathers provide mentoring and role modeling.

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

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5 National Association of Social Workers. (2016). *Standards and indicators for cultural competence in social work practice*. Washington, DC.

- 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.

Parents may need help in managing conflict and improving communication between each other and with the child to navigate co-parenting. 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.

For more information and resources on father involvement, see The National Fatherhood Initiative, Nurturing Father's Program, Appendix G: Father Friendly Environmental Assessment Tool, VDSS Child and Family Services Manual, Chapter A. Practice Foundations, Section 2, Family Engagement, and Virginia Birth Father Registry.

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 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.

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 parent(s) 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.

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

- Targeting underserved communities.

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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.

- 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, parent(s), 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.

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 and relationship education, see the [National Resource Center for Healthy Marriage and Families](#).

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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:

- 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.

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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.

- 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:

- Ongoing dialogue with the family focused on the family's strengths 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, Chapter A. Practice Foundations, Section 2, Family Engagement](#).

1.14 Levels of prevention services

Professionals working to prevent child abuse and neglect have incorporated ideas and information from other disciplines, including public health, education, and mental health, to influence and guide practice. The prevention framework consists of three levels of services:

- Primary prevention programs,

- Secondary prevention programs,

- Tertiary prevention programs.

Prevention services are recognized as occurring along a continuum. A comprehensive system of care for improving outcomes for children and families need to include strategies that coordinate resources across the entire continuum, from primary to secondary to tertiary. 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 or prevention services provider.

1.14.1 Primary prevention

Primary prevention activities are directed at the general population and attempt to address maltreatment before it occurs. All members of the community have access to and may benefit from these services. Primary prevention activities with a universal focus seek to raise the awareness of the general public, service providers, and decision-makers about the scope and problems associated with child maltreatment.

Universal approaches to primary prevention may include:

- Public service announcements that encourage positive parenting.

- Parent education programs and support groups that focus on child development, age-appropriate expectations, and the roles and responsibilities of parenting.

- Family support and family strengthening programs that enhance the ability of families to access existing services, and resources to support positive interactions among family members.

- Public awareness campaigns that provide information on how and where to report suspected child abuse and neglect.

1.14.2 Secondary prevention

Secondary prevention activities are offered to populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance use disorder, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities that have a high incidence of any or all of these risk factors.

Approaches to prevention programs that focus on at-risk populations may include:

- Parent education programs located in high schools, focusing on teen parents, or those within substance use disorder treatment programs for parents with young children.

- Parent support groups that help parents deal with their everyday stresses and meet the challenges and responsibilities of parenting.

- Home visiting programs that provide support and assistance to expectant mothers and new parents in their homes

- Respite care for families that have children with special needs.

- Family resource centers that offer information and referral services to families living in underserved communities.

1.14.3 Tertiary prevention

Tertiary prevention activities focus on families where maltreatment has occurred and seeks to reduce the negative consequences of the maltreatment and to prevent its recurrence.

Programs in tertiary prevention may include services such as:

- Intensive family preservation services with trained mental or behavioral health providers.

- Parent mentor programs with stable, non-abusive families functioning as "role models" and providing support to families in crisis.

- Parent support groups that help parents transform harmful practices and beliefs into positive parenting behaviors and attitudes.

- Mental health services for children and families affected by maltreatment to improve family communication and functioning.

1.15 Primary prevention: Public education and awareness activities for all families

[The Pathway to the Prevention of Child Abuse and Neglect](#), a publication that is an outcome of the Project on Effective Interventions at Harvard University, underlines the fact that prevention is not the sole responsibility of any single agency or organization, but is a shared community concern. Effective prevention strategies require a range of actions at the individual, family, and community levels to reduce risk factors and strengthen protective factors.

LDSS provide public education and awareness activities and collaborate with a wide range of community partners, including schools, Community Services Boards (CSB), health departments, local or regional coalitions, and Families Forward Virginia. Among others. Examples of public education and awareness activities include the following:

- Family Fun Days conducted in various communities.

- Community forums on substance use disorder.

- Presentations at faith-based activities and other community groups on topics of interest to all parents.

- Parenting tips and other parenting information on a local web page.

- Distributing brochures and other parenting information at health fairs, local festivals, community centers, libraries, and places of worship.

- Publishing electronic or print articles on topics of interest to all parents during Child Abuse Prevention month and other child welfare advocacy months.

- Playing videos on parenting in the waiting area of the LDSS.

Some examples of national community outreach, education, and awareness programs include:

- Safe Sleep 365.

- Safe to Sleep®.

- Shaken Baby Syndrome.

- Period of Purple Crying®.

- All Babies Cry.

- Child Passenger Safety.

- Where's Baby? Look Before You Lock.

- ZERO TO THREE®.

- Office of Child Care (OCC).

- Substance use disorder and Mental Health Services Administration (SAMHSA).

Some examples of resources used to promote positive youth development include:

- Family & Youth Services Bureau (FYSB).

- Adverse Childhood Experience (ACE) Study.

- READY BY 21®.

- The Developmental Assets Profile (DAP).

- National Mentoring Resource Center.

1.15.1 Child Abuse and Neglect Prevention Month

Since the early 1980's, Virginia has recognized April as Child Abuse Prevention Month. This observance has prompted concerted efforts to disrupt the cycles of child abuse and neglect in Virginia and across the country. Child Abuse Prevention Month is one of the most successful nationwide public education and awareness efforts in child abuse prevention. The observance of Child Abuse Prevention Month provides an opportunity for communities to highlight local prevention work and how individuals and communities can work to prevent abuse and neglect. Because Child Abuse Prevention Month is recognized nationally, it also provides an opportunity to gain media coverage. Although prevention efforts are ongoing, Child Abuse Prevention Month's observance provides a context in which to conduct the following activities:

- Public awareness activities, such as distributing parenting tips in high-risk communities or in hospitals, highlighting a particular prevention approach, such as All Babies Cry, or conducting a community wide public awareness campaign directed to all families and focused on positive parenting messages.

- Distributing pinwheels for prevention in various venues in the community (e.g., planting pinwheel gardens in the community).

- Activities that recognize the professionals, paraprofessionals, volunteers, and community members who contribute year-round to prevention efforts.

- Fundraising efforts for prevention.

- Workshops and public education events.

- Promoting participation in workshops and seminars for parents that occur within the community (e.g., classes in hospitals for new parents).

- Reaching out to community partners to conduct collaborative activities, such as Celebrity Nights at local restaurants.

- Creating and distributing a community calendar that highlights daily activities during Prevention Month.

In addition to engaging local coalitions or prevention teams in activities during Prevention Month, other resources for conducting activities and engaging the media include the following:

- Prevention Resource Guide.

- Blue Ribbon Campaign.

- Prevent Child Abuse America.

- [Families Forward Virginia](#).

- [Child Welfare Information Gateway – Spread The Word](#).

- [Children's Bureau](#).

- [Virginia Cooperative Extension – local offices](#).

- [Early Impact Virginia (EIV)](#).

1.16 Secondary prevention: Prevention services with at-risk families

1.16.1 Characteristics of at-risk families

In this section, at-risk families are populations that have one or more risk factors associated with child maltreatment, such as poverty, parental substance use disorder, young parental age, parental mental health concerns, and parental or child disabilities. Programs may target services for communities that have a high incidence of any or all of these risk factors.

1.16.2 Outreach to at-risk families

1.16.2.1   Distribution of educational materials and information on services

LDSS may distribute specific information to families who may be at-risk of abuse or neglect. Reaching them where they are is the most effective approach to providing information. Identifying the population at-risk and the messages to communicate are essential first steps. Answering the following questions can be helpful in determining the audience that can most benefit from prevention information and the type of information to be shared:

- What are the common characteristics and needs of families who are served through LDSS or community partners who provide prevention (e.g., court involved families, families with adolescents or very young children, homeless families, etc.)?

- Which of the risk factors ([Appendix E: Risk Factors](#)) is most prevalent in the families served by LDSS and in the community (e.g., single parents, parents who were abused as children or in foster care, presence of DV or substance use, low-income families, etc.)?

- Which of the protective factors ([Appendix D: Protective Factors](#)) is most often the focus of services (e.g., knowledge of child development, concrete supports, strengthening parent child relationships, building social connections, etc.)?

- What information and resources are already available to the families identified?

Once the target population is identified, the next step is to identify how and where the target population comes in contact with both the LDSS (e.g., benefit programs, intake, etc.) and organizations/agencies in the community that provide prevention services or have frequent contact with the target population (e.g., schools, hospitals, neighborhood resource centers, etc.). These natural points of contact, often referred to as "touch points," can be used by the LDSS to communicate necessary information to the target population.

Knowing the referral sources most frequently identified in each locality can also provide direction for outreach and for distributing information about prevention services. In addition, these referral sources can also benefit from information and training about how to identify protective and risk factors at intake within their organization, what to expect when an appropriate referral of a family is made for prevention services, how to approach families from a strength-based, trauma-informed perspective, and how to engage families in planning and decision-making.

1.16.2.2   Providing activities to at-risk populations within community-based settings

Some LDSS have initiated prevention services in a range of community-based settings, including, but not limited to the following:

- School based programs for caregivers and particular age groups at risk (e.g., preschool children, pregnant or parenting teens or young adults).

- Programs for incarcerated parents who will be returning home or wish to be involved with their children.

- Child care based programs for caregivers.

- DV shelters.

- Faith based programs in churches or places of worship.

- Community and culturally based resource centers.

- Providing information and workshops for new parents in hospitals or pediatrician offices.

- Providing information and displays at libraries or other high traffic areas for the general public, such as public transportation stops.

- Housing assistance programs.

- Mobile outreach services.

- Partnering with other groups and organizations where services are provided to the target population (e.g., early childhood settings, mobile libraries, local YMCA or YWCA's, Boys & Girls Clubs, hospital classes for new parents, etc.).

Families currently served by the LDSS are an additional resource for determining general activities that can be provided. They can also be a resource for contacting other families within their community. If community partners have been engaged in identifying the types of families to be served, they will be instrumental in outreach to families. Churches, schools, Community Service Boards (CSB), courts, medical providers, and other community groups can also be sources of referrals. Face-to-face presentations to groups, print material, and electronic communication are all possible ways to disseminate information. The content for outreach should include the type, purpose, and focus and include dates, time, duration, incentives provided, and contact information for registration.

1.17 Tertiary prevention: In-Home services and foster care prevention

The primary goal of In-Home services is to support families to safely maintain children, in their own homes or with relative/ fictive kin caregivers in their own communities, by addressing identified safety and risk concerns and reducing the reoccurrence of child maltreatment. This is achieved through engagement of the family, their support system, and other service providers. For more information on tertiary prevention and In-Home services, see Section 2.3 Tertiary prevention: In-Home services and foster care prevention.

1.18 Group models for prevention education

Group models for providing education, support, and information can be provided to parents or youth. Group members may share common characteristics that put them at risk of maltreatment. They can be as broad as parent(s) groups or as specific as groups for parents of children with an autism spectrum disorder (ASD), kinship caregiver groups, spouses of deployed military, immigrant families, etc. These groups may be community-based or offered by the LDSS. The families participating may or may not have an open prevention services case.

1.18.1.1   Parent support groups

Support groups where parents and other caregivers can share ideas, celebrate successes, and assist each other in meeting the daily challenges of parenting are a vital resource for any early prevention effort. Parent support groups provide

a safe place where anyone in a parenting role can openly discuss concerns and problems without judgment. To be most effective, the approach is strength-based, and parents are partners in the process. Circle of Parents® and Parents Anonymous are examples of parent support groups. Both websites provide information about local groups in each community. Families Forward Virginia can also provide information about parent support groups.

1.18.1.2   Parent education groups

Parent education is a process for helping parents understand children's development, needs and uniqueness, and their own roles and responsibilities in observing, interpreting, and responding to children's behavior. Parent education can offer specific strategies and tools to maximize positive outcomes for both children and families. Types of parent education programs parallel the types of prevention services described in guidance:

- **Primary:** Programs offered to the general population focused on enhancing parenting knowledge and skills on a wide range of universal topics. Parents participating in these programs are not typically court involved.

- **Secondary**: Programs offered to children and families that may be at risk of abuse or neglect focused on enhancing parenting knowledge and skills in specific areas known to be associated with risk and that include building self-awareness about the parenting approaches and behaviors that have the potential for putting children at risk. Parents participating in these programs may or may not have court involvement.

- **Tertiary**: Programs offered to children and families who have experienced abuse or neglect and enhance parenting knowledge and skills and foster an understanding of how parents' early experiences and belief system influences their parenting. Such programs empower parents to use their new knowledge and insight to change their behavior. Parents participating in these programs are typically court involved.

In some instances, parent education groups can encompass a combination of primary, secondary, and tertiary topics and participants. The most effective programs consist of the following components:

- Clearly defined program goals, objectives, and measurable outcomes.

- A focus on using family strengths to increase parental competence.

- Responsiveness to parents' learning needs: developmental, educational and language levels; and parents' attitude toward parent education.

- Identification of the target population best served by the program (e.g., substance use disorder, incarcerated parents, teen parents, co-parenting, etc.); and, if court ordered clients are served, identifying how the curriculum addresses their unique needs.

- Utilization of trained, knowledgeable, compassionate, and engaging staff to provide parent education.

- Utilization of a curriculum that includes the following:

  o Enhances one or more of the protective factors (parental resilience, knowledge of parenting and child development, nurturing and attachment, concrete supports in times of need, social connections, and children's social and emotional competence).

  o Is culturally responsive to families' needs.

  o Provides an opportunity for parents to practice what they learn.

- Utilization of an evaluation component to assess the effectiveness of the program to achieve the outcomes for parents identified, preferably a pre- and post-test to measure change.

- Requirement that the program be completed in full to be most effective.

- Follow-up support and reinforcement of learning with families.

The most effective parent education program is one that is responsive to the specific needs of the parent. When considering referrals to parenting classes, LDSS service workers should consider the level of intervention needed and the validity of the program being offered. Research indicates that using an evidence-based model for parent education increases the likelihood of improved parental competence. Evidence-informed models can also be appropriate in tertiary programs that rely on a combination of research-based, evidence-informed, trauma-focused treatments, and are adaptable for individual parent needs. Examples of evidence-based models for parent education can be found in Evidence-Based Practice in CBCAP and Title IV- E Prevention Services Clearinghouse.

The Virginia Statewide Parent Education Coalition (VSPEC) can provide more information about parent education programs. The Characteristics of Effective Parent Education Programs in Appendix A: Characteristics of effective parent education programs was created by VSPEC as part of a toolkit for judges and other practitioners who refer parents for parent education.

1.18.1.3   Parent leadership and involvement

Parent leadership is promoted on a meaningful level when parents are given the opportunity for personal growth, the opportunity to gain the knowledge and skills to function in leadership roles, and opportunity to help shape the direction of their families, programs, and communities. Parent leadership is achieved when parents and service workers build effective partnerships based upon mutual respect and shared responsibility, their expertise and leadership is valued in the decisions being made that affect their own families, other families, and their communities.

Parent education and support programs are good first steps in fostering leadership in parents. They provide parents with the tools they need to become more confident parents and allow parents to bond with other parents. This confidence and connection to other moves parents towards more meaningful roles in programs which gives parents opportunities to become a part of the team developing the programs rather than simply the persons benefiting from the services provided. A great resource in this area is FRIENDS – Parent Leadership.

1.18.1.4   Educational/support groups for youth

Educational or support groups for at-risk youth can be helpful in building social and emotional competence in children, one of the six protective factors that reduce the risk of child abuse and neglect. Youth groups that focus on protective factors (Appendix D: Protective Factors) increase children's resilience, enhance parent child relationships, and contribute to reducing the risk of maltreatment. Groups and activities for youth can also reduce children's sense of isolation, increase their concrete supports, and build social connections.

Types of groups that can be provided to at-risk youth include, but are not limited to the following:

- Teen parenting to enhance parenting skills, build social supports, and problem-solving skills.

- Children who are experiencing or exposed to violence in their community.

- Children who immigrate with or without their parents and experience language or cultural barriers.

- Youth in the juvenile justice system.

- Lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual or allied (LGBTQIA) youth to reduce isolation, build self-esteem, and reduce the risk of abuse.

- Youth who are being bullied to reduce the risk to them and help them problem solve.

- Children whose parents represent a population that may challenge family relationships, such as parents who struggle with substance use, parents who are experiencing domestic violence (DV), etc.

- Internet safety awareness for children and youth of all ages.

- Youth involved in gangs.

- Youth who have experienced abuse or neglect and foster/adopted children who are experiencing challenges related to complex trauma.

- Community services projects that involve at-risk youth (e.g., Habitat for Humanity; community clean up; services to seniors; serving in a food pantry, soup kitchen, homeless shelter, etc.).

There are several evidence-based models that include child components such as [Nurturing Parenting Programs®](), [The Incredible Years®](), [URSTRONG]() workshops, and [Active Parenting of Teens]() programs that bring parents and youth together to create a common ground for conversation. For a more comprehensive list of evidence-based programs see the [Substance use disorder and Mental Health Service Administration (SAMHSA)]().

1.19 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.

PRACTICE WITH FAMILIES	PRACTICE WITH COMMUNITIES	ADMINISTRATIVE STANDARDS
1. Family-focused. 2. Strength-based, goal setting in partnerships with family. 3. Flexible and responsive.	1. Participatory development planning. 2. Community integration. 3. Early intervention at all developmental stages.	1. Long-range and ongoing planning. 2. Supervision, organization management, and professional development.

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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://childcareta.acf.hhs.gov/systemsbuilding/allied-better-outcomes-child-welfare-and-early-childhood.

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.

4. Sensitivity, awareness, and use of knowledge of trauma into the organizational culture and service array.

5. Strength-based approach.

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.

1.20 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."

1.20.1 Key tasks for administrators and supervisors

The Center for the Study of Social Policy (CSSP) suggests five (5) 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 services extending from public education to prevention with intact families, supporting foster families and kinship caregivers, 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 ongoing 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 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 across the child welfare continuum.

- 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 ensure 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.

1.20.2 Realigning resources

1.20.2.1   Staffing

LDSS have to be both creative and flexible in the use of staff in the delivery of prevention services. 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 facilitators, and volunteers.

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 in job descriptions and performance evaluations.

1.20.2.2   Funding

Diversity and creativity are reflected in the range and types of funding utilized to provide prevention services. As the programmatic structure of many localities varies, localities often combine diverse funding sources to use for families at different points in the child welfare continuum. Examples of federal and state funds, grant opportunities, and local funds used by localities to provide prevention services are included in Appendix H: Funding Sources for Prevention.

1.20.3 Measuring program outcomes

VDSS recognizes that a robust Continuous Quality Improvement (CQI) system is vital to improve services and supports for children and families, ensure effective use of resources, and achieve targets and desired outcomes. An effective system integrates quantitative and qualitative measures toward an integrated system that thoroughly captures data processes to properly inform policy and service provision at all levels. This is inclusive of building out a comprehensive data plan allowing examination of the many data sources, while also identifying opportunities to incorporate the different quantitative and qualitative aspects of the case review system. This approach is both data-driven and practice-informed.

A system that uses data for decision-making requires two things: access to data and processes for making decisions. CQI should provide the necessary information to make good decisions. This requires quantitative indicators of progress, qualitative case reviews, comparisons over time, cross-system data, and adequate reporting. Short and long-term reporting supplements mandatory federal requirements tied to funding, including titles IV-B, IV-E, the CFSP, the CFSR, and the PIP. The five-year period of Virginia's CFSP covers the timeframe during which an integrated system of accountability will be developed. Given the structure of child welfare services in Virginia, data capacity and structures of accountability need to be developed at all three levels of operations: state, regional, and local.

1.20.4 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. Ensuring 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.

- Working with at-risk groups.

- Engaging fathers.

The Virginia Administrative Code (VAC) mandates uniform training requirements for all In-Home services workers and supervisors. The uniform training requirements establish minimum standards for all service workers and supervisors in Virginia, including In-Home services workers. Any course designated with a CWS<u>E</u> indicates an <u>e</u>-learning course and is available online in the [Virginia Learning Center (VLC)](#).

1.20.4.1   First three (3) weeks training requirements

The following online courses will be required to be completed within the first three (3) weeks of employment.

- CWSE1002: Exploring Child Welfare.

- CWSE5692: Recognizing and Reporting Child Abuse and Neglect – Mandated Reporter Training.

- CWSE1510: Structured Decision Making in Virginia.

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

- CWSE7000 Family First in Virginia – e-Learning series.

    o Module 1: Overview of Family First.

- o Module 2: Opening an In-Home Services Case: First 30 Days.

- o Module 3: Service Planning for In-Home Services.

- o Module 4: Monitoring the Delivery of In-Home Services.

- o Module 5: Module 5: Goal Achievement and Case Closure or Case Transfer for In-Home Services.

- CWSE2090 Injury Identification in Child Welfare.

1.20.4.2   First three (3) months training requirements

The following instructor-led or online courses will be required to be completed within the first three (3) months of employment.

- CWS1000 In-Home Services New Worker Guidance Training with OASIS – 2 days.

- CWS1305 The Helping Interview: Engaging Adults for Assessment and Problem-Solving – 2 days.

- CWS1061 Family Centered Assessment in Child Welfare – 2 days.

- CWS1071 Family Centered Case Planning – 2 days.

- CWSE4060 Family Search and Engagement.

- CWS5011 Case Documentation – 1 day.

- CWSE1006 Candidacy Determination.

- CWSE4000 Identifying Sex Trafficking in Child Welfare.

- CWSE5501 Substance Use.

1.20.4.3   First six (6) months training requirements

The following online and instructor-led courses will be required to be completed within the first six (6) months of employment.

- CWS4020 Engaging Families and Building Trust-Based Relationships.

- CWS5307 Assessing Safety, Risk, and Protective Capacities in Child Welfare – 2 days.

- CWS2010 In-Home Services Skills – 2 days.

- CWS4080 Kinship Care in Virginia – 2 days.

- CWS1041 Legal Principles in Child Welfare – 2 days.

1.20.4.4   First 12 months training requirements

The following instructor-led courses will be required to be completed within the first 12 months of employment.

- CWS5305 Advanced Interviewing: Motivating Families for Change – 2 days.

- CWSE4015 Trauma-Informed Child Welfare Practice.

- CWS4015 Trauma-Informed Child Welfare Practice – 2 days.

- DVS1001 Understanding Domestic Violence – 2 days.

- DVS1031 Domestic Violence and Its Impact on Children – 1 day.

- CWS1021 The Effects of Abuse and Neglect on Child and Adolescent Development – 2 days.

- CWS3071 Concurrent Permanency Planning – 1 Day.

- CWSE6010 Working with Families of Substance Exposed Infants (two modules).

- CWSE5020 Introduction to the Indian Child Welfare Act.

1.20.4.5   First 24 months training requirements

The following instructor-led courses will be required to be completed within the first 24 months of employment.

- CWSE4050 Psychotropic Medications in the Child Welfare System.

- CWSE5000 Preventing Premature Case Closure in In-Home Services.

- CWSE5010 Advocating for Child and Adolescent Mental Health Services.

- CWSE2020 On-Call for Non-CPS Workers (On-call workers Only).

- CWS2020: On-Call for Non-CPS Workers – 1 day (On-call workers Only).

1.20.4.6 Additional training requirements for In-Home services supervisors

In addition to the courses listed above, all In-Home services supervisors are required to attend the Family Services CORE Supervisor Training Series. These courses are to be completed within the first two (2) years of employment as a supervisor.

- SUP5701 Principles of Leadership.

- SUP5702 Management of Communication, Conflict, and Change.

- SUP5703 Enhancing Staff Performance & Growing a Team.

- SUP5704 Critical issues in Family Services Supervision.

- SUP5705 Trauma-Informed Leadership and Developing Organizational Resilience Culture.

1.20.4.7   Annual training requirements

All service workers and supervisors, including In-Home services workers, are required to attend a minimum of 24 contact hours of continuing education/training annually. The first year of this requirement should begin no later than three (3) years from the hire date, after the completion of the initial training detailed above.

Continuing education/training activities to be credited toward the 24 hours should be pre-approved by the LDSS supervisor or person managing the In-Home services program. Continuing education/training activities may include, but are not limited to: online and classroom training offered by VDSS, organized learning activities from accredited university or college academic courses; continuing education programs; workshops; seminars; and conferences.

Documentation of continuing education/training activities is the responsibility of the LDSS.

1.20.4.8   LDSS must ensure worker compliance

It is the responsibility of the LDSS to ensure that staff performing prevention duties, including In-Home services, within their agency have met the minimum training standards. The supervisor or the person managing the In-Home services program at the local level must maintain training documentation in the worker's personnel record. The supervisor must assure that workers who report to them complete the required training within the given timeframes.

A training job aid is located on the [VDSS Division of Family Services Training website](#).

1.20.4.9 Additional training resources

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.

Early Impact of Virginia offers online courses on many topics including child development; screening for substance use, intimate partner violence, mental health, and perinatal depression; engaging fathers; and personal safety.

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

1.20.5 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

1.20.6 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. The development of functional partnerships to address the complex needs of all families should occur 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.

A list of online resources for prevention information, best practice models, and funding is in Appendix J: Online resources for information and funding.

1.21 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) well-being, safety, and permanency outcomes.

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

- Connect families to resources throughout the lifespan 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.

1.22 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.

- 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 and 2015 – 2022).

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 (2020). 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 Report FY 2014-2018.

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 Online 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.

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.

1.23 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 children(s) 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.

1.23.1 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 school 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.

1.23.2 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 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 well-being, safety, and permanency.

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 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 repeatedly 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 can 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 can 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 highlighted by the CSSP 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 use, 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 (4) to five (5) 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 themselves 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 their 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 their 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 their life may lead to a sense of hopelessness that impairs their ability and motivation to succeed in social and educational settings.

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

Despite children's vulnerabilities, most 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.

1.23.3 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.

1.23.3.1 The costs to children, families and communities when 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 well-being, safety, and permanency. 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 ensuring the well-being, safety, and permanency of children.

1.24 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 ongoing 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, well-being, and safety.

- 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 Families Forward Virginia 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.

- In Virginia, Child Abuse Prevention and Treatment Act (CAPTA) funding aligns and supports the overall goals for the delivery and improvement of child welfare services, title IV-B, and the Community-Based Child Abuse Prevention (CBCAP) program. CAPTA State grant funds were used, alone or in combination with title IV-B, CBCAP, TANF, Victims of Crime Act (VOCA), State General Funds, and other child welfare programs in three major areas: Safe Children and Stable Families; Family, Child and Youth Driven Practice, and Strengthening Community Services and Supports. The plan identifies areas of work that have been completed, items being currently worked on, as well as ongoing activities.

- [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.

- [Virginia Family & Fatherhood Initiative (VFFI)](#) is dedicated to the mission of "empowering parent(s) to improve the well-being of their children by aligning activities, mobilizing resources, advancing public policy and measuring impact." VFFI encompasses five (5) integrated services to promote whole family thriving: parent(s) support groups, co-parenting navigation, case management for teen and young adult parents and their families, and youth development programs.

- [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.

- [Three Branch Model](#) has been utilized to support VDSS collaborative implementation efforts. This model is based on the National Governor's Association, National Conference of State Legislatures, and Casey Family Programs' Three Branch Institute, which began in 2009. Virginia has been a participant in three previous Three Branch Institutes, with significant success in improving the child welfare system. The Three Branch model is a collaborative team composed of not only representatives from state, legislative, and court leadership, but also several state- and community-based agencies that respond to the needs of children and families, redefining the responsibility of child welfare to all agencies that serve children and families. The Three Branch model serves as a successful leadership group to enact legislative, financial, and policy changes to improve the child welfare system.

VDSS' goals for the Three Branch model include using data to improve decision-making and ensure services provided are informed by outcomes; promoting reliable, accurate, transparent and timely two-way communication among stakeholders throughout the implementation of Family First; acknowledging that true transformation will take time, and implementation will continually be monitored and updated to meet emerging needs; and collaborating and partnering with systems across the state as the key to successful implementation of Family First.

- [Family First Prevention Services Act (Family First)](). Family First is a key priority for Virginia. As an early adopter, in February 2018, VDSS assembled a dedicated project team to implement the Three Branch model in support of the implementation. This new law is quite broad and provides the opportunity for the Commonwealth to redesign the child welfare delivery system to one which focuses on preventing abuse and neglect, while ensuring foster care is used when necessary. Over the next five (5) years, VDSS will focus on developing a comprehensive prevention program guided by the Family First legislation. The Prevention Services program will play an integral role in targeting resources and services that prevent foster care placements and help children remain safely in their homes or with relatives, when possible.

1.25 Appendix D: 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: <u>Strengthening Families™ Protective Factors Framework</u>, an excellent basic overview of how the protective factors can be incorporated into prevention work.

1.25.1 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.

1.25.2 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 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.

1.25.3 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.

1.25.4 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.

1.25.5 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.

1.25.6 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.

1.26 Appendix E: Risk Factors

Research has uncovered several 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:

1.26.1 Parent related

- Parent substance use disorder or history of substance use disorder.

- 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.

1.26.2 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.

1.26.3 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.

1.26.4 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](#).

1.27 Appendix F: 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

1.28 Appendix G: 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 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 parents. Specific brochures/publications are provided for fathers. Referral lists include services for parents.

G.   Interaction with Parents   _____

Parents 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.)

1.29 Appendix H: Funding sources for prevention

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

1.29.1.1 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).

1.29.1.2 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](#).

1.29.1.3   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.

1.29.1.4   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), Supplemental

Nutrition Assistance Program (SNAP), and adoption assistance to prevent maltreatment and support stable foster and adoptive families.

1.29.2 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 use disorder 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.

1.29.3 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.

1.30 Appendix I: 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.

1.30.1 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 knowledge, talents, and resources.

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

1.30.2 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 well-being, safety, and permanency 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.

1.30.3 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.

Families Forward Virginia: 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.

Champions For Children: Prevent Child Abuse Hampton Roads: A 501 (c) 3 organization that has served the Hampton Roads region since 1983 in the quest to prevent child abuse and neglect. Champions For Children focuses its efforts and resources on public awareness, education, and advocacy for the prevention of all forms of 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.

1.30.4 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.

1.30.5 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.

1.30.6 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.

1.30.7 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 - State Agency Planning & Performance Measures: Shows how Virginia is doing in areas that effect quality of life for people and their families.

1.30.8 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 use disorder 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.

Title IV- E Prevention Services Clearinghouse: Developed in accordance with the Family First Prevention Services Act (FFPSA) as codified in Title IV-E of the Social Security Act, rates programs and services as well-supported, supported, promising, or does not currently meet criteria.

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.

1.30.9 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.

1.30.10 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 use disorder, 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.

1.30.11 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.

1.30.12 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.

1.30.13 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 use disorder 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 use disorder 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 use disorder 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 use disorder 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.

1.30.14 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.

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 Virginia: 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 Virginia 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 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.

1.30.15 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.

1.30.16 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.

1.30.17 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.

1.30.18 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.

Virginia HEALS: A model of service delivery that that has been developed to assist service providers in better linking systems of care and providing support and care to children, youth, and families impacted by trauma and/or victimization. This model, and the toolkit which supports it, is intended to be adopted and implemented at the community level by child, youth, and family serving organizations and service providers from child welfare, advocacy, education, juvenile justice, behavioral health, and public health.