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The impact of a statewide trauma-informed child welfare initiative on children's permanency and maltreatment outcomes

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ABSTRACT

This article presents findings of a state-wide trauma informed child-welfare initiative with the goal of improving well-being, permanency and maltreatment outcomes for traumatized children. The Massachusetts Child Trauma Project (MCTP), funded by the Administration of Children and Families, Children's Bureau was a multi-year project implementing trauma-informed care into child welfare service delivery. The project's implementation design included training and consultation for mental health providers in three evidence-based treatments and training of the child-welfare workforce in trauma-informed case work practice. The learning was integrated between child-welfare and mental health with Trauma Informed Leadership Teams which included leaders from both systems and the greater community. These teams developed incremental steps toward trauma-informed system improvement. This study evaluated whether MCTP was associated with reductions in child abuse and neglect, improvements in placement stability, and higher rates of permanency during the first year of implementation. Children in the intervention group had fewer total substantiated reports of maltreatment, including less physical abuse and neglect than the comparison group by the end of the intervention year. However, children in the intervention group had more maltreatment reports (substantiated or not) and total out-of-home placements than did their counterparts in the comparison group. Assignment to MCTP, however, was not associated with an increase in kinship care or adoption. Overall, the results are promising in reinforcing the importance of mobilizing communities toward improvements in child-welfare service delivery.

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1. Introduction

Children who experience multiple types of maltreatment often have impairment in many areas of functioning, including attachment, biology, mood regulation, dissociation, behavioral control, cognition, and self-concept (Cook et al., 2005). The adverse consequences of child maltreatment have been repeatedly shown to extend into and beyond childhood to affect educational and employment outcomes, mental and physical health, relationship quality, and antisocial and criminal behavior (Corso, Edwards, Fang, & Mercy, 2008; Gilbert et al., 2009; Mersky & Topitzes, 2010). In 2014, an estimated 702,000 children were confirmed victims of abuse and neglect (U.S. Department of Health & Human Services [USDHHS], 2016a,b). In 2014, Massachusetts received 92, 281 referrals for abuse and neglect with 32% of reports, resulting in a substantiated investigation (Massachusetts Department of Children and Families Annual Profile, 2014) among the highest in the nation (USDHHS, 2016a,b).

Child abuse and neglect is a common form of trauma, and children in child welfare systems often face additional stress, such as poverty, discrimination, separations from parents/siblings, frequent moves, school problems, traumatic grief and loss, and refugee or immigrant experiences (National Child Traumatic Stress Network's [NCTSN] Child Welfare Collaborative Group, 2012). Removal from the home environment, for example, while sometimes necessary to protect children from harm, can re-traumatize a child and the cumulative experiences of separation and loss can impact a child's capacity to cope (Greeson et al., 2011; Spinazzola et al., 2013). Children's experiences of multiple traumatic events that are chronic and begin in early childhood, often within the caregiving system, are referred to as complex trauma (Cook, Blaustein, Spinazzola, & Van der Kolk, 2003). Once in care, children with complex trauma are more susceptible to multiple placements and to anxiety and depression (Cook et al., 2005).

1.1. Preventing repeat child maltreatment

Children with prior involvement with child protective services (CPS) have a greater likelihood of subsequent maltreatment reports (i.e., re-reports) and recurrence of child maltreatment than are children without prior CPS involvement. Those who experience traumatic events such as interpersonal violence, neglect and social deprivation are at risk for emotional and behavioral disorders (Burns et al., 2004). Caregivers and child welfare staff are often ill-prepared to manage the difficult behaviors of children who experience trauma. Children who receive child welfare services at the time of investigation are less likely to have re-reports and recurrence (Casanueva et al., 2015). More recent findings suggest that trauma-informed care approaches that have clearly defined goals, provide opportunities to practice skills, and use interactive training approaches are associated with better child outcomes, such as increased placement stability and foster home retention (Child Welfare Information Gateway, 2013; MacMillan et al., 2009; Sullivan, Murray, & Ake, 2016; Trends, 2017).

1.2. Promoting placement stability

Maintaining children's placement stability is critical to their well-being, as higher numbers of placement changes are associated with poor developmental outcomes, including difficulties with attachment, internalizing and externalizing behavior, and self-concept (Aarons et al., 2010; Barth et al., 2007; Rubin, O'Reilly, Luan, & Localio, 2007). Placement stability is an important indicator of a child's well-being after 18 months of care (Rubin et al., 2007), yet, nearly half of children in foster care remain there over 18 months. Many of these children experience frequent placement moves and transfers to higher level of care such as group living environments. As many as one in three children in foster care will fail to achieve a long-lasting placement (James, Landsverk, & Slymen, 2004). Children's behaviors influence placement changes, and children who have experienced the trauma of abuse and neglect often demonstrate challenging behaviors (Aarons et al., 2010; Barber, Delfabbro, & Cooper, 2001). Interventions that address behavioral health may not only assist a child's current behaviors and well-being, but also enable them to achieve permanence more quickly (Wells & Chuang, 2012). Given the strong association between frequent placement moves in foster care and poor outcomes for children involved in CPS (Pecora, Kessler, & Williams, 2005), there is an opportunity for child welfare systems to support services and interventions focused on facilitating long-lasting placements.

1.3. Promoting permanency

Permanency can be defined as maintaining or establishing meaningful and lasting connections with caring adults in a child's life (Child Welfare Information Gateway, 2017). Research shows that children do best when they grow up in their own family. Removal of children from their home of origin is sometimes necessary to ensure physical safety; however separation of children from their primary caregivers elevates risk for further trauma and loss (Goldsmith, Oppenheim, & Wanlass, 2004). Effective reunification treatment involves all family members, addresses parenting skills, parent-child interaction and parental competencies such as communication, problem solving and anger control (Corcoran, 2000). For children who cannot safely be reunified with parents, the child welfare system is charged with moving the child toward legal permanence through adoption or guardianship.

Permanent placements improve children's self-esteem, social relationships, and overall well-being, as well as the long-term costs to the child welfare system (Westerman, 2009). Adoption offers more stability and benefits than long-term foster care placement (Barth & Berry, 1988). Permanency through adoption or guardianship can lead to higher levels of optimism, self-esteem, and feelings of support from others, as well as decreased levels of anxiety and depression (Lindsey, 2011). In addition, adoption offers a higher probability of life-long relationships than long-term foster care (Rosenthal, 1992). Children who have been adopted have been found to exhibit higher levels of emotional security and sense of belonging compared to those who were in long-term foster care (Triseliotis,

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