

# 1

## OVERVIEW OF PREVENTION FOR PRACTICE AND ADMINISTRATION

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# 1

## PREVENTION OVERVIEW

### **1.1 Intended audience for Section 1**

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

- A clear definition of prevention for VDSS;
- Information from a variety of sources that document the need for a more intentional focus on prevention in Virginia, (Appendix A describes the Resources Used in Developing Guidance);
- Description of the types of prevention services to be addressed in this chapter of the manual;
- The conceptual framework used;
- Standards for effective early prevention programs; and,
- A summary of the resources and evidence based practices that can be used to support prevention services within local departments (See Appendix H). A more extensive list of resources for practice are included in Section 4: Services to Individual Families, Appendix F)

### **1.2 Definition of prevention**

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

- Strengthen families;
- Promote child safety, well-being, permanency, and placement stability, including maintaining the child in his own family;
- Minimize harm to children;

- Maximize the abilities of families to protect and care for their own;
- Prevent child abuse/neglect from ever occurring;
- Prevent the reoccurrence of child abuse/neglect; and,
- Prevent out-of-home care, including preventing foster care.

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

### 1.3 Virginia Department of Social Services Practice Model

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The VDSS Practice Model sets forth standards of professional practice and serves as a framework to define relationships, guide thinking and decision-making and structure beliefs about individuals, families, and delivering services to Virginia's citizens to strengthen and support families. The tenets of the Practice 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.**

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

### 1.4 Children's Services Practice Model

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The following fundamental principles in [Virginia's Children's Services Practice Model](#) 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**

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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 people and organizations to the table to address prevention services.
- Families are fundamental to children's optimal development. Children do best when they can grow up in their own families and remain safely connected to mother, father and extended family members throughout their life.
- Fathers do care and fathers' active involvement matters.
- All families can benefit from information and help in connecting with resources as they meet the challenges of parenthood and family life.
- Building Protective Factors strengthens a family's ability to promote optimal development for their children and reduces the risk of abuse and neglect.
- Supporting the stability of the family, while maintaining the child's safety, is a more effective and less traumatic alternative than separating the child and family.
- Effective prevention programs build on family strengths and focus on fostering positive behaviors, increasing resiliency before problems develop, and/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 vehicles for change.
- All services in child welfare should respond to the long-term impact of trauma as a result of abuse, neglect, multiple moves, and the child's separation from his or her family.
- All families should have access to culturally response 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 Outline of the Early Prevention chapter

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The guidance presented in the Prevention Chapter is an outgrowth of the department's 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 current state of the art practice in prevention.

The primary focus of the manual is on Early Prevention Services—those services provided to the general public, high risk groups or individual families *prior to, or in the absence of, a valid CPS Referral*. These are often referred to as Primary and Secondary Prevention Services.

The Prevention Chapter, which is incorporated into the larger VDSS “Child and Family Services Manual,” will be organized in the following order:

- Section 1: Overview of Prevention for Practice and Administration
- Section 2: Early Prevention Services to the General Public: Strengthening Families at a Population Level
- Section 3: Early Prevention Services to High Risk Groups
- Section 4: Early Prevention Services to Individual Families
- Section 5: Building the Agency's Capacity to Promote and Support Early Prevention Services

- Section 6: Collaborating with Community Based Organizations for Early Prevention

Each section builds on Section 1, the Overview. Linkages are provided within sections when relevant to other sections.

## 1.7 Legal basis for the provision of Prevention Services

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### Definition of Prevention:

§ [63.2-1501. Definitions](#) “Prevention” means efforts that (i) promote health and competence in people and (ii) create, promote and strengthen environments that nurture people in their development.

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

### 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 B 1. B 2 and B3 and (ii) meet relevant federal mandates for the provision of these services.

## 1.8 Definitions

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



<u>Term</u>	<u>Definition</u>
<b>Adoption</b>	A legal process that entitles the person being adopted to all of the right and privileges and subjects the person to all of the obligations of a birth child. It is also a social process that forever links the birth and adoptive families through the child, who is shared by both, thereby creating a new kinship network.
<b>Child Protective Services</b>	The identification, receipt and immediate response to complaints and reports of alleged child abuse and/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.
<b>Child Well-being</b>	Child well being can be conceptualized as social and emotional function of a child that promotes healthy development, resiliency, relational competency, and protective factors.
<b>Collaboration</b>	A mutually beneficial and well-defined relationship entered into by two or more organizations that are committed to achieve common goals.
<b>Community</b>	Groups of individuals, entities, organizations who live in or serve a common area and group of people.
<b>CPMT</b>	Community Policy and Management Team which approves families for Comprehensive Services funding in each locality.
<b>Complex Trauma</b>	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.
<b>Diversion Family</b>	A related or non-related family, identified by a caregiver, who provides short term care for a child not in foster care, and who is not serving as an approved foster family for this particular child.

<b>Early Prevention Services</b>	A full range of services provided to families prior to, or in the absence of a current valid CPS referral. These services include public education and awareness services provided to the general public, services provided to specific groups of parents or specific families (including foster and adoptive families) whose children are at risk of maltreatment or out of home care, including foster care placement, placement disruption, residential placement, and placement moves to related or non related adults.
<b>Family Focused Practice</b>	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.
<b>Family Engagement</b>	A relationship focused approach that provides structure for decision making and that empowers both the family and the community in the decision-making process.
<b>Family Partnership Meetings (FPM)</b>	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.
<b>FAPT</b>	Family Assessment and Planning Team which reviews families' requests for services in each locality and makes recommendations for funding to the CPMT.
<b>Fictive Kin</b>	Persons who are not related to a child by blood or adoption but have an established relationship with the child and/or the family system.
<b>Foster Care</b>	24 hour substitute care for children placed away from their parents or guardians and for whom the local board has placement and care responsibility.
<b>Foster Care Diversion</b>	A strategy to prevent foster care placement by engaging caregivers in a process to identify relatives and non-relatives who can provide short term care for their children.

<b>Foster Care Prevention Services</b>	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 § <u>63.2-100</u> or in need of services as defined in § <u>16.1-228</u> and his family when a child has been identified as needing services to prevent or eliminate the need for foster care placement.
<b>Kinship Care</b>	<p>Code of Virginia 63.2-100 "Kinship care" means the full-time care, nurturing, and protection of children by relatives.</p> <p>Formal: All living arrangements in which children are cared for by relatives of the children's parents who have been approved as foster parents.</p> <p>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.</p>
<b>LDSS</b>	Local Departments of Social Services
<b>Original Family</b>	The original family refers to the family who is the recipient of early prevention services. This term is only used to distinguish this family from the alternative family when referencing foster care diversion services.
<b>Out of Home Care</b>	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, non-relative families.
<b>Permanency</b>	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.
<b>Prevention</b>	Services provided to any caregiver and child to strengthen families and enhance child well-being, to prevent child abuse/neglect from ever occurring or reoccurring and to eliminate the need for out of home care.

<b>Primary Prevention Services</b>	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 from ever occurring.
<b>Protective Factors</b>	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.
<b>Reasonable Candidacy</b>	Refers to the circumstances under which a child is a candidate for foster care: a child who is at serious risk of removal from home as evidenced by the local agency either pursuing his/her removal from the home or making reasonable efforts to prevent such removal.
<b>Risk Factors</b>	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.
<b>Secondary Prevention Services</b>	Selective prevention strategies that identify groups and/or individual families at risk of abuse/neglect and/or out of home care and direct activities to these high risk groups or families with the goal of preventing child maltreatment and out of home care.
<b>Strength Based Practice</b>	A social work practice theory that emphasizes families' self determination and strengths. Strengths based practice is client led, with a focus on future outcomes and strengths that the family brings bring to a problem or crisis.
<b>Strength Based Supervision</b>	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.
<b>Strengthening Family Initiative</b>	Focuses on a holistic approach that looks beyond clients as individuals and focuses on strengthening the family unit as a whole, reflects a fundamental shift regarding how systems work with families. Through the alignment of resources, policies, and processes and the implementation of specific strategies, the well-being of the families is positively impacted by strengthening them at every point of client contact.

**Tertiary  
Prevention  
Services**

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

**Trauma**

An event or situation that causes short-term and long-term distress and/or family disruption and can create substantial damage to a child's physical, emotional and psychological well-being.

## 1.9 Status of Early Prevention in Virginia

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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.” (Child Information Gateway, “Child Maltreatment Prevention: Past, Present and Future”, July 2011). Virginia has contributed to these efforts through initiatives at both the local and state levels.

Although there have been few guidelines or mandates to provide prevention services in VDSS policy and limited funding, public agencies across the state have recognized the benefits to families of providing early prevention services and their cost effectiveness. Seventy three percent (73%) of local departments surveyed in June 2011 stated they provide early prevention services to the general public; Ninety six percent (96%) stated they provide prevention services to individual families prior to a child abuse/neglect referral; and, thirty four percent (34%) provide prevention services to high risk groups in their community. Yet, many localities still do not have a formal prevention program. Intake is the common ground for prevention services provided before a valid child abuse/neglect referral is received. Many agencies across the state, including smaller and more rural agencies, often are unable to respond beyond that level; other agencies across the Commonwealth are using a range of funding sources, flexible staffing and community based teams and organizations to meet the needs of families before crises occur.

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

Since 2009, statewide dialogue has been initiated within the department and with community partners about how to more effectively collaborate to strengthen families. A

47 member committee comprised of 19 local departments of social services and 5 community partners has worked to develop a vision and plan for...

- creating a prevention presence in local departments,
- promoting prevention as a core program within the Division of Family Services, and;
- 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 local departments to develop protocols and best practices to support prevention and to enhance public-private collaboration at the local level.

[Virginia's Strengthening Families Initiative](#) launched in 2011 recognizes the importance of embracing a holistic approach in service delivery that looks beyond clients as individual and focuses on strengthening the family unit.

Even prior to these initiatives, VDSS, through child protective services within the Division of Family Services, developed statewide resources to address the need to expand prevention services and support public-private partnerships, using both state and federal funding. VDSS distributes the Virginia Family Violence Prevention Program (VFP) on Child Abuse and Neglect Prevention, Request for Proposals with appropriated state funds and federal Community Based Child Abuse Prevention (CBCAP) funds. The VFP funds are used for the same purpose as CBCAP funds. Localities must provide match funds for both. One of the goals of the Virginia Department of Social Services is to have programs continue after grant funds are no longer available to the program. In order for this to occur, grantees utilize a variety of funding options to generate the needed funds, including blending federal-state-local-private funds and soliciting individual, corporate and foundation donations.

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

## **1.10 Challenges still ahead**

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Research, the literature and practice wisdom underscore the increasing needs of families and the resulting gaps in services that could be met through prevention services at the local and state level.

Other studies and needs assessments confirming the gaps and emphasizing the need for prevention services in prevention provide cues for the development or enhancement of early prevention services both locally and statewide:

### **1.10.1 Results of National Center for Children in Poverty Report**

Based on data collected between 2007 and 2009, the National Center for Children in Poverty developed a tool to identify risk factors known to increase the chance of poor health, school and developmental outcomes for young children. Economic hardship along with any of the identified risk factors may indicate a greater chance of poor outcomes for children. According to the Center's report, there are 613,166 children under age 6 in Virginia. Seventeen percent (17%) of them live in poverty. Children in Virginia under 6 years where 3 or more additional risk factors are present are especially vulnerable. Other risk factors identified for Virginia include households without English speakers, low parental education, residential mobility, single parent, teen mother and unemployed parent [National Center for Children in Poverty](#) .

### **1.10.2 Results of the Maternal, Infant and Early Childhood Home Visiting Needs Assessment**

Based on Virginia's response to the Supplemental Request for Information (SRI) issued on August 19, 2010 for Affordable Health Act (ACA) Maternal, Infant and Early Childhood Home Visiting, the Virginia Department of Health [Maternal Child Health \(MCH\) Needs Assessment](#) identified 38 cities and counties in Virginia as "at risk" communities. At risk communities were defined as communities with concentrations of premature birth, low-birth weight infants, and infant mortality, poverty, crime, domestic violence, high rates of high-school drop-outs, substance abuse, unemployment, or child maltreatment.

### **1.10.3 Results of the Promoting Safe and Stable Families (PSSF) Community Assessment Plans**

The PSSF Community Assessment Plans are used as the primary resource for the Inventory of Services and Needs required for the Federal CBCAP annual report. [Promoting Safe and Stable Families \(PSSF\) - Virginia Department of Social Services](#)

Based on participating local departments of social services response to an Inventory of Community Services, Gaps and Needs for their 2010-2014 planning cycle, the most prevalent statewide needs included programs for fathers, parent and family resource centers, peer counseling, transportation and parent leadership

Fifty percent (50%) or more of the agencies across the state in the Community Service Inventory also identified gaps in services to teenage parents, teen pregnancy prevention, services to homeless families with children, parent education, programs for fathers, transportation, housing and other material assistance, and community education and information, among others.

#### **1.10.4 Results of the Annual Comprehensive Services Act Survey on community needs**

The *Code of Virginia* § [2.2-5211.1](#) requires local Community Policy and Management Teams to report annually to the Office of Comprehensive Services (OCS) on gaps and barriers in services needed to keep children in local communities. Highlights of changes reflected in the FY10 survey included the following:

- Newly reported statewide gaps for short term assistance with necessities and interpretive services, medication follow-up, planned respite, and substance abuse day treatment;
- Decreased reported needs for foster care, family assessment, special populations housing;
- Some new community services available for intensive in-home, school based truancy programs, crisis stabilization;
- Continued community services deficits reported for outpatient mental health supports, shelter care, Medicaid providers;
- Funding cuts impacting service provision related to VJCCCA, Healthy Families and public sector staff; and,
- Significant increases reported in the use of natural supports.

The link to the full reports and data from the Critical Service Gaps is available on the [Office of Comprehensive Services](#) website. (See Critical Gaps and Services Reports under Reports and Publications)

#### **1.10.5 Trends in child abuse and neglect**

The Child Protective Services data reveals that both the number of reports of maltreatment and the number of victims of maltreatment have been increasing since 2007. More than half of the maltreatment substantiated continues to be due to physical neglect. More than 30% of all victims are children under age 4; more than 40% are age 4 -11.

Child fatalities resulting from maltreatment have also risen, particularly for children age 0-3 confirming this age groups' vulnerability. Children under 4 are vulnerable not just because they are unable to protect themselves, but because this is the period of time of most rapid brain development.



## **1.11 Vision for the future of prevention**

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If the challenges are met, early prevention services can create the future by transforming the culture of service delivery.

Our Vision: Community based organizations and local departments of social services will be working together as partners to strengthen the infrastructure for prevention and to meet the ongoing needs of children and families within their communities. Children will be nurtured, supported and protected by strong families. Families will be living in supportive communities that respect their diversity and recognize their unique set of strengths and solutions. Families will have timely and equitable access to a range of community based resources and services within their own communities, before serious problems arise, to help them meet the on-going responsibilities of raising children at each developmental stage and in times of need/when crises arise. Families will receive a non-judgmental, culturally competent, strength-based response from these resources. When children have to come into foster care, their first placement will be their last until they return home to birth or extended family members or they are placed for adoption.

## **1.12 Focus of Early Prevention on best practice models**

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In order to make this vision a reality, several paradigm shifts are needed in policies, practice and administration within VDSS and within local communities. There are few legal or regulatory mandates that guide early prevention services and few mandated services in prevention, with the exception of the provision of foster care prevention. As a result, the focus in this chapter is on best practice rather than regulatory guidelines.

### **1.12.1 Family driven services**

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

### **1.12.2 Engaging families and a shift to family based decision making**

Early Prevention Services, unlike prevention services provided after a valid referral, are provided primarily on a voluntary basis to prevent abuse/neglect/out of home care before abuse or neglect has occurred. The exceptions are when families are court referred for early prevention services before CPS is involved or when a child's safety is jeopardized once early prevention services have been initiated.

Engagement is essential to supporting families seeking early prevention services. With few mandates for services and no authority to intervene, unless court ordered or a child safety is jeopardized, support is dependent on a relationship with the

social worker that engages the family in the process. This voluntary nature also requires that the family is the primary decision maker. Although a family partnership meeting is not required in early prevention, it can be a helpful tool to engage the family and assist in decision making. See Family Engagement Guidance on the VDSS [public site](#) and [SPARK](#).

### **1.12.3 Use of strengthening families perspective for prevention**

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

- Positive, proactive work with the family;
- Engaging fathers, extended family and other key individuals in the process;
- Dialogue with the family focused on family strengths rather than limitations;
- Emphasizing and reinforcing of the positive functioning of the parents;
- Building the capacity of the family to be independent;
- Providing concrete supports to the family;
- Increasing social supports to the family;
- Teaching competency in parenting and child development;
- Promoting positive mental health and healthy parent-child interaction; and,
- Empowering families to help them find their own solutions requires realistic expectations of families in the context of their own values, beliefs and system of support.

### **1.12.4 Emphasis on trauma informed practice**

Research, especially in neuroscience, 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, on their overall development and on their attachment relationships. The Adverse Childhood Experiences Study [ACE Study](#) conducted at Kaiser Permanente from 1995 to 1997, examined the effect of ten categories of negative experiences in childhood on more than 17,000 participants. The ACE study found that adverse childhood experiences are strongly correlated with:

- Chronic illness, including heart disease, diabetes and depression;
- Premature death; and,
- 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 (heart disease, severe obesity, COPD) and higher risk for substance abuse, depression and suicide attempts.

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

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

Cost-benefit analyses demonstrate the stronger return on investments that result from strengthening families, supporting development, and preventing maltreatment during childhood and adolescence rather than funding treatment programs later in life (Center on the Developing Child at Harvard University, 2007, Child Welfare Information Gateway).

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).

A comprehensive summary of the research and the costs to children, families and communities can be found in Appendix B.

#### **1.12.4.1 Characteristics of a trauma informed child welfare system**

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

(1) routinely screen for trauma exposure and related symptoms; (2) use culturally appropriate evidence-based assessment and treatment for traumatic stress; (3) make resources available to children, families, and providers on trauma exposure; (4) engage in efforts to strengthen the resilience and protective factors of child and families; (5) address parent and caregiver trauma and its impact on the family system; (6) emphasize continuity of care and collaboration across child-service systems; and, (7) maintain an environment of care for staff that reduces secondary traumatic stress.

### 1.12.5 Use of the framework of protective and risk factors

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

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

#### 1.12.5.1 Protective Factors

Emerging research indicates that a wide range of prevention strategies has demonstrated an ability to reduce child abuse and neglect reports and foster care placement (Horton, 2003).

Six protective factors provide the foundation of the Strengthening Families approach and are promoted by the [National Resource Center for the Prevention of Child Abuse and Neglect](#):

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

A more comprehensive description of protective factors can be found in Appendix E. For additional information go to the [Child Welfare Information Gateway](#)

#### **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. Other demographic risk factors include the following:

- Parents with a history of family violence, abuse and/or neglect as perpetrators;
- Substance abuse and/or psychiatric care;
- Parents with low income, lack of education, and/or language barriers;
- Single parents; and
- Children under age four.

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 (Barth et al., 2007; Administration for Children and Families, 2007):

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

- Child maltreatment, particularly before age 3;
- Parental substance use or mental health problem;
- Single and/or teenage parent;
- Low educational attainment of parent;
- Four or more children in the home;
- Family poverty or domestic violence; and,
- Involvement with the child welfare system

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

#### **1.12.6 Collaboration as a critical component**

Collaboration is a central component in early prevention. The challenges of developing a common framework among different organizations, competition for funding, etc. often impacts the level of collaboration within localities and within the community with other organizations. An integrated service approach is critical so that each community is able to provide the range of services needed by parents from conception through adulthood both before and after problems arise and regardless of whether child protective services is involved.

Types of organizations that have a presence state-wide and who partner with LDSS include public mental health providers, community services boards, intensive in-home services providers, domestic violence prevention providers, Child Advocacy Centers, respite care providers, Part C Early Childhood Intervention, Head Start, other home visiting providers, Post Legal Adoption Network, Foster Parent Support Groups, substance abuse prevention providers, Sexual Assault Centers, YMCA's, statewide non-profit agencies such as Catholic Charities, food banks, faith based organizations, schools, shelters, etc.

There is also a need to reach out to mandated reporters, especially schools, law enforcement, child care centers and other logically connected community organizations to (1) educate them about the early warnings and risks before abuse occurs, and the resources that may be available to families; and, (2) explore how

their organization can be more responsive to families' needs before a child's safety is jeopardized.

### **1.12.7 An entrepreneurial approach to program development and services**

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

## **1.13 Prevention continuum**

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

- Target population;
- Degree of trauma experienced by the child and family; and,
- Level of intervention by LDSS.

## **1.14 Types of prevention services**

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Current practice identifies the following three types of prevention services. The primary focus of this chapter is on the first two-Primary and Secondary Prevention Services.

### **1.14.1 Primary**

#### **1.14.1.1 Definition**

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

#### **1.14.1.2 Examples**

Public education and awareness activities including:

- Developing and distributing information throughout the community about the needs of children and families, healthy child development, resources available to families, etc. and raising awareness of child abuse and neglect;
- Public service announcements; and,
- Child abuse and neglect prevention month activities.

### **1.14.2 Secondary**

#### **1.14.2.1 Definition**

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

#### **1.14.2.2 Examples**

- Parent education and parent support groups for high risk groups, such as teen parents, incarcerated fathers, low income parents, etc.;
- Home visiting services; and,
- Educational and support groups and activities for children who are considered to be most vulnerable to the risk of abuse and neglect.

### **1.14.3 Tertiary**

#### **1.14.3.1 Definition**

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

#### **1.14.3.2 Examples**

- Increasing protective factors and decreasing the risk of abuse and neglect and out of home care to families served through child protective services after a valid referral is received (CPS ongoing services);



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

### 1.15 Practice and administrative standards for effective Early Prevention programs

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It has been difficult to identify characteristics common to effective programs because there are few interventions related to child welfare that have been rigorously evaluated multiple times. There are, however, characteristics that have been observed most frequently through evaluations of effective programs. Washington State guidance identifies five broad characteristics shared among the majority of effective programs, including Healthy Families America, Nurse Family Partnership, Structured Decision Making in Michigan, Triple-P Positive Parenting Program in South Carolina, and at least 10 other evidence based programs.

- 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; and,
- 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 (Barnett, 1995, Allied for Better Outcomes, 2010) This body of research, along with the extensive literature review that supports the impact of the strengthening families protective factors,

articulates a powerful argument for the incorporation of a family-centered developmental approach into child welfare practice with young children.

Arizona Child Abuse and Neglect Prevention System conducted an extensive literature review about effective prevention programs and recommended a set of standards adapted from the 2003 State of New Jersey Task Force on Child Abuse and Neglect's standards. (See next page.) Virginia has added some standards based on the emergence of information on the criticality of trauma informed practice.

<b>CONCEPTUAL STANDARDS</b>	<b>PRACTICE STANDARDS</b>	<b>ADMINISTRATIVE STANDARDS</b>
<ol style="list-style-type: none"> <li>1. Family centered.</li> <li>2. Community based,</li> <li>3. Culturally sensitive and culturally competent.</li> <li>4. Work with participants before unwanted behaviors develop.</li> <li>5. Developmentally appropriate.</li> <li>6. Participants as partners with staff.</li> <li>7. Empowerment and strengths-based approaches.</li> <li>8. Trauma competence.</li> <li>9. Youth and family empowerment, choice and control.</li> </ol>	<ol style="list-style-type: none"> <li>1. Flexible and responsive.</li> <li>2. Partnership approaches.</li> <li>3. Links with informal and formal supports.</li> <li>4. Universally available and voluntary.</li> <li>5. Comprehensive and integrated.</li> <li>6. Easily accessible.</li> <li>7. Long term and adequate intensity.</li> <li>8. Sensitivity, aware and use of knowledge of trauma into the organizational culture and service array.</li> <li>9. Strength based approach</li> </ol>	<ol style="list-style-type: none"> <li>1. Sound program structure, design and practices.</li> <li>2. Committed, caring staff.</li> <li>3. Policies and procedures that support strength based, trauma informed approach and use of protective factors.</li> <li>4. Data collection and documentation.</li> <li>5. Measures outcomes and conducts evaluation.</li> <li>6. Adequate funding and long range plan.</li> <li>7. Participants and community as collaborators</li> </ol>

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 and promoting the flow of external resources and supports to families.

## 1.16 Administrative supports needed for effective Early Prevention Services

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Both the VDSS Practice Model and the Children's Services Practice Model emphasize the importance of how we do our work as well as the importance of what we do. The Administration on Children, Youth and Families 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 caseworker-level, but also at the level of administrators who are making decisions about the array of services needed internally or through contracts."

### 1.16.1 Key tasks for administrators and supervisors

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

Family-Strengthening and Trauma Informed Child Welfare Practice across the continuum of service extending from public education to prevention with intact families, supporting foster families and other families caring for children not born to them (such as diversion families), preparing families for reunification and post adoption or post reunification supports;

- Infrastructure Changes, including integration of a Protective Factors and Trauma Informed approach into regulations and procedures that govern practice;
- Professional Development that integrates the Protective Factors and Trauma Informed approach into 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; and,
- Early Childhood Systems Integration across diverse early childhood initiatives and systems in order to reach families sooner.

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

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

- Recognize and acknowledge the many ways in which staff is providing prevention services even when no formal program exists;
- Make sure 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 agency and staff's readiness for change;
- Engage staff in program decision making and administrative decisions that will impact them and the families they serve;
- Model a strength based approach with staff, emphasizing what they do well and using their knowledge and skills to achieve change when change is needed;
- Establish written policies and procedures that reflect strength based, trauma informed practice and the use of protective factors;
- Maintain an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and that increases staff resilience;
- Be transparent about the expectations of staff;
- Provide opportunities for both peer and individual supervision;
- Encourage staff to collaborate with individuals and organizations that embrace strength based, trauma informed practice;
- Utilize case staffing to insure that all staff are operating out of the same value and practice base so that clients get consistent messages no matter what program or individual serves them;
- Provide concrete support for workers in the field and in crisis;
- Evaluate program effectiveness, utilizing input from the field about what's working and what's 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 Family Partnership Meetings, including providing peer support to each other, sharing their successes and suggestions with other parents, assisting with agency special events,

- providing their ideas and suggestions about policy and practices within the agency by soliciting their ideas and suggestions and serving on agency committees and the local board; and,
- Work with the community to establish a positive image of the local department that reduces their fear of either contacting the agency for help or opening their door to agency staff early-before a crisis arises.

### 1.16.2 Realigning resources

#### 1.16.2.1 Staffing

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

In the 2011 Local Agency Prevention Services Survey local agencies indicated that although 94% of the agencies provide early prevention services, less than 50% of LDSS had staff primarily devoted to prevention efforts. Most agencies use a wide range of staff who may be working in any child welfare, adult services or eligibility program (CPS, Foster Care, Family Preservation Teams, VIEW, other benefit programs and child care).

Staff utilized to provide prevention services include 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, Family Partnership Meeting (FPM) coordinators, and volunteers. In some instances, staff members volunteer their time for prevention efforts when it is not their primary program responsibility. In other agencies, since using FPMs localities have been able to divert children from foster care and use foster care workers to conduct prevention activities.

In order to use existing staff for early prevention, 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;
- Develop a data base 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 some early 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; and,
- Include competency in practice approaches known to be effective in early prevention (such as those listed below) in job descriptions and performance evaluations.

### **1.16.2.2 Funding**

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

### **1.16.3 Data management**

The development of an internal data collection process is needed to capture early prevention information, until OASIS can collect the data needed.

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

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

- The number of families served, types of services received, and, when closed, reasons for closure;
- The families in each community who seem to be at higher risk of maltreatment and out of home care;
- The types of services that are provided to families and the outcomes families are able to achieve with those services;
- The number of children diverted from the foster care system as a result of early prevention services;
- The types of challenges families in early prevention face and their needs; and,
- The types of public education and awareness activities that are undertaken and the results of those efforts

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

#### **1.16.4 Measuring program outcomes**

Outcome accountability is necessary for all prevention program stakeholders including funding sources, participants, and community members and for the program itself. Accountability informs these groups and provides the framework for gathering evidence that what you are doing works. All programs need periodic self-assessment in order to know whether they are fulfilling their overall purpose of strengthening families. Program evaluation—the systematic process of collecting information and providing answers to important questions about program outcomes—is an obligation, not an option.

Outcome measurement is “a systematic way to assess the extent to which a program has achieved its intended results. The main questions addressed are: What has changed in the lives of individuals, families, organizations or the community as a result of this program? Has this program made a difference? How are the lives of program participants better as a result of the program?” [The Evaluation Forum](#) 2000

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

- Define realistic program outcomes;
- Develop strategic plans and a logic model defining goals and objectives, outputs and outcomes; and,



- Design a practical and sustainable plan for collecting data on these measures which includes, at a minimum the following:
  - Implementation of a formal and informal mechanism for soliciting information from staff, local boards, community partners and families about outcomes achieved on a regular basis;
  - Creation of baseline data from which change can be measured; and,
  - Identification of specific measures to examine in order to determine the extent to which an organization achieves its outcomes

Suggested outcomes include the following:

- Increase the number of LDSS providing Early Prevention Services (public education, services to groups, and services to families prior to a valid CPS referral);
- Reduce the number of families who receive a valid referral after receiving Early Prevention Services six months, 12 months, and 24 months post-closure.
- Increase the number of children diverted from foster care as a result of placement with relatives or other adults with whom the child and family are connected;
- Reduce the number of children who enter into foster care after receiving Early Prevention Services six months, 12 months, and 24 months post-closure;
- Increase the percentage of Early Prevention Cases closed as a result of the family being “successfully stabilized”; and,
- Reduce the number of first time victims of maltreatment.

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

### **1.16.5 Professional development**

Having a skilled, knowledgeable and caring workforce is essential to achieving program outcomes. The key to individual change in families is the ability to build an effective working relationship with clients and to know how to simultaneously support and empower families. They need to believe that families can and do change and those families have the inherent capacity to know themselves better than any social

worker could and to be a good parent. Insuring that the messages all staff gives to the community and families-including administrative support, intake, information system staff and all program staff-can greatly impact the effectiveness of all services.

Minimum requirements for training 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 domestic violence 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;
- Training for staff and facilitators on family partnership meetings and their use in early prevention;
- Marketing and community awareness (to conduct public education and awareness activities);
- Working with high risk groups; and,
- Engaging fathers

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. [Online Training Course](#)

#### **1.16.6 Parent Partnerships**

FRIENDS, the National Resource Center for Prevention, promotes and encourages parent partnerships and parent leadership as a critical component of prevention services, particularly early 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 effect them;
- Providing opportunities for parents to support the agency as volunteers; and,
- Facilitating the process for parents to serve as role models for other families

### **1.16.7 Community and systems integration**

The National Center on Child Abuse and Neglect states the following:

“Child maltreatment is a community problem. No single agency, individual or discipline has the necessary knowledge, skills, resources or societal mandate to provide the assistance needed by abused and neglected children and their families.”

Early prevention services have been embraced by community based organizations who have often taken the lead in their communities. It is clear that the development of functional partnerships to address the complex needs of all families should occur in order to optimize the effectiveness of the 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 and strengthening families.

The results of the 2011 Prevention Survey of LDSS revealed that 37 LDSS participate in local or regional prevention-related coalitions. + (See site for list of agencies in Prevention Survey results Table 18)

**A list of on-line resources for early prevention information, best practice models and funding is in Appendix H.**

## **1.17 Benefits of embracing a prevention perspective across child welfare**

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The literature, research and Virginia’s data reflect the need for a continuum of prevention services, beginning with Early Prevention. Strong communities foster strong families; strong families create strong communities. Investments made in families and children become assets in the development of strong citizens who participate in the larger good. Early Prevention services with a strength based, trauma informed approach which integrates the protective factors as described in this manual can also accomplish the following:

- Reduce costs associated with child protective services, foster care and adoption;
- Reduce the number of families requiring intervention as a result of abuse/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 safety, permanency and well-being outcomes;
- Normalize all families' need and desire to learn how to be effective parents;
- Connect families to resources throughout the life-span of their children;
- Increase community awareness of prevention efforts and foster 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 are key to setting the stage for collaborative work through the co-location of prevention of child abuse and neglect programs and state systems; and,
- 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.

## 1.18 Appendix A: Resources used in developing guidance

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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 which provides the technical assistance for the National Center on Prevention and the federally funding Community Based Child Abuse Prevention Program;
- Review of what other states provide in Early Prevention;
- Implementation of a statewide Prevention Committee that involved more than 40 local staff, 13 state staff and 4 state level community partners who provided direction, feedback and support for the development of the manual. State Prevention Committee Members, 2010-2012;
- Development and distribution of a Prevention Survey, supported by the League of Social Services Directors, to local departments of social services. One hundred fourteen (114) agencies responded and results contributed significantly to this manual. and,
- Participation in community based prevention meetings regionally and meeting with local supervisors across the state 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 (1997-2010).

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

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

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

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

Congressional Coalition on Adoption Institute's 2011 Foster Youth Internship Report.

Early Head Start National Research Center.

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

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

Healthy Families Virginia: *Statewide Evaluation Executive Report FY 2006-2010*.

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

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

National Survey for Child and Adolescent Well-Being.

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

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

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

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

Violence at Home: The FACT Report.

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

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Research has demonstrated that traumatic childhood experiences, including maltreatment, removal and placement disruptions, have a profound impact on many areas of their biological, physical and mental functioning, on their overall development and on their attachment relationships. 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.

### The Impact of Maltreatment and Trauma on Child Well-Being:

The Adverse Childhood Experiences [ACE Study](#) conducted at 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, a professor of psychiatry, Boston University Medical School, Boston, MA, clinical director, The Trauma Center at Justice Resource Institute, Brookline, MA and Co-director of the National Child Traumatic Stress Network Community Program in Boston, researcher and teacher in the area of posttraumatic stress and related phenomena since the 1970s and author of Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society in May, 1996, 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 nations' most basic public health problems. Primary prevention is presently the only feasible population approach.

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

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

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

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

- Safety as the paramount concern that should guide prevention efforts
- Permanency, emphasizing a sense of continuity and connectedness as being central to a child's healthy development
- Child and family well-being, encouraging nurturing environments where a child's physical, emotional, educational and social needs are met.

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

#### 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. Not every distressing event results in traumatic stress, and something that is traumatic for one child may not be traumatic for another. The ultimate impact of a potentially traumatic event depends on several factors, including:

- The child's age and developmental stage
- The child's perception of the danger faced
- Whether the child was the victim or a witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The adversities the child faces in the aftermath of the trauma
- The presence/availability of adults who can offer help and protection

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

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

- Placement instability is relatively common for those children placed outside the home
- Among children who began the study without mental health problems, later mental health needs were associated with unstable placements.
- Young children appear particularly vulnerable to behavioral and developmental problems.

- Although slightly less than half of children reported to CPS show signs of an emotional or behaviors problems, these problems are especially high among those placed outside the home.
- High levels of children’s mental health needs go unmet.

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

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

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

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

- disrupted neurodevelopment,
- social, cognitive, and emotional impairment
- adoption of health risk behaviors, including drug and alcohol addiction, teen pregnancy and paternity
- disease, disability and social problems
- early death

The [Child Welfare Trauma Training Toolkit](#) : Comprehensive Guide—2nd Edition, March 2008, 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, ability to regulate their emotions, the integration of their senses, their self defeating aggression, additive behaviors, hyperarousal and their capacity for logical thinking are all impacted.

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

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

- *Prenatal and Perinatal Health:* Eighty percent (80%) of children under the age of six who enter child welfare are at risk for developmental issues stemming from maternal substance abuse, and 40% are born premature and/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 balance problems and unexplained physical symptoms and increased medical problems. As many as 90% of these children have serious and/or chronic conditions, and concurrent conditions are common (Dicker, Gordon, & Knitzer, 2001).

- *Attachment:* Traumatized children feel that the world is uncertain and unpredictable. Their relationships are often marked by distrust and suspiciousness. Young children involved with the child welfare system exhibit elevated rates of attachment disorders (Morton & Browne, 1998), which increase risk for poor peer relationships, behavior problems, and mental health issues throughout childhood.
- *Cognition:* Children exposed to trauma can have problems focusing on and completing tasks in school as well as difficulty planning for and anticipating future events and challenges with cause and effect thinking. These children experience developmental delay at four to five times the rate of the general population (Dicker, Gordon, & Knitzer, 2001).
- *Education:* Children with child welfare involvement have substantially lower grades and test scores, as well as more absences and grade repetitions (Eckenrode, et al., 1995). These children also have an increased risk of special educational needs (Emerson & Lovitt, 2003).
- *Safety:* Traumatic stress can adversely impact the child's ability to protect himself or herself from abuse, or for the agency to do so, in numerous ways (Child Welfare Trauma Training Toolkit: Comprehensive Guide—2nd Edition 11 March 2008). The child's altered world view may lead to behaviors that are self-destructive or dangerous, including premature sexual activities
- *Regulation of moods and behavior:* The extreme emotions and resulting behaviors may overwhelm or anger caregivers to the point of increased risk of abuse or re-victimization. Traumatic reactions may dull the child's emotions in ways that make some investigators skeptical of the veracity of the child's statements. The child's inability to regulate his or her moods and behavior may lead to behaviors that endanger or threaten stable placements, reunification, and/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:
  - 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).
  - The child's inability to regulate emotions may interfere with his or her ability to function in a family, a traditional classroom, and/or with peers in the community.
  - The child's mistaken feelings of guilt and self-blame for the negative events in his or her life may lead to a sense of hopelessness that impairs his or her ability and motivation to succeed in social and educational settings.
  - A child's traumatic experiences may alter his or her worldview so that the child now sees the world as untrustworthy and isolates himself or herself from family, peers, and social and emotional support.

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

These findings imply that many children involved with the child welfare system, both in their homes and once removed, are not receiving needed services that will enhance their future development. Moreover, the findings suggest that child welfare agency staff need better tools for assessing children's developmental needs. Once needs are identified, it is critical that agency 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 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.

### **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.

### **The Costs to children, families and communities when Early Prevention Services are not provided**

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

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

“The estimated average lifetime cost per victim of nonfatal child maltreatment is \$210,012 in 2010 dollars, including \$32,648 in childhood health care costs; \$10,530 in

adult medical costs; \$144,360 in productivity losses; \$7,728 in child welfare costs; \$6,747 in criminal justice costs; and \$7,999 in special education costs. The estimated average lifetime cost per death is \$1,272,900, including \$14,100 in medical costs and \$1,258,800 in productivity losses. The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately \$124 billion. In sensitivity analysis, the total burden is estimated to be as large as \$585 billion.” (“The Economic Burden of Child Maltreatment and the Implications for Prevention”, *Journal of Child Abuse and Neglect*, Vol.36, Issue 2, February 2012, pages 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. (in press). [The economic burden of child maltreatment in the United States](#))

A 2009 Division of Family Services report, based on data collected from LDSS invoices and Office of Comprehensive Services (OCS), revealed that the average maintenance and administrative cost of foster care is more than \$166,238 in Virginia per child. With more than 5000 children in foster care, the annual cost exceeds \$830 million annually. This excludes the additional costs of services provided by the community for children in the child welfare system.

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



impairment in many of the following areas: brain development, biology, mood regulation, attachment, dissociation, behavioral control, ability to protect themselves as young adults, developmental delays, cognition and other learning difficulties, and low self-esteem [ACF OPRE: National Survey of Child and Adolescent Well-Being \(NSCAW\)](#)

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

## 1.20 Appendix C: Virginia's prevention initiatives

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The Virginia Department of Social Services continues to take the lead in coordinating state wide initiative to support early prevention at the local and state levels. Activities undertaken, in addition to those described in Section 1.8 of the guidance, include the following:

- The Virginia Department of Social Services (VDSS) and Prevent Child Abuse Virginia continue to collaborate together, coordinating the implementation of the five year Strategic Plan for Child Abuse Prevention in Virginia, also known as *The Blue Ribbon Plan to Prevent Child Abuse* under the auspices of the Governor's Advisory Board on Child Abuse and Neglect.
- 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, safety and well being.
- The Governor's Advisory Board on Child Abuse and Neglect continues to take a lead role in prevention.
- Other statewide organizations such as the Virginia Home Visiting Consortium, the Virginia Statewide Parent Education Coalition, the Early Childhood initiative, the Child Abuse Prevention Coalition and Prevent Child Abuse Virginia (PCAV) all play a vital role in prevention.
- VDSS uses resources available through the Child Welfare Information Gateway and the FRIENDS National Resource Center for Community-Based Child Abuse Prevention Programs 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, the Virginia Department of Social Services 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. [Child Abuse Prevention Month 2012 - Virginia Department of Social Services](#) The Virginia Department of Social Services also participates with Prevent Child Abuse

Virginia and others to sponsor an annual April Child Abuse Prevention Month conference for both public and private prevention partners.

- VDSS also utilizes some of the federal CAPTA State Grant Funds for Child Protective Services to support a child sexual abuse prevention program and The Virginia Child Protection Newsletter (VCPN). The VCPN often features prevention topics and promotes prevention efforts.
- More than five million individuals are reached annually across the state through the public education and awareness activities of grantee agencies.
- 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) has worked to prevent and treat family violence in Virginia. Family Violence includes child abuse and neglect, domestic violence, sexual assault, elder abuse and neglect, dating violence, and suicide. FACT also holds an annual Conference on Community Collaboration in Preventing Family Violence. Website: [www.fact.state.va.us](http://www.fact.state.va.us)
- The Virginia Department of Social Services Fatherhood Initiative (FI) provides a point of contact for individuals and organizations seeking information about fatherhood related programs and services. It connects families with resources to help them develop effective parenting and relationship skills. It supports community outreach and education strategies and provides funding opportunities designed to promote healthy and safe family practices and father involvement.
- Healthy Families Virginia (HFV) has been supported by VDSS and has provided home-visiting service to Virginia's most over-burdened families for over a decade. What began as a state-funded demonstration project has grown into a statewide initiative defined by four major goals:
  - Improving pregnancy outcome and child health
  - Promoting positive parenting practices
  - Promoting child development
  - Preventing child abuse and neglect



### 1.21 Appendix D: The Prevention Continuum

<b>SERVICE</b>				
<b>EARLY PREVENTION PRIOR TO A VALID CPS REFERRAL</b>		<b>PREVENTION PROVIDED AFTER RECEIPT OF A CURRENT, VALID CPS REFERRAL</b>		
Primary Public Education and Awareness Prevention Services	Secondary Prevention Services	Tertiary Prevention Services provided through Child Protective Services	Secondary or Tertiary Prevention services provided through Foster Care AFTER removal of a child	Secondary or Tertiary Prevention Services provided AFTER adoptive placement
<b>TARGET POPULATION</b>				
General public	<ul style="list-style-type: none"> <li>Groups of families and/or</li> <li>Individual families at risk of abuse/neglect , and/or out of home care</li> </ul>	<ul style="list-style-type: none"> <li>Birth families who have suspected or confirmed abuse and/or neglect and</li> <li>Alternative families identified by parents as caretakers to prevent removal and foster care placement</li> </ul>	<ul style="list-style-type: none"> <li>Potential foster families,</li> <li>Approved foster families</li> <li>Birth families whose children have been removed</li> <li>Birth families whose children have been returned to them and</li> <li>Foster care children in independent living arrangements</li> </ul>	<ul style="list-style-type: none"> <li>Potential adoptive families</li> <li>Approved adoptive families</li> <li>Birth families who may continue contact with children</li> </ul>
<b>OUTCOME</b>				
Helping children thrive / reducing the risk of abuse/neglect in the community and supporting families so that all children can remain safely at home	Reducing the risk of abuse/neglect in high risk groups or high risk individual families and increasing family stability	Reducing risk of future harm in birth families or other alternative families used to prevent foster care and increasing family stability	Helping children heal and reducing risk of future harm through reabuse or placement disruptions in birth and foster families	Helping children heal and reducing risk of future harm through reabuse or placement disruption / dissolution in adoptive families

## 1.22 Appendix E: Protective Factors

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### 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

### Social Connections

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

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

### Concrete Support in Times of Need

Providing concrete help to families at times when they need it most can help fortify families, minimize the stress they are experiencing and help them take care of their children despite the circumstances they face. Meeting basic economic needs like food, shelter, clothing and health care is essential for families to thrive. Meeting

basic emotional needs is equally important. All families can benefit from concrete support in times of need and when crises arise. When this happens both social connections and adequate services and supports need to be in place to provide stability, treatment and help for family members to get through the crisis. Specific examples include the following:

- Knowledge of community resources and available supports where to go for help
- Supportive family environment and social connections and supports
- Adequate and stable housing
- Access to health care and social services
- Parental employment and financial solvency
- Opportunities for education and employment
- Adequate housing

### **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

### **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.

### **Nurturing and Attachment**

Parents who are nurturing provide structure, and consistently meet children's emotional and physical needs, 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



## 1.23 Appendix F: Risk Factors

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### Parent related

- Parent substance abuse or history of substance abuse ;
- Parental history of child abuse/neglect in family of origin;
- Parental history of receiving domestic violence services and/or involvement of police due to domestic violence;
- Self-reported incident of or exposure to domestic violence;
- History of child abuse/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 domestic violence is present;
- Single parents;

- Nonbiological, transient caregivers in the home and,
- Language barriers.

**Child related**

- Child younger than 4 years of age;
- Child exposure to domestic violence;
- Child's behavior and temperament;
- Child with disabilities or other special needs that may increase caregiver burden; and,
- Child antisocial behavior.

**Family related**

- Abnormal or nonexistent attachment and bonding;
- Family economic factors;
- unemployment, inadequate income, unstable housing, no phone;
- Family management problems and family conflict;
- History of family violence of any kind;
- Marital or family problems;
- Single-parent family; and,
- Inadequate emergency contacts-excludes immediate family.

**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

## 1.24 Appendix G: Funding Sources for Early Prevention

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

- CSA Pool funds

The need for services funded by 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.

“For purposes of determining eligibility for the state pool of funds, “child” or “youth” means (i) a person less than eighteen years of age and (ii) any individual through twenty-one years of age who is otherwise eligible for mandated services of the participating state agencies including special education and foster care services.” [§ 2.2-5212](#).

The CSA Manual provides the following additional guidelines:

In order to access CSA Pool Funds, the mandated service population for foster care prevention services is described in the CSA Manual under 4.2.2 as:

"Children for whom foster care services, as defined by [§ 63.2-905](#) are being provided to prevent foster care placements, and children placed through parental agreements, entrusted to local social service agencies by their parents or guardians or committed to the agencies by any court of competent jurisdiction for purposes of placement in suitable family homes, child-caring institutions, residential facilities or independent living arrangements, as authorized by [§ 63.2-900](#)."

According to the 2011 Prevention Survey, 90% of LDSS were bringing 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. Other prevention cases are brought to FAPT as a result of a court order, delinquency, truancy, educational issues, and homelessness.

- Budget Line 829 Family Preservation Block Grant funds (SSBG)

Family Preservation funds are allocated to each local social services agency annually to be used to keep at-risk children from entering the foster care system. The total amount of funds available is determined by the state budget and comes from federal Social Services Block Grant funds which require a 15% match by the local social services agency.

- Promoting Safe and Stable Families (PSSF)

The Promoting Safe and Stable Families (PSSF) program was formerly referred to as either the Family Preservation program or the Family Support Services program. This program, and the services provided through it, are child-centered, family-focused, and community-based with Virginia's communities receiving funding and determining 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 CPMT.

Promoting Safe and Stable Families funds may be provided through local public or private agencies, or individuals, or any combination of resources. The funding for the program is used for direct and purchased services to preserve and strengthen families, avoid unnecessary out-of-home or out-of-community placements, reunify children and their families, or to find and achieve new permanent families for those children who cannot return home. [Promoting Safe and Stable Families \(PSSF\) - Virginia Department of Social Services](#)

- Other federal or state funding sources

In addition to the above funding sources, LDSS may help families access TANF, IVB2, VIEW, Medicaid, General Relief (Unattached Minors), and adoption assistance to prevent maltreatment and support stable foster and adoptive families. IVE pre-placement administrative funds to prevent removal and foster care placement, and Child Care Quality Initiative Funds used to educate and train staff about the need for prevention in child care can also be utilized within funding guidelines.

#### Grant programs used for Early Prevention

Availability of grant funds varies from year to year. LDSS staff should explore about the logical connections between local program needs and community resources to build the assets of the local department 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 funds (federal sources), Family Violence Prevention Funds, Family and Children's' Trust Fund, Substance Abuse Prevention and Treatment Funds from Behavioral Health, VA Department of Health Home Visiting and Engaging Men and Boys Funds, Office of Juvenile Justice and Delinquency Prevention, Virginia Tobacco Settlement Fund (VA Foundation for Healthy Youth), and Emergency Shelter Grant (HUD) Emergency food and shelter program.

Localities have identified foundation, corporation and community based organization funding sources such as Cameron Foundation, The Community Foundation, local community foundations, Safe School Healthy Students, Perry Foundation, March of Dimes Welcome Baby Project, Owens Foundation, Bernadine Franciscan Sisters, Robert Wood Johnson Foundation, Basic Human Needs, Jessie Hall DuPont Foundation, SMART Beginnings (VECF), HUD (emergency shelter, housing code enforcement, and shelter plus care, etc.).

#### Local funding sources

Local agencies can dial “211” 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, and local banks. Some local agencies also conduct fund raising events and solicit donations from the public.

## 1.25 Appendix H: On-Line resources for Information and funding

The resources below are listed alphabetically by content areas. Within each content area there is a mix of national and state resources and, in some cases, a site to identify local programs, such as Healthy Families. Content Areas include the following:

ATTACHMENT  
CHILD ABUSE AND NEGLECT (NATIONAL)  
CHILD ABUSE AND NEGLECT (STATE)  
CHILD CARE  
DATA AND STATISTICAL  
EVIDENCE BASED PROGRAMS  
EVIDENCE BASED TOOLS  
EVIDENCE BASED CLEARINGHOUSES  
FUNDING  
PROTECTIVE FACTORS  
PUBLICATIONS  
STRENGTHENING FAMILIES  
TRAUMA

### 1.25.1 Attachment

[Association for the Treatment and Training in the Attachment of Children \(ATTACH\)](#)-an international coalition of professionals and families dedicated to helping those with attachment difficulties by sharing our knowledge, talents and resources

[Attachment Parenting International](#)-promotes parenting practices that create strong, healthy emotional bonds between children and their parents

### 1.25.2 Child abuse and neglect prevention (National)

[American Humane Association](#)-Children-protecting children from child abuse and neglect

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

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

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

[FRIENDS](#) (Family Resource Information, Education, and Network Development Service) - National Resource 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](#)-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](#)-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](#)- national study of children who are at risk of abuse or neglect or are in the child welfare system

[Prevent Child Abuse America](#)-provides leadership to promote and implement prevention efforts at both the national and local levels.

### 1.25.3 Child Abuse and Neglect (State)

[Casey Family Programs](#) – state child welfare policy database-resources, statistics, data

[Children's Advocacy Centers of Virginia](#)-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 of the Roanoke Valley](#)-provides parent education to new or inexperienced parents, high risk parents experiencing homelessness and/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 of Virginia](#)-worked to prevent and treat family violence in Virginia. Family violence includes child abuse and neglect, domestic violence, sexual assault, elder abuse and neglect, dating violence, and suicide

[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

[Northern Virginia SCAN](#)- non-profit organization whose mission is to promote the well-being of children, improve parent-child relations and prevent child abuse and neglect

[Prevent Child Abuse Virginia](#)-statewide, nonprofit, non-partisan organization that works to prevent child abuse and neglect by valuing children, strengthening families and engaging communities

[Rappahannock Area Council for Children and Parents \(RACCAP\)](#)-provides eight Circle of Parents mutual self-support groups in the Greater Fredericksburg Area (City of Fredericksburg, counties of King George, Stafford, Spotsylvania, Caroline and Orange).

[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.

#### 1.25.4 Child care

[Virginia Child Care Resource and Referral Network](#)-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.

### 1.25.5 Data and other statistical information

[Casey Family Programs](#) – state child welfare policy database-resources, statistics, data

[Child Abuse and Neglect Statistics](#)-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 in Children’s Defense Fund website](#)-non-profit child advocacy organization

[Family and Children’s Trust Fund of Virginia: Violence at Home: The FACT Report](#)

[Father Facts](#)- the latest statistics on families and fatherhood

[Food service programs](#) – Participation in Virginia

[Kids Count VA data](#)

[National Data Archive on Child Abuse and Neglect](#)-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

[SNAP](#)-Participation in Virginia

[Virginia Performs](#)-shows how Virginia is doing in areas that effect quality of life for people and their families

[Virginia Welfare Report Card](#)

### 1.25.6 Evidence based clearinghouses

[Blueprints for Violence Prevention](#)-seeks to identify truly outstanding violence and drug prevention programs that meet a high scientific standard of effectiveness

[California Evidence-Based Clearinghouse for Child Welfare](#)- provides child welfare professionals with easy access to vital information about selected child welfare related programs

[Centers for Disease Control](#)-The CDC Division of Violence Prevention's mission is to prevent injuries and deaths caused by violence. The site includes Effective and Promising Child Abuse Prevention Programs.

[Community Prevention Services Task Force](#)-summarizes what is known about the effectiveness, economic efficiency, and feasibility of interventions to promote community health and prevent disease

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

[National Registry of Evidence-Based Programs and Practices](#)-supplies a searchable online registry of mental health and substance abuse interventions that have been assessed and rated by independent reviewers

[Office of Juvenile Justice and Delinquency Prevention](#)- collaborates with professionals from diverse disciplines to improve juvenile justice policies and practices

[Promising Practices Network](#)-summaries of programs and practices that are proven to improve outcomes for children, youth, and families.

### 1.25.7 Funding

[eVA](#)- Virginia's online, electronic procurement system where VDSS grant opportunities are posted

[Promoting Safe and Stable Families Program \(PSSF\)](#)- designed to assist children and families resolve crises, connect with necessary and appropriate services, and remain safely together in their own homes whenever possible

[Virginia CBCAP State Report](#) (Community Based Child Abuse Prevention) (Download)-community-based child abuse prevention-state reports

[Virginia Comprehensive Service Act](#)-provided for the pooling of eight specific funding streams used to purchase services for high-risk youth

### 1.25.8 Protective Factors

[2012 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

### 1.25.9 Publications

[Center for the Study of Social Policy](#)-Publications- 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](#): Supporting Brain Development in Traumatized Children and Youth

[My Child Welfare Librarian](#)

[National Child Traumatic Stress Network](#)-focused on raising the standard of care and improving access to services for traumatized children, their families and communities throughout the United States

[Virginia Child Protection Newsletter](#)-focused on one or more topics in child welfare

### 1.25.10 Strengthening families

[Center for the Study of Social Policy](#)-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

[Strengthening Families](#)-research-based, cost-effective strategy to increase family strengths, enhance child development and reduce child abuse and neglect

[Virginia Family Connections](#)-children services systems transformation-adopt a state-wide philosophy that supports family-focused, child-centered, community-based care with a focus on permanence for all children

[Virginia Strengthening Families Initiative](#)- focuses on a holistic approach that looks beyond clients as individuals and focuses on strengthening the family unit as a whole

### 1.25.11 Trauma

[Child Welfare Information Gateway](#): Supporting Brain Development in Traumatized Children and Youth

[National Child Traumatic Stress Network](#)-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.

[Child Welfare Trauma Training Toolkit](#)