

SAFE STRONG SUPPORTIVE

KANSAS JOINT COMMITTEE ON CHILD WELFARE SYSTEM OVERSIGHT

What Does Research Tell Us is Effective for Increasing Child Safety and Achieving Permanency?

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Testimony Outline

- I. Setting the context.
- II. Interventions That Safely Prevent Family Involvement with Child Protective Services.
- III. Achieving permanency for children in out-of-home care.

I. Setting the Context

What is the public concerned about?

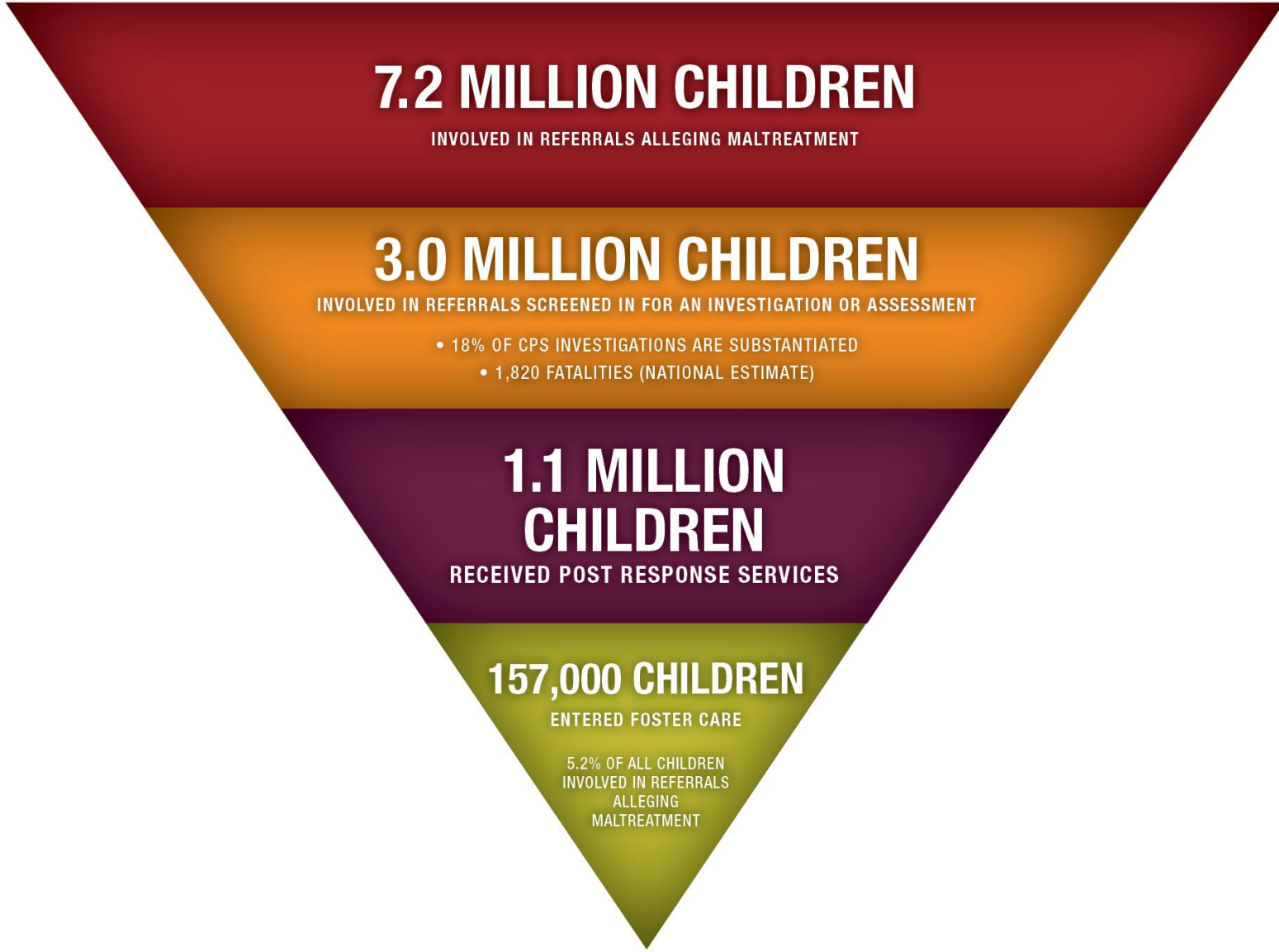
- **Child safety.....** and that children are raised by the people they know and who love them.
- Once children are brought to the agency's attention, they should be free from harm.
- And if placed, children shouldn't languish in out-of-home care. They need **psychological and legal permanence.**

Context (Cont.)

- Children are raised best by families... not government.
- Healthy and supportive communities help families stay strong and avoid unnecessary government involvement – especially CPS investigations, which traumatize children and other family members.
- There are times when CPS involvement is essential for child safety – but that should be a last resort.
- Children should not be removed or enter care for non-safety reasons.

Context (Cont.)

- Poverty alone does not constitute neglect and is not a rationale for child welfare involvement.
- The child protection system was not designed to focus on — or to be solely responsible for addressing — the profound issues associated with economic hardship.
- Data and our work with communities show that parental substance abuse is a key reason for child placement.
- We know it is important that we intervene as early as possible.
- Domestic violence is a serious public health issue that requires a strong network of community-based prevention and support.



Source: 2022 Child Maltreatment Report

In the next section, I will share:

- National insights regarding how/why children enter care for reasons other than maltreatment.
- What some jurisdictions have done to mitigate that involvement.
- Our analysis of neglect definitions across the country.
- Close with some reflections on why analyzing these policies is so important because of the harm that can be caused by family involvement in child protection systems.

National research findings regarding children entering foster care for reasons other than maltreatment

- ❖ Various forms of child neglect such as inadequate parental emotional care or supervision, inadequate clothing, insufficient food, ineffective treatment of a medical condition, or unsafe housing are some of the major reasons that children are placed in foster care.
- ❖ But there are other major drivers of child placement such as these:
 - (a) Untreated or undertreated parent mental health conditions that undermine their parenting,
 - (b) Severe parent-child conflict that endangers the child and/or the parent,
 - (c) Children with unmet complex medical treatment needs, and
 - (d) Children with unmet severe or complex mental health treatment needs.

Reasons for foster care entry (Cont.)

- Each of these reasons for child welfare systems involvement -- including placement in foster family care, group homes and residential treatment centers -- are being scrutinized more rigorously.
- *Why?* Because a growing body of research has identified effective ways of addressing these issues with **community-based services** – especially when allied systems such as employment, mental health, physical health care, public assistance, and others work together effectively.
- The next section explores this area further.

II. Interventions That Safely Prevent Family Involvement with Child Protective Services

Context:

- ❖ Children grow up best when raised in a family – preferably with their birth family, relatives, or tribal clan members.
- ❖ Research shows that outcomes among children placed in foster care are worse than other children in terms of education, employment, homelessness, involvement in the criminal justice system and mental health
- ❖ Kansas will have access to federal resources through their approved Family First Prevention Services plan to safely support children with their family.

Effective Interventions Context (Cont.)

- ❖ It is the job of the child protection agency to evaluate child maltreatment referrals and determine whether there is a safety risk to the child that requires further investigation or alternative response.
- ❖ This is a paramount function for CPS because one in eight children will be confirmed as victims of child maltreatment in their lifetime.
- ❖ A well-functioning child protection agency would exercise this authority to identify and intervene in an appropriate manner to remove imminent risk of harm to a child in those circumstances where an assessment identified a significant threat to the child's safety.
- ❖ It would recognize and value parents and their strengths in determining how best to alleviate any child safety issues -- knowing that the removal of a child from their family should be avoided if at all possible due to child trauma.

Table 1. Child Welfare Interventions that Prevent Children from Extensive Involvement with Child Protective Services or Out-of-Home Care

Community-Based Family Supports
Crisis nursery services ^v
Family resource centers that can help families access economic, health care, housing, and other concrete supports. (Location of these FRCs is best determined by geo-mapping to identify which communities are at higher risk of child maltreatment.)
Helplines to direct families to community-based services ^{vi}
Nurse Home-Visiting
Prevention-Oriented Child Protective Services (including in-home supervision)
Children’s Advocacy Centers (CACs) ^{vii}
Cultural Brokers ^{viii}
Family Finding ^{ix}
Family Group Conferences ^x
Home-based family preservation services such as Homebuilders, ^{xi} Intercept, ^{xii} or Multi-Systemic Therapy (MST) ^{xiii}

Table 1. Child Welfare Interventions (Cont.)

Home-visiting services ^{xiv}
Intensive Care Coordination using High-Fidelity Wraparound/High Fidelity Wraparound ^{xv} (Note that beginning in 1975 Illinois lead the country in this area with the Kaleidoscope Wraparound Program .)
Motivational Interviewing ^{xvi}
Peer Parent Partners and use of “veteran parents” for support and guidance ^{xvii}
Safety culture and child fatality review systems ^{xviii}
Strengths-oriented safety and risk assessment using a consistently applied model such as the <i>Illinois CERAP</i> , ^{xix} <i>ACTION for Child Protection SAFE model</i> , ^{xx} <i>Signs of Safety</i> , ^{xxi} <i>Structured Decision-making (SDM)</i> ^{xxii} or some other effective approach
Substance abuse treatment that is family-based and residential – that keeps families together. ^{xxiii}

Consider How You Define Types of Neglect in Your State Statute

Failure to provide necessities (food, clothing, etc.)	49 states
Abandonment	48 states
Medical Neglect	48 states
Failure to Supervise	45 states
Failure to Protect	39 states
Exposure to Drugs/Chemicals (Prenatal exposure/exposure to drug activity)	36 states
Educational Neglect	35 states
Parental Incapacity (Mental illness, disability, incarceration, hospitalization)	21 states
Harmful Environment	17 states
Parental Substance Abuse	15 states

Source: Casey Family Programs. (2023). *Analysis of state definitions of child neglect*. Seattle: Author.
<https://www.casey.org/state-definitions-child-neglect-casey-family-programs/>

State Neglect Statute Analysis (Cont.)

- Many state neglect definitions suffer from a lack of specificity and leave a great deal of room for subjective decision making on the part of individual hotline workers, investigators and others involved in assessing risk of harm to a child.
- Many states' definitions do not require a showing of serious harm or imminent risk of harm.
- Accordingly, there is cause for concern that neglect definitions may be contributing to unnecessary child protection interventions.
- Thirty-nine states make failure to protect the child from abuse by a third party, a form of child maltreatment.

State Neglect Statute Analysis (Cont.)

- Almost all state definitions of neglect deviate from the federal Child Abuse Prevention and Treatment Act (CAPTA) definition in one or more respects.
- Some state neglect definitions are silent about resulting harm to a child or fail to specify that such harm must be serious harm.
- Most states omit a reference to risk of harm or provide that such risk must be imminent.
 - IN: Child’s physical or mental condition is “seriously endangered” due to parent’s failure to provide necessities
 - IA: Child is “imminently likely to suffer harmful effects” due to lack of supervision
- There is cause for concern that neglect definitions may be contributing to the unnecessary intrusion of child protection services. Data and research will continue to guide work in determining the effect of definitions on reporting, screening, investigations and child removals.
- *Source:* Casey Family Programs. (2022). *Analysis of State Definitions of Child Neglect*. Seattle: Author.
- <https://www.casey.org/state-definitions-child-neglect-casey-family-programs/>

Kansas State Statute on Neglect

Citation: Ann. Stat. § 38-2202

"Neglect" means acts or omissions by a parent, guardian or person responsible for the care of a child resulting in harm to a child, or presenting a likelihood of harm, and the acts or omissions are not due solely to the lack of financial means of the child's parents or other custodian. Neglect may include, but shall not be limited to:

- (1) Failure to provide the child with food, clothing or shelter necessary to sustain the life or health of the child;
- (2) failure to provide adequate supervision of a child or to remove a child from a situation that requires judgment or actions beyond the child's level of maturity, physical condition or mental abilities and that results in bodily injury or a likelihood of harm to the child; or
- (3) failure to use resources available to treat a diagnosed medical condition if such treatment will make a child substantially more comfortable, reduce pain and suffering, or correct or substantially diminish a crippling condition from worsening. A parent legitimately practicing religious beliefs who does not provide specified medical treatment for a child because of religious beliefs shall, not for that reason, be considered a negligent parent; however, this exception shall not preclude a court from entering an order pursuant to K.S.A. [38-2217\(a\)\(2\)](#), and amendments thereto.

Five-sector collaboration for **maximizing the return on our social investments**



Source: Casey Family Programs

III. Achieving Timely Permanency for Children in Out-of-Home Care

Challenges to Achieving Timely Emotional and Legal Permanency

SYSTEM PROBLEMS	FAMILY ENGAGEMENT LACKING
<p>Inadequate Birth-Family Supports – partially due to the lack of a shared practice framework across service sectors:</p> <ul style="list-style-type: none"> Financial assistance Housing Institutional racism Mental health and substance abuse treatment Transportation 	<p>Lack of Family Finding:</p> <ul style="list-style-type: none"> Children and youth may need assistance in identifying, reaching out to, and building a relationship with caring adults who may serve as their "forever family." The adults who a child relies on for ENDURING support should never be paid staff, but family or created family.
<p>Staff Overload:</p> <ul style="list-style-type: none"> Workers lack the time to build relationships with children and potential child caregivers Supervisors lack the time to provide support and oversight about which children are languishing in care 	<p>CHILD DISEMPOWERMENT</p> <ul style="list-style-type: none"> Children should be the co-pilots for case planning. To succeed in that role, they need timely information and involvement in key decision-making.
<p>Foster Parents:</p> <ul style="list-style-type: none"> A few foster parents are unable or unwilling to support children to achieve permanency, including encouraging the child's birth-family. 	<p>CHILD AND FAMILY FACTORS</p> <p>Child-Family Issues:</p> <ul style="list-style-type: none"> Child-parent conflict Parents do not accept the child's sexual identity
<p>Judicial/Legal Challenges:</p> <ul style="list-style-type: none"> Some judges are overloaded and under-trained. Gaps in provision of multidisciplinary parent and child legal representation. Lack of staff fully trained in ICWA active efforts. 	<p>Child Conditions:</p> <ul style="list-style-type: none"> Undertreated emotional and behavioral conditions Special medical needs

Strategies for Achieving Timely Permanency for Children

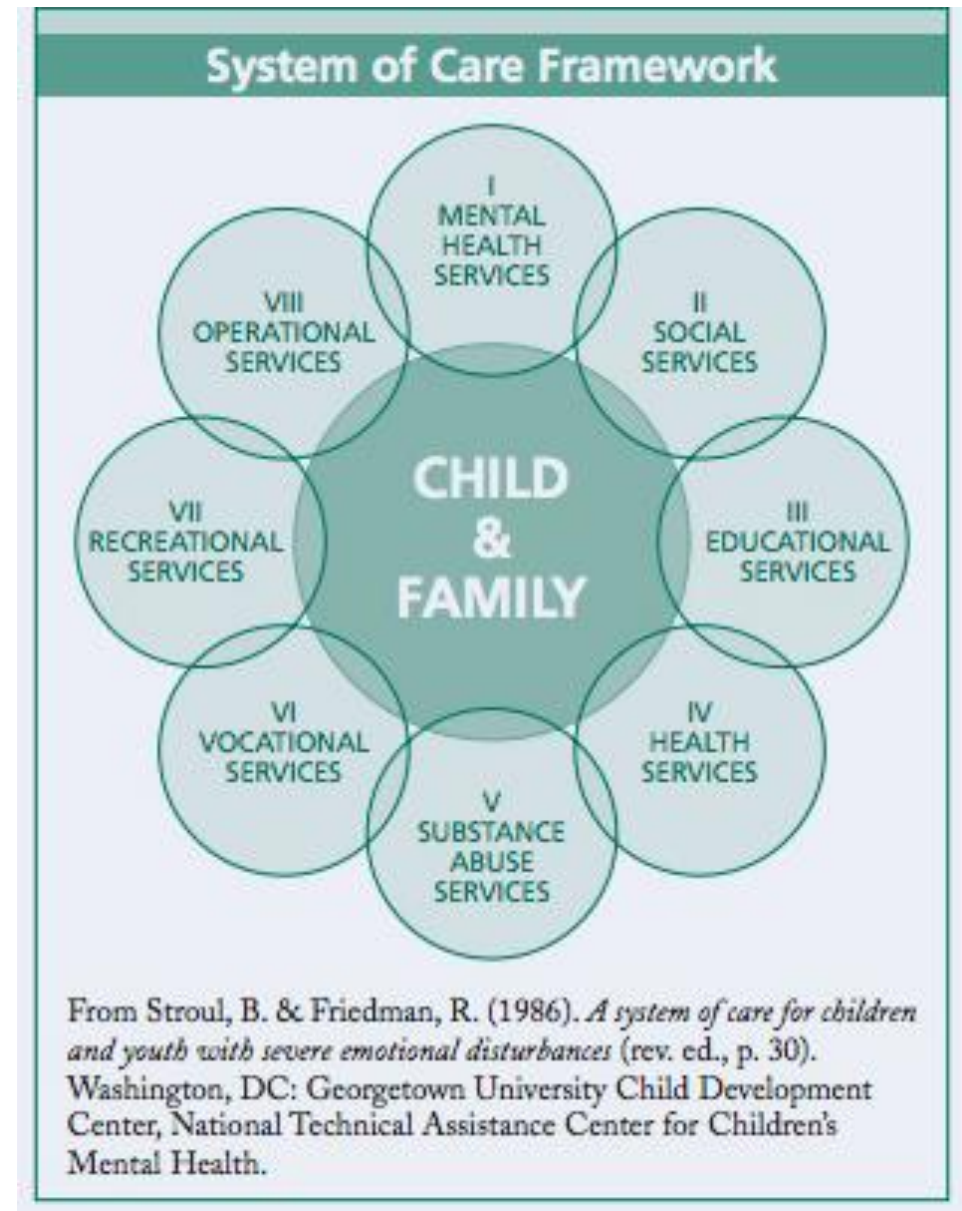
1. If a child needs to be placed, use kinship care, including chosen family/[fictive kin](#) (not just people related by blood or marriage). [Family Finding](#) is an essential strategy for identifying who in the family can help. These strategies can help children achieve timely permanency.
2. Complete a careful multidimensional assessment of family, parent and child functioning -- one that is both strengths-oriented and culturally competent. This assessment, along with a risk and safety assessment, can help determine **when** a child can be returned home, and **what follow-up services** are necessary.
3. Limit caseloads so that staff have time and resources to focus on permanency planning for the children in care.

Achieving Timely Permanency for Children (Cont.)

4. Mental health assessments of all youth in child welfare should include measures of traumatic events and trauma-related symptoms, so treatment can begin right away.
5. **Parent-Child visitation** is key to early and successful reunification.
6. **Judges** play a key role - determining when it is appropriate to go home (like assessing safety and not just based on case plan completion) or holding timely hearings to allow for increased visitation or returning a child to a parent/family.
7. The Family Connection Demonstration Project works by reaching out to immediate and distant family members within the first 72 hours of a child needing placement. The Project uses three best practices: **Family Search & Engagement (i.e., Family Finding)**, **Family Team Decision Making**, and **Kinship Navigators**.
8. Use **System of Care** and **Wraparound Services** approaches.

System of Care Approach

- “A comprehensive spectrum of MH and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and adolescents with severe emotional disturbances and their families.”
- SOC core values include that services must be community based, child-centered, family focused, and culturally competent.



Achieving Timely Permanency for Children (Cont.)

9. Use a [SOUL Family approach](#): This permanency option was designed by and for young people with personal experience in foster care: SOUL Family (Support • Opportunity • Unity • Legal Relationship).
10. Remove [economic](#) barriers to reunification. End birth parent homelessness and inadequate housing so children can be reunified.
11. Programs focused on parent education and training, respite care, and home visiting. Examples:

- [Family Connections](#)
- [Functional Family Therapy \(FFT\) & FFT-CW](#)
- [The Incredible Years \(IY\)](#)

- [Parent-Child Interaction Therapy \(PCIT\)](#)
- [Project Connect](#)
- [SafeCare](#)

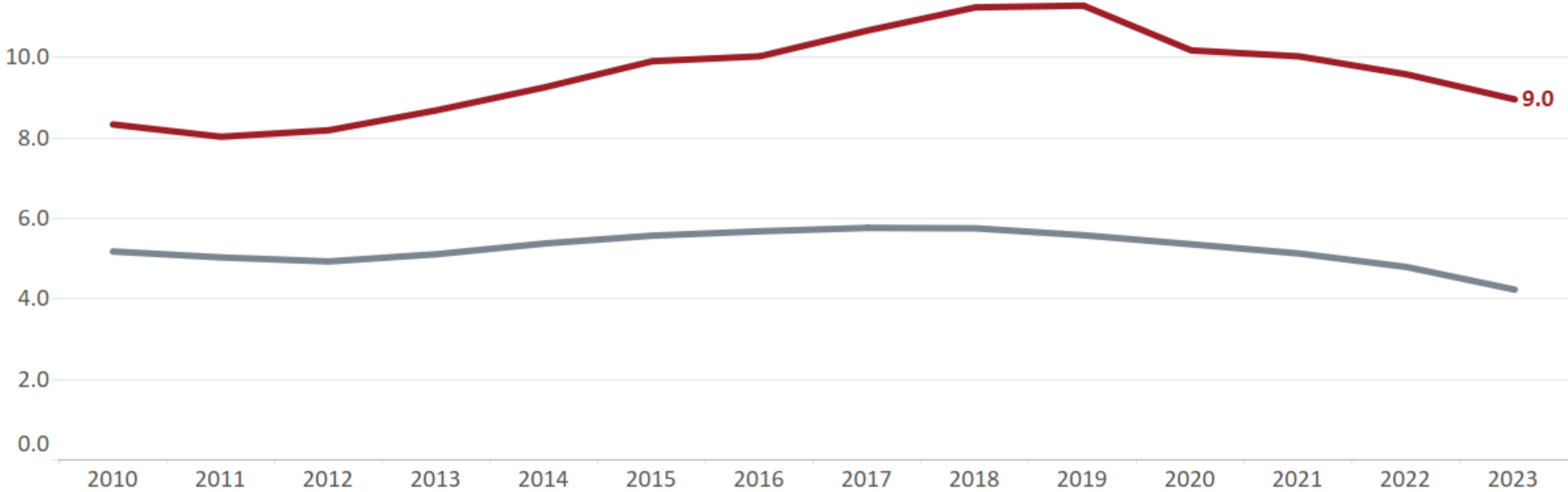
Achieving Timely Permanency for Children (Cont.)

12. **Behavioral management** programs can, on the front end, prevent the need for a youth to be placed in out-of-home care due to his/her behaviors. And on the back end, they can help stabilize youth behaviors, which have been tied to improved permanency outcomes. Examples: [Multidimensional Family Therapy](#) and [Multisystemic Therapy](#).
13. **Interventions to support and stabilize foster placements or achieve reunification include** [Project KEEP](#), and home visiting -- as they allow families to receive services in their natural environment and provide another layer of safety supports as children transition back into their families. E.g., [Homebuilders](#)[®] can help achieve family stabilization and reunification.
14. **In-home substance abuse treatment:** E.g., [Sobriety Treatment and Recovery Teams](#) (START) combines home visiting with substance abuse treatment.

Rate In Care | Kansas - National

How many children are in care?
(per 1,000 children in the population)

Kansas & National



Source: State submitted AFCARS & NCANDS files
Children < age 18; as of 09/30 of each report year

Comparing Kansas with nearby states regarding rate of entry into foster care

Kansas: 9.6 per 1,000 children are placed in out-of-home care every year.

Texas: 2.8

Colorado: 2.9

Iowa: 5.3

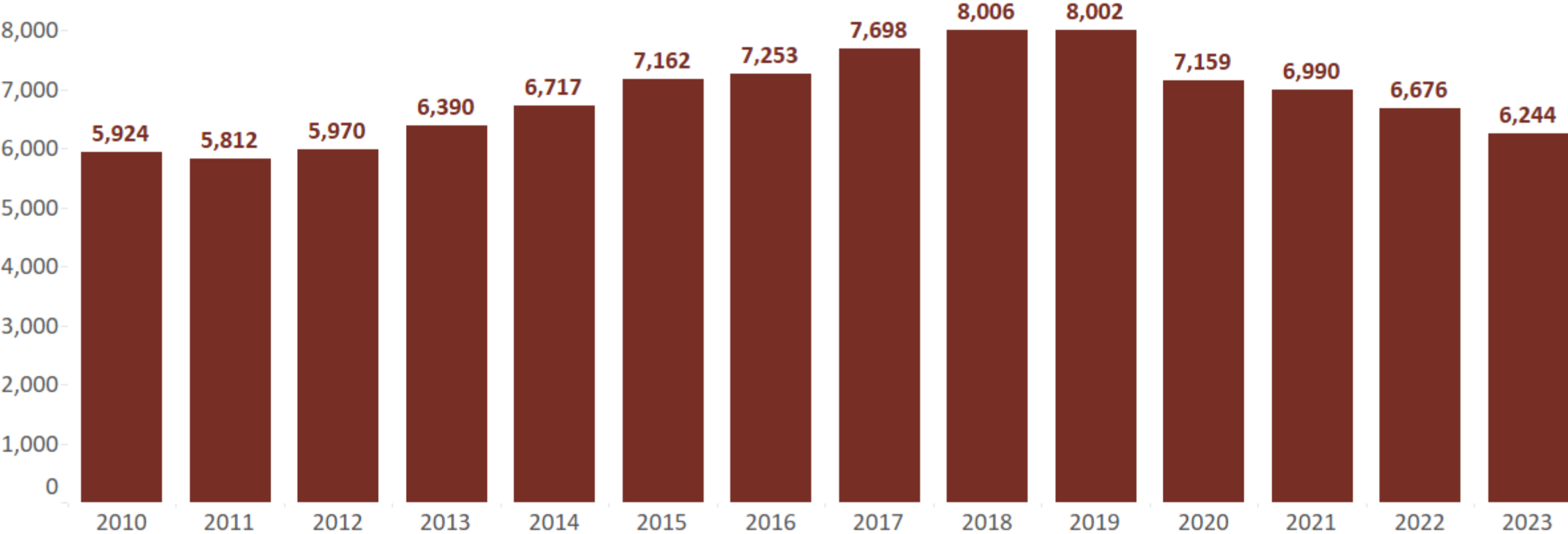
Arkansas: 5.7

Oklahoma: 7.4

Missouri: 9.1

Children in Care | Kansas

The unique number of children in the foster care population on the last day of the 12-month report year.

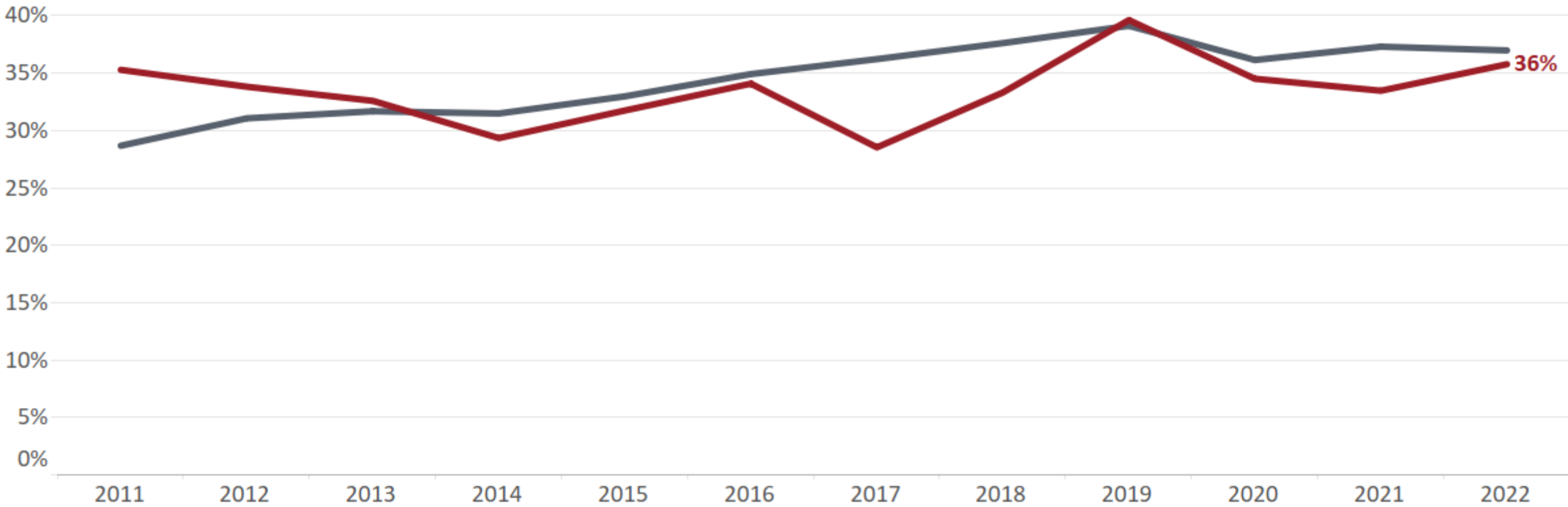


Source: State submitted AFCARS & NCANDS files
Children < age 18; as of 09/30 of each report year

Permanency for Longstayers | Kansas - National

Are children in care 2+ years able to achieve permanency within the next 12 months?

Kansas & National



Source: State submitted AFCARS & NCANDS files
Children < age 18; 12-month period ending 09/30

In closing....

We set the context by discussing:

- Children are raised best by families... not government.
- Healthy and supportive communities help families stay strong and avoid unnecessary government involvement – especially CPS investigations, which traumatize children and other family members.
- There are times when CPS involvement is essential for child safety – but that should be a last resort.
- Children should not be removed or enter care for non-safety reasons.

We reviewed interventions that safely prevent family involvement with child protective services.

We also discussed strategies to help children in out-of-home care achieve permanency.

These topics relate to some of the essential elements we identified in the white paper. For Kansas in particular, it may require more emphasis on:

- Not removing children for non-safety reasons
- Placement with relatives and chosen kin whenever possible.
- Systems – including judiciary and foster care service providers – need a sense of urgency about timely permanency.

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References: Questions From the Field (Cont.)

- [Do gaps in data negatively impact children with complex medical needs?](#)
- [How can guardianship be better utilized to promote permanency and well-being?](#)
- [How can we select the right tool to help us better assess children's safety, permanency, and well-being needs?](#)
- [How does the payment of child support impact time to permanency for children in foster care?](#)
- [What are family treatment courts and how do they improve outcomes for children and families?](#)
- [What are some examples of evidence-informed practices to keep children safe and promote permanency?](#)
- [Permanency and placement stability](#)
- [What should every child protection agency do to ensure that children are placed with kin?](#)