

strengthening families

allied for better outcomes:
child welfare and early
childhood
draft, october 2009

This paper was funded by the A. L. Mailman Family Foundation.

The Center for the Study of Social Policy is a nonprofit (501(c)3) organization based in Washington, DC, that helps states and localities implement creative and effective strategies that strengthen disadvantaged communities and families and ensure that children grow up healthy, safe, successful in school, and ready for productive adulthood.

Strengthening Families™ is an approach to work with children and families that build five research-based Protective Factors with families to prevent child abuse and neglect and promote optimal child development. Strengthening Families is an initiative of the Center for the Study of Social Policy and is supported by the generous support of the Doris Duke Charitable Foundation.

For printed copies of this report, please contact the Center for the Study of Social Policy

The child welfare field faces an undeniable urgency. Charged with ensuring the “safety, permanency, and well beingⁱ” of all children who come to the attention of the child welfare system, it is responsible for intervening when families experience abuse or neglect and determining a course of action that will best protect children from future harm. Growing numbers of very young children are coming to the attention of the child welfare system; children under the age of 5 are the largest and fastest growing subpopulation in child welfare systems across the countryⁱⁱ. Challenged by this reality, child welfare agencies are recognizing the need to pay increased attention to the unique needs of this rapidly growing population and adjust their practice to more effectively address those needs.

A growing body of literature, thoroughly detailed in *Neurons to Neighborhoods: the Science of Early Child Development* (Shonkoff & Phillips, eds., 2000) links the biology of brain development with the environmental factors that can influence it. The authors of this seminal volume emphasize what many know from experience working with or raising young children: a tremendous amount of development takes place between birth and age five, and that development is shaped by a host of environmental influences. Perhaps the most important of those influences is the nature of the relationship between the child and his or her family. When these relationships are nurturing, supportive, and safe, children are best able to develop along a healthy trajectory. This development, however, can be seriously hindered when families are unable or unwilling to provide nurturing environments for their children.

...[W]hat happens during the first months and years of life matters a lot. It does not matter because all early damage is irreversible, because missed opportunities can never be made up later, or because the early years provide an indelible blueprint for adult outcomes: early damage may be reversible, some missed opportunities can be made up later, and adult outcomes do not proceed inexorably from early experiences. Rather, the early years of life matter because early damage—whether caused by prenatal injuries or personal rejection—can seriously compromise children's life prospects.ⁱⁱⁱ

The implication of this research for child welfare is clear: practice that attends to early development and focuses on strengthening families to promote healthy developmental environments can improve the prospects for the youngest victims of maltreatment.

This paper proposes an approach to child welfare practice that responds to the urgent exigencies of the youngest, fastest growing, and most vulnerable children in the system, promotes their well being by attending more effectively to their developmental needs, and includes their families and caregivers as valued and necessary allies in

promoting healthy development. Such an approach emphasizes attention to the presence and promotion of protective factors, *as well as* the reduction of risk factors to guide caseworkers and their partners in child welfare as they strive to promote the healthy development of these young children. Specifically, the set of evidenced-based Protective Factors identified by the Strengthening Families™, which an extensive literature review suggests promote child well-being and family strength and reduce the likelihood of abuse and neglect, are highlighted along with strategies that child welfare systems and their partners can utilize to promote the development of those factors (sidebar). This paper and its accompanying materials have several objectives:

- Advance information about the positive influence of Protective Factors in the lives of young children in child welfare through a brief review of literature on the topic
- Propose that early interventions (most notably early care and education (ECE) programs), are a resource readily available to child welfare agencies and the families they serve
- Describe guiding principles for an approach to child welfare practice that incorporates the Protective Factors framework when working with young children and their families
- Share opportunities to put these principles into action and lessons learned from states and systems that have worked to incorporate this approach into their practice.
- Look ahead to the results that may be achieved for these young children, their families, and their communities if the child welfare system and its partners mobilize to improve their well-being by working to promote Protective Factors in their lives.

DATA AND RESEARCH

Traditionally, research in the field of child welfare has focused on the presence of risk factors and the extent to which they predict the likelihood of abuse and neglect in a given family or context. While the counterbalancing concept of resilience has always been acknowledged—many children excel despite being exposed to significant risk—the study of what produces or promotes resilience has been less prominent. Until recently, both researchers and practitioners had a limited understanding of the characteristics that may help to protect children and families who are considered “at-risk.” Emerging research, however, more directly assesses the role of interventions and strategies for

building relationships with families that support the amelioration of risk through the promotion of Protective Factors. This research was compiled by the Strengthening Families initiative at its inception in an effort to identify the primary characteristics of families and children that can reduce the likelihood of child abuse and neglect, especially in families faced with significant risk. The following section describes the significant risks associated with entering the child welfare system at an early age as well as the documented effects of trauma. Next, it presents a summary of the evidence that demonstrates the importance of the Protective Factors in the lives of children and their families, and the effectiveness of community-systems collaboration and early intervention when working with this population.

Assessing Risk

Child welfare systems across the country play a major role in the lives of hundreds of thousands of young children, and a large body of research has documented the risks associated with the factors that lead to involvement with child welfare, as well as experience within the system. Children under the age of six are the largest group of children entering foster care. In 2007, 31.9% of all victims of maltreatment were under the age of 4 and an additional 23.8% were between the ages of 4 and 7^{iv}. In 2006, 169,500 children under the age of six were in out-of-home care, and these young children accounted for 34% of all children in out-of-home placements^v. Research indicates that impacts associated with experience of trauma and entrance into the child welfare system at such a young age are numerous:

- **Prenatal and Perinatal Health.** 80% of children under the age of six who enter child welfare are at risk for problems related to maternal substance abuse, and 40% are born premature and/or with low birth weight^{vi}.
- **Physical Health.** As many as 90% of these children have serious and/or chronic conditions and concurrent conditions are common^{vii}.
- **Attachment.** These children exhibit elevated rates of attachment disorders^{viii}, which increase risk for poor peer relationships, behavior problems, and mental health issues throughout childhood.
- **Developmental Delay.** These children experience developmental delay at 4 to 5 times the rate of the general population^{ix}.
- **Education.** These children have substantially lower grades and test scores, as well as more absences and grade repetitions^x. These children also have an increased risk of special educational needs^{xi}.

Although the root cause(s) of the developmental needs of young children who are served by the child welfare system vary and are difficult to trace, one common factor, trauma, and its unique effects on brain development are important to consider. All children experience a certain amount of stress, some of which promotes healthy development. For example, an experience of normal separation anxiety can help young children learn to calm themselves, knowing that their loved ones will soon return, and that they will be cared for in the interim. As stress becomes more intense, however, it exceeds the limits of that with which a child can effectively cope. This type of stress, known as toxic stress, can disrupt early brain development; compromise the functioning of important biological systems, and lead to long-term health problems.^{xii}

Though most negative experiences in early childhood do not rise to the level of toxic stress, research demonstrates that multiple milder stressful experiences can have a cumulative, detrimental effect on early development. In a large and long-term study, researchers at Kaiser Permanente and the Centers for Disease Control and Prevention linked the occurrence of multiple Adverse Childhood Experiences (ACEs) with negative health and well being outcomes for adults, including obesity, mental illness, risky behavior, and chronic physical illness.^{xiii} The presence of an ACE in one's history, which can include drug abuse, chronic mental health issues, physical violence, the absence of a parent, or neglect in the household, does not guarantee negative long-term outcomes; but the cumulative effect of multiple ACEs over time increases their likelihood. Unsurprisingly, evidence suggests that experiencing multiple ACEs during the early years of life has similar detrimental effects on the development of the young brain as toxic stress, leading to disruptions to healthy development.^{xiv}

Promoting Protective Factors

Undeniably, these children represent an extremely vulnerable population, and the task of addressing their numerous and diverse needs can seem overwhelming. However, the critical importance of the early years for children's development also represents an opportunity for effective early intervention. Child Welfare systems are uniquely positioned to utilize this opportunity in their work with children and families. Doing so, however, requires them to reassess their everyday practice with children and families, and build partnerships with community systems and agencies that focus on the intentional promotion of optimal child development and strengthening families.

While there are a variety of ways to promote Protective Factors, Strengthening Families documents the importance of focusing on early intervention, specifically in the form of early care and education (ECE), as a strategy for positively impacting children in child welfare as well as those at risk for maltreatment. In addition to the large body of

evidence supporting the buffering effect of the Strengthening Families Protective Factors on young children and their families, many studies have demonstrated the ability of ECE programs that use strategies to build the Protective Factors (e.g., high quality programs with robust parent engagement components) to nurture early development and strengthen families of at-risk children.

Research has demonstrated that early intervention, specifically, early care and education programs designed to promote children’s development by promoting protective factors in both children *and* their families, can help to protect at-risk children from the consequences associated with disadvantageous home environments.^{xv} Experimental studies of ECE interventions for children growing up in poverty provide ample short- and long-term evidence for the link between high quality early education programs,^{xvi} including Head Start^{xvii} and Early Head Start^{xviii} and improved child development. Empirical research of such programs includes evidence that:

- Child care quality may be a more powerful predictor of child outcomes than characteristics of the family and home environment, especially for low-income and minority children.^{xix}
- Participation in high quality ECE programs is associated with lower rates of special education placement in later years.^{xx}
- Participation in a high quality Pre-Kindergarten program has been linked to gains in cognitive test scores as well as improvement in social-emotional outcomes for all children (not restricted to at-risk children).^{xxi}
- Exposure to high quality ECE programs that incorporate parent involvement and education into their program designs, such as the Chicago Parent-Child Centers, may reduce the occurrence of maltreatment rates for at-risk families.^{xxii}

This body of research, along with the extensive literature that supports the impact of the Strengthening Families Protective Factors, forms the empirical base for incorporating a developmental frame into child welfare practice with young children and their families and for promoting widespread access to high-quality ECE for these children.

Child welfare systems are not alone in their mission to improve outcomes for children and their families. Early care and education, family support, home visiting, and other sectors have overlapping goals with child welfare systems and can serve as powerful partners in this work. In many cases, agencies in these fields serve broad populations of young children and families, engaging with them without the stigma often associated

with child welfare involvement. These systems can both partner with child welfare agencies to serve children and families who have experienced maltreatment and operate as prevention and early detection systems for families at risk. Indeed, practice knowledge indicates that these more universal systems are often the ones to identify families needing services and to refer them to the appropriate systems.^{xxiii} Just as child welfare agencies should engage early childhood systems, family support organizations, and community entities as resources in their work, these systems have an obligation to reach out to the child welfare system and build partnerships to support all families.

STRENGTHENING FAMILIES BY BUILDING PROTECTIVE FACTORS

Strengthening Families began as an effort to develop an innovative, strengths-based, and universal approach to child abuse and neglect prevention that would reach millions of children and their families before maltreatment occurred. An extensive literature review was conducted, and five Protective Factors were identified as hallmarks of family strength that simultaneously decrease the likelihood of child abuse and neglect. These factors represent the characteristics of families who are able to create healthy, nurturing environments that promote the positive development of children. These factors include:

- **Parental Resilience:** the capacity to cope with all types of challenges.
- **Social Connections:** positive relationships with friends, family members, neighbors, and others who can provide concrete and emotional support to parents
- **Knowledge of Parenting and Child Development:** accurate information about raising children and appropriate expectations for their behavior
- **Concrete Support in Times of Need:** financial security and access to informal and formal supports, such as TANF, job training, and emergency shelter
- **Social and Emotional Competence of Children:** the ability of children to interact positively and articulate their feelings

The Strengthening Families approach, characterized by an intentional focus on both family strength and optimal child development, and its core tenet, the Protective Factors framework, was originally aimed at early care and education programs, such as child care centers, Head Start, and other child development programs. However, some in the child welfare system began to link their concern for the increasing numbers of young children in their caseloads to the burgeoning body of research about both brain

development and the impact of trauma on childhood development. They postulated that improved focus on child development and family strengthening within child welfare, together with strengthened alliances with early childhood systems, had potential to improve outcomes for their youngest children.

With support from the A. L. Mailman Family Foundation, the Center for the Study of Social Policy worked with three states to develop and pilot strategies to link child welfare and early childhood systems and integrate the Protective Factors framework into the practice of each to support their concurrent work with families of young children. This Strengthening Families approach, which built upon earlier applications of Protective Factors knowledge in early care and education settings, was adapted for implementation within child welfare agencies across these states. Each pilot site was guided by the knowledge that this set of research-based Protective Factors, when present and robust in a family, reduce the likelihood of abuse and neglect and promote healthy child development; and that intentional promotion of those Protective Factors can be accomplished through focused collaboration between early childhood and child welfare systems. In 2005, Illinois, New Jersey, and Wisconsin committed to test the feasibility of using Strengthening Families concepts to link early childhood and child welfare systems and to apply the Protective Factors framework to the administration and practice of child welfare.

In the early phases of the pilot projects, the goal was to build linkages between early care and education and child welfare systems. However, as the work progressed, the focus in each state shifted back and forth among:

- Working inside the early care and education system to more effectively link it with child welfare and facilitate its ability to serve as an early warning system of family stress and supporting children already served by the system,
- Working inside the child welfare system to build greater understanding of the developmental needs of young children and the need to engage more effectively with external partners,
- Working inside the child welfare system to emphasize the importance of supporting parents and resource families (foster, adoptive, kin) and increase awareness of the role of the early care and education system in providing such support, and
- Working in multiple systems to build partnerships around achieving common goals among these and other related systems.

Work in each of these areas varied depending on state-specific circumstances, including readiness, changing leadership, and ongoing efforts to improve child welfare services. In two years, Illinois, New Jersey, and Wisconsin each made significant progress in one or more of these areas, and their experiences can be used to illuminate opportunities and strategies for applying a *Strengthening Families Protective Factors* frame to child welfare work^{xxiv}.

GUIDING PRINCIPLES FOR STRENGTHENING FAMILIES IN CHILD WELFARE

As Strengthening Families has been applied to work with children in the child welfare system, several principles have emerged, which can be used to guide states as they explore opportunities to support the optimal development of their most vulnerable children. As child welfare systems and their partners work to more effectively attend to the developmental needs of young children and strengthen their families, these principles can provide the foundation for their efforts as well as a common language among partners for determining strategies to promote optimal child development:

- 1 ***Families, as first teachers and primary protectors, are fundamental to children’s optimal development.*** Focused, intentional work to strengthen families of all types, including birth, kin, foster, and adoptive, promotes optimal development.
- 2 ***Building Protective Factors as well as reducing risk factors strengthens a family’s ability to promote optimal development for their children.*** Work with families at risk of maltreatment (or of a recurrence of maltreatment) is most effective and sustained when it involves balanced attention to both building Protective Factors and reducing risk factors.
- 3 ***Relationships are essential as vehicles for change – within families and communities, between families and providers, and across systems.*** Within a family, the relationship between a growing child and his or her caregiver(s) is one of if not the most important factor contributing to healthy development.^{xxv} Nurturing this relationship is fundamental to the practice of any service provider whose goal is to promote optimal child development, and efforts to do this are most effective in the context of positive relationships between that provider and the child’s parent(s).
- 4 ***Systematic and intentional coordination promotes healthy cross-system relationships and maximizes the ability of systems and services to support families and children.*** The first step towards healthy relationships among parents, families, organizations, and systems involves establishing a consensus

around what families need to succeed. Broad agreement facilitates the interaction of the array of systems working with families, and allows them to use limited resources efficiently and effectively.

- 5 ***Shared accountability for optimal development and strengthened family functioning across broad networks of services and opportunities is essential at all levels.*** The goal of promoting well being and optimal development for all children is too broad and requires the consideration of too many factors for any one system to accomplish independently. There are many systems, services, and entities that are responsible, in some part, for nurturing families and children, yet too often they operate in isolation. When these entities not only espouse shared goals but also share responsibility and accept mutual accountability for them, they collectively improve their effectiveness.

GOALS AND STRATEGIES

The principles enumerated above form the foundation for creating opportunities to better serve young children in the child welfare system and their families. They are at the heart of each of the following broad goals, which, when collectively achieved, create a web of services and supports for young children and their families that attend to their developmental needs when it is most critical. The goals are:

- 1 Build a focus on optimal development and family-strengthening into child welfare practice with young children
- 2 Ensure that families reported to the child welfare system are appropriately assessed and receive services tailored to their needs.
- 3 Link the various systems which serve young children and their families, to create synergies among supportive services to families across these systems, including child welfare
- 4 Ensure that young children in child welfare have access to high quality ECE programs and other early childhood service
- 5 Include specific strategies and benchmarks in QSRs, CFSTRs, and PIPs aimed at improving developmental outcomes for children, such as enhanced school readiness

In the section below, we detail each of the goals and outline several strategies for achieving them. Though the goals are enumerated separately in this paper, some strategies listed here may help systems achieve more than one goal. Similarly, multiple

and diverse strategies may be utilized as states advance their family-strengthening child welfare practice. Indeed, the three pilot states and a growing number of other states have chosen different goals and varied paths to promote them, as the context differs from state to state. The key to success is the same, though: each goal, each strategy must have at its core the guiding principles of family-strengthening child welfare practice.

Goal One: Build a focus on optimal development and family-strengthening into child welfare practice with young children. Children coming into the child welfare system with substantiated cases of maltreatment have already experienced significant stress, and their involvement in the system may in fact cause further trauma, especially if they are removed from their homes. As a result, the optimal development of young children in the child welfare system and the services necessary to address obstacles to that development must be primary concerns. Caseworkers, supervisors, administrators, and child welfare agencies have a responsibility to embed a dual focus on optimal development and family-strengthening into practice involving young children.

- *Strategy: Ensure all child welfare systems, agencies, administrators, supervisors, and caseworkers understand early child development, including developmental milestones, indicators of developmental delays, and requirements for optimal child development.* Basic knowledge of early child development is necessary for all persons working with young children and should be reflected in training, protocols, assessments, and other practice tools.
- *Strategy: Ensure Early Periodic Screening, Diagnosis, and Treatment (EPSDT) to assess and respond to any developmental concerns takes place for all young in the child welfare system.* In all states, EPSDT is available and required for children covered by Medicaid. Unfortunately, many states do not allocate the necessary resources to provide the supports and services to meet the developmental needs of the children who are assessed.^{xxvi} Issues identified in these assessments should be explicitly addressed in service planning for young children. Further, the extent to which diagnosis and treatment services are being covered should be evaluated and additional resources required to achieve full coverage should be identified.
- *Strategy: Consider risk and Protective Factors in all aspects of work with families of young children in child welfare.* Assessments should include items designed to help caseworkers identify risk factors as well as Protective Factors, and case planning designed to reduce the former and build the latter. Trainings for caseworkers and supervisors, as well as foster parents and mandated reporters,

should include information about risk and Protective Factors and the dynamic relationship between the two.

Goal Two: Ensure that families reported to the child welfare system are appropriately assessed and receive services tailored to their needs. When an allegation of child abuse is made, there are several points at which decisions are made by child protective services about whether or not to bring a family into the child welfare system for services. At any one of these points, which vary from jurisdiction to jurisdiction, a hotline operator, investigator, or another professional may determine that child welfare services are not necessary, a case having never officially been opened. A fraction of reports are investigated, and an even smaller number of investigations result in children being removed from their homes. Yet it is extremely likely that a large proportion of reported families are confronting challenging and stressful conditions, and that some level of support may be appropriate. Reports and investigations are opportunities to reach struggling families and connect them with systems and services that might address their needs, inside or outside of the child welfare system.

- *Strategy: Train child welfare workers to make appropriate referrals to any of the many systems serving young children and their families, and ensure mechanisms for following up with families on whether or not referrals were pursued. To best support families experiencing different degrees of stress, assessment and investigation workers need training to explore families' needs extending beyond the child welfare system and sufficient knowledge of other child- and family-serving systems to make appropriate referrals. As explained in Goal Three, these systems must be linked in order to allow workers to make referrals and help families navigate systems beyond child welfare. After a referral is made, even if a child welfare case is not opened, mechanisms for following up with families about whether they pursued the referral, why or why not, and how effective the recommended services, if utilized, were.*
- *Strategy: Create pathways for families who may benefit from non-child welfare services to receive support without opening a child welfare case. Many jurisdictions are developing differential response programs for mitigating the potential of child abuse and neglect through family strengthening services and supports. Differential response (with its many variations) is a powerful tool for reaching families before children are harmed and offering connections to resources—formal and informal—which provide home-based services.*
- *Strategy: Shift the paradigm around child abuse and neglect reporting to allow and encourage reporters to connect parents experiencing stress to the supports*

and services they need before an incident of maltreatment occurs. Mandated reporters are often service providers in a position to recognize signs of stress in a family that might be precursors to abuse or neglect. If these reporters can access knowledge about how that stress might be mitigated, whether by providing support personally or connecting families to community resources, an incident of maltreatment might be prevented. Child welfare departments can be excellent “consultants” about whether a child abuse/neglect referral is needed and what resources might be most useful to ameliorate family stress.

- *Strategy: Utilize community-based services and formal and informal community networks to support families confronting challenges before they rise to the level of requiring child welfare involvement.* Employing community-based, family preservation services (often allied with informal supports like churches, Boys and Girls Clubs, parent support groups) when families first experience stress can create connections with families which build Protective Factors and break down isolation and helplessness which families under stress often experience. Child welfare systems can partner with community family preservation entities to ensure that families are receiving the supports they need, when they need them. They can also help create and strengthen community networks to support families by serving as conveners or partnering with already existing collaborative groups.

Goal Three: Link the various systems who serve young children and their families, in order to enhance supportive services to families within any of these systems, including child welfare. Families interact every day with an array of systems—education, public assistance, health, and many more. With common language, clear communication, and shared accountability for overlapping goals, systems that collaborate can reduce redundancies, maximize resources, and increase efficiency as they work to support families. The Protective Factors provide a common framework for collaboration that is intentional and purposeful, and focused on promoting optimal development of young children and strengthening their families.

- *Strategy: Ensure an understanding between and appreciation among early childhood and child welfare systems as partners in prevention of maltreatment and promotion of optimal development.* ECE programs, as well as others that serve young children and their families, should function as early warning and response systems for abuse and neglect, and should be recognized as such by child welfare agencies. Rather than operating as two separate and independent sectors, child welfare and early childhood entities should build intentional

collaboration around their shared goals of improving family functioning and promoting optimal development.

- *Strategy: When a child under the age of six is involved in a child welfare case, include An ECE professional in Family Group Conferencing even if the child is not involved in an ECE program. With their primary focus on the optimal development of young children, ECE professionals can serve as expert resources in case planning, ensuring that the developmental needs of children are supported.*
- *Strategy: Engage nontraditional partners in collaborative efforts to support optimal development of the most vulnerable children. In many communities, there are formal and informal, public and private entities whose goals include promoting optimal child development, but whom are rarely tapped by child welfare agencies as partners. Engaging faith communities, libraries, community centers, and other nontraditional partners around shared goals can illuminate an array of resources to leverage the work of the child welfare system and mobilize a community of support around families with young children.*

Goal Four: Ensure young children in child welfare have access to quality ECE programs and other early childhood services. Young children in the child welfare system, having experienced some trauma, require targeted support of their early development to avoid negative adult outcomes and to prepare them for success on the level of their peers. High quality early care and education programs regularly build Protective Factors with families by employing a variety of strategies that nurture children, support parents, and strengthen families, and are often licensed by a state agency or professional organization. With appropriate training, child care providers in high quality early care and education settings are equipped to provide this specialized support for children involved with the child welfare system and their families, whether birth, kin, foster, or adoptive.

- *Strategy: Ensure child welfare caseworkers and supervisors are knowledgeable about the benefits of quality ECE programs for young children and understand what constitutes quality. Workers should know where to find information about ECE resources available to children in the child welfare system, including Head Start slots and subsidies that can be accessed for this population. State policies can also influence the prioritization of foster children’s enrollment in ECE programs.*

- *Strategy: Mandate that young children in state custody are enrolled in quality early care and education programs. Some, though not all states use funds from Community Development Block Grants or state monies to subsidize child care enrollment for children in state custody. Through changes to policies and procedures, states can mandate that these children attend high quality early care and education programs and take steps to ensure their attendance, such as creating memoranda of understanding between child welfare agencies and Head Start programs to qualify system-involved children to be on priority lists for enrollment.*
- *Strategy: When a child is reunified with his or her birth family after a stay in foster care, continuity of ECE should be ensured. Subsidies should be available to support the child’s continued involvement in the same ECE setting, and caseworkers should know how to obtain them.*
- *Strategy: ECE providers from the child’s program should be included on Child and Family Service Teams or Multidisciplinary Teams. These providers have uniquely close relationships with children and their primary caregivers, and can bring valuable, specific knowledge to the team, as well as information about early development in general.*
- *Strategy: Ensure that ECE professionals understand the unique needs of children who have experienced trauma or are involved with the child welfare system. ECE programs should engage intentionally with intact and foster families to build protective factors and should serve as early warning and response systems.*

Goal Five: Include specific strategies and benchmarks aimed at improving developmental outcomes for children, such as enhanced school readiness in QSRs, CFSRs, PIPs, and other quality improvement efforts. The guiding principles enumerated in this paper have greater leverage when they are explicitly included in system improvement efforts, including Quality Service Reviews (QSRs), Child and Family Service Reviews (CFSRs), and Program Improvement Plans (PIPs). Directly connecting these principles to the three CFSR outcomes for which every state is accountable-safety, permanency, and well being-will motivate state child welfare systems to attend to the principles with greater intentionality.

- *Strategy: Include screens that are directly related to practice with young children in QSRs, statewide child welfare service reviews that are conducted internally in preparation for the CFSR. These screens should track the assessment of both risk and Protective Factors for families and monitor whether caseworkers are*

supporting the developmental needs of young children involved with the child welfare system. In addition, adequate training and supervisory support must be provided so that caseworkers absorb new information and integrate new tools and requirements into their practice.

- *Strategy: Include explicit goals and strategies to improve developmental outcomes for young children in the child welfare system in PIPs.* Protocols requiring monitoring of a child’s growth and development (achieving developmental milestones) are important guideposts for workers, their Juvenile Court counterparts, and other service providers working with the child and family.

CONCLUSION

Child welfare systems are charged with the daunting task of ensuring the “safety, permanency, and well-being” of vulnerable young children. This task is made exponentially more difficult by the myriad of developmental needs that must be addressed for young children who enter the system. However, child welfare systems are not alone in their goals; early care and education systems, health care systems, family support systems, as well as others share a vested interest in promoting the healthy development of all children, and the strength and stability of their families.

This paper articulates a belief that child welfare systems are uniquely positioned to positively impact the development of these vulnerable young children. This opportunity, however, requires cross-system collaboration that emphasizes shared goals and incorporates a dual practice focus on promoting Protective Factors and strengthening families. The Strengthening Families approach provides a common language through which systems can recognize their common goals and intentionally strategize to achieve them. The goals and strategies delineated in this paper are guideposts for states that wish to begin this conversation.

Five guiding principles form the foundation for each of these goals and strategies, and will be at the heart of any successful effort to improve the well-being of young children and their families. Regardless of the strategies they choose to employ, states must incorporate a focus on strengthening families of all types; promoting protective factors as well as assessing and reducing risk in children’s lives; building relationships within and between families, communities, and providers; ensuring cross-system collaboration; and assuming shared accountability if they wish to succeed.

These efforts are imperative. Indeed, the extent to which states are able to achieve these goals may determine the life-long outcomes of their youngest, most vulnerable

children. States that commit themselves to working diligently towards improving the development of children who become involved with or are at-risk of involvement with child welfare, and strengthening their families, are choosing a brighter future for these children and generations of children to come.

ⁱ Adoption and Safe Families Act of 1997

ⁱⁱ U.S. Department of Health and Human Services: Administration for Children, Youth, and Families. (2009). Child maltreatment 2007. Washington, D.C.: Author.

ⁱⁱⁱ Shonkoff, et al. (2000). *Neurons to Neighborhoods: the Science of Early Childhood Development*. National Institute of Medicine. 384.

^{iv} U.S. Department of Health and Human Services, Administration for Children, Youth and Families, 2009

^v AFCARS Report, Preliminary Statistics from FY 2006, http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report14.htm

^{vi} Committee on Early Childhood, Adoption, and Dependent Care, (2000). Developmental issues for young children in foster care. *Pediatrics*, 106, 1145-1150.

^{vii} Dicker et al., (2001). Improving the odds for the healthy development of young children in foster care. *National Center for Children in Poverty*. Leslie et al, (2002). Developmental delay in young children in child welfare by initial placement type, *Infant Mental Health Journal*, 23, 496-516.,

^{viii} Morton & Browne, (1998), Theory and observation of attachment and its relation to child maltreatment: A review. *Child Abuse and Neglect*, 22, 1093-1104.

^{ix} Dicker, S., Gordon, E., & Knitzer, J. (2001). Improving the odds for the healthy development of young children in foster care. New York, NY: National Center for Children in Poverty, Columbia University Mailman School of Public Health.

^x Eckenrode, et al., (1995). Mobility as a mediator of the effects of child maltreatment on academic performance. *Child Development*, 66, 1130-1142., Leiter, & Johnsen, (1994). Child maltreatment and school performance. *American Journal of Education*, 102, 154-189.

^{xi} Emerson & Lovitt, (2003). The educational plight of foster children in schools and what can be done about it. *Remedial and Special Education*, 24, 199-203.

^{xii} Middlebrook & Audage, (2008). *The Effects of Childhood Stress on Health Across the Lifespan*. Atlanta (GA): Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

^{xiii} See <http://www.cdc.gov/NCCDPHP/ACE/publications.htm> for a complete list of relevant publications.

^{xiv} Anda et al. (2006). The Enduring Effects of Abuse and Related Adverse Experiences in Childhood: A Convergence of Evidence from Neurobiology and Epidemiology. *European Archives of Psychiatry and Clinical Neurosciences*, 56, 174–186.

^{xv} Barnett, (1995). Long-term effects of early childhood program on cognitive and school outcomes. *The Future of Children*, 5, 25-30.

^{xvi} Campbell et al., (2002) Early childhood education: Young adult outcomes from the Abecedarian Project. *Applied Developmental Science*, 6, 42-57.; Schweinhart, et al., (1993). *Significant benefits: The High/Scope Perry Preschool Study through age 27*. Ypsilanti, MI: High/Scope Educational Research Foundation.

^{xvii} U.S. Department of Health and Human Services, 2005

^{xviii} Love, J.M., et al. (2005). The Effectiveness of Early Head Start for 3-Year-Old Children and Their Parents: Lessons for Policy and Programs. *Developmental Psychology*, 41, 885-901.

^{xix} Belsky, et al. (2007). Are there long-term effects of childcare? *Child Development*, 78, 681-701.

^{xx} Conyers, et al. (2003). The effect of early childhood intervention and subsequent special education services. Findings from the Chicago child-parent centers. *Educational Evaluation and Policy Analysis*, 25, 75-95.

^{xxi} Gormley, et al., (2008). Preschool programs can boost school readiness. *Science*, 320, 1723-1724. , Lowenstein, (2009). Fostering the socio-emotional adjustment of low-income children: The effects of universal pre-kindergarten and Head Start in Oklahoma.

^{xxii} Reynolds & Robertson, (2003). School-based early intervention and later child maltreatment in the Chicago Longitudinal Study. *Child Development*, 74, 3-26.

^{xxiii} Telephone conversation with Sarah Walzer, Executive Director of Parent-Child Home (September 3, 2009).

^{xxiv} See Appendix

^{xxv} Shonkoff, et al. (2000). *Neurons to Neighborhoods: the Science of Early Childhood Development*. National Institute of Medicine. 228.

^{xxvi} Child Welfare League of America. "What does Medicaid Do? (Title XIX of the Social Security Act). Retrieved September 15, 2009 from Child Welfare League of America website: <http://www.cwla.org/programs/health/medicaid.htm>

ALLIED FOR BETTER OUTCOMES: CHILD WELFARE AND EARLY CHILDHOOD (DRAFT)

PRINCIPLES	<ul style="list-style-type: none"> ■ Families, as first teachers and primary protectors, are fundamental to children’s optimal development. ■ Building Protective Factors <i>as well as</i> reducing risk factors strengthens a family’s ability to promote optimal development for their children ■ Relationships are essential as vehicles for change – within families and communities, between parents and providers, and across systems ■ Systematic and intentional coordination promotes healthy cross-system relationships and maximized the ability of systems to support children and families ■ Shared accountability for optimal development and strengthened family functioning across broad networks of services is essential at all levels
------------	--

GOALS
1 Build a focus on optimal development and family-strengthening into child welfare practice with young children.
2 Ensure that families reported to the child welfare system are appropriately assessed and receive services tailored to their needs.
3 Link the various systems that serve young children and their families in order to enhance supportive services to families within any of these systems, including child welfare.
4 Ensure that young children in child welfare have access to high quality early care and education programs.
5 Include specific strategies and benchmarks aimed at improving developmental outcomes for children, such as enhanced school readiness, into QSRs, CFSRs, PIPs, and other quality improvement efforts.

STRATEGIES
Ensure all child welfare systems, agencies, administrators, supervisors, and caseworkers understand early child development, including developmental milestones, indicators of developmental delays, and requirements for optimal child development.
Ensure Early Period Screening, Diagnosis, and Treatment (EPSDT) to assess and respond to any developmental concerns takes place for all children in the child welfare system.
Consider risk <i>and</i> Protective Factors in all aspects of work with families of young children in the child welfare system.
Train child welfare workers to make appropriate referrals to any of the many systems serving young children and their families, and ensure mechanisms for following up with families on whether or not referrals were pursued.
Create pathways for families who may benefit from non-child welfare services to receive support without opening a child welfare case.
Shift the paradigm around child abuse and neglect reporting to allow and encourage reporters to connect parents experiencing stress to the supports and services they need before incidents occur.
Utilize community-based services and formal and informal community networks to support families confronting challenges before they rise to the level of requiring child welfare involvement.
Ensure an understanding between and appreciation among early childhood and child welfare systems as partners in prevention of maltreatment and promotion of optimal development.
When a child under the age of six is involved in a child welfare case, include an early care and education professional in Family Group Conferencing, even if the child is not involved in an early care and education program.
Engage nontraditional partners in collaborative efforts to support optimal development of the most vulnerable children.
Ensure child welfare caseworkers and supervisors are knowledgeable about the benefits of quality early care and education programs for young children and what constitutes quality in early care and education.
Mandate that young children in state custody are enrolled in quality early care and education programs.
When a child is reunified with his or her birth family after a stay in foster care, ensure continuity of early care and education.
Include early care and education providers from a child’s program on Child and Family Service Teams or Multidisciplinary Teams.
Ensure that early care and education professionals understand the unique needs of children who have experienced trauma or are involved with the child welfare system.
Include screens that are directly related to practice with young children in Quality Service Reviews – statewide child welfare service reviews conducted internally in preparation for the Child and Family Services Review.
Include explicit goals and strategies to improve developmental outcomes for young children in state child welfare system Program Improvement Plans.

appendix a

illinois: “all of our obstacles turn into opportunities”

STRATEGIES

From its inception, Strengthening Families Illinois (SF-IL) has carefully constructed an approach to its work that is at once intentional and flexible. In both early childhood and child welfare, SF-IL positioned itself to support the needs of all who would eventually become involved in what has become a structured, multi-system approach to supporting the most at-risk children and families across the state.

SF-IL worked simultaneously at the “grassroots” and “grasstops” levels, changing state infrastructure with the endorsement of state agency officials and mobilizing community-level support for partnerships to strengthen families, respectively. This two-pronged strategy facilitated an alignment that allowed both groups to work together in a coordinated fashion.

SF-IL was launched at a time when the state child welfare director was working to shift practice in the department to respond better to families and children’s experiences of trauma. With an approach consistent with the director’s goals, SF-IL found a home in the state child welfare department. From here, it was able to influence policies and infrastructure within the system with the support of agency leadership.

Meanwhile, the early childhood community in Illinois, which includes several large advocacy organizations with audiences at both the state and national levels, expressed the desire to partner with the child welfare system to better serve the at-risk young children in their programs. Simply opening pathways for communication between the two systems would help early childhood professionals understand the needs of the children they served. With its focus on optimal child development, Strengthening Families was quickly adopted by many in Illinois’s early childhood community, and gave them a common platform for communication with the child welfare department. SF-IL organized participating early care and education centers around a network of regional hubs, giving the child welfare system a structure in which to embed itself once partnership began.

The trajectory of this partnership, while carefully planned, was also the result of several unexpected events, both negative and positive. The key to SF-IL's success has been its ability to adapt itself to changing circumstances while remaining grounded in its mission and objectives. As one member of the team explained, "All of our obstacles turn into opportunities."ⁱ

SUCCESSSES

As a result of its intentional yet flexible approach, SF-IL has had several landmark achievements in making both the state's early childhood and child welfare systems more responsive to the most at-risk children in Illinois.

- The Protective Factors have been integrated into several child welfare tools, including the Child and Adolescent Needs and Strengths (CANS) survey, which is administered for all children entering the system. Other tools include a template for integrated assessment, a parent handbook on readiness for reunification, and a reunification worksheet used by caseworkers.
- In addition to being embedded in child welfare tools, detailed information on the Protective Factors is included in the child welfare department's Trauma Informed Practice training effort, with Strengths-based service planning beginning in fall 2009. More than 3,000 workers will be trained.
- Several hundred child welfare workers and Head Start providers have participated in cross-trainings to acquaint themselves with the work of the other and learn how to maximize their partnership.
- A change to state policy mandates that all children ages 3-5 in state custody are enrolled in high quality early care and education programs,ⁱⁱ and memoranda of understanding between Head Starts and the child welfare department ensure collaboration in areas of recruitment, service planning, abuse and neglect reporting, and cross-training.
- Purchase of service organizations doing both child welfare and early care and education have linked these two service areas internally.

- Six professionals in union-level positions have been installed across the state to serve as liaisons between local early childhood and child welfare entities. This team monitors implementation of the rule-change mandating that wards of the state are enrolled in high-quality early care and education programs.
- Elements of trauma-informed and strengths-based practice have been woven throughout foundation training and ongoing professional development for child welfare professionals.
- The current director of the Illinois Department of Children and Family Services has embedded the Protective Factors and Strengthening Families concepts into his vision for services for children across the timeline of child welfare involvement, from entry to permanency or aging out.

CHALLENGES

No matter how successful, every effort to improve human services is met with challenges. However, it was SF-IL's flexibility in the face of challenges that allowed it to remain not only relevant but essential in child welfare and early childhood systems. This approach enabled SF-IL to transform major hurdles into opportunities to further their work.

When partnerships were first being forged between early childhood entities and the child welfare system, neither group seemed inclined to move to initiate collaboration. Rather than force communication or abandon efforts, SF-IL leadership determined that there was need for someone to serve as a liaison between these two groups. Six professionals were installed in regions across the state to facilitate partnerships at the local level. The decision to create union-level positions ensures sustainability even through inevitable leadership changes.

Another challenge arose recently as a result of the state's budget crisis. Faced with massive cuts to the budgets of both child welfare and early childhood, SF-IL worried that the systems' commitments to Strengthening Families would be defunded. While the child welfare department was able to secure its funding without cuts as a result of a settlement agreement years earlier, the early childhood system was hit with extreme decreases in state funding. SF-IL had to think about how it could support early childhood entities during a time of such incredible strain, and determined that it would redouble its efforts to mobilize parents in support of quality early care and education

services. Parent involvement and advocacy has grown as a result and contributed heavily to the work of SF-IL.

LESSONS LEARNED

Employing strategies at both the “grassroots” and “grasstops” level has enabled SF-IL to be more effective, as it operates at multiple levels and is positioned to serve as the bridge between the two. This strategy has required SF-IL to be keenly attuned to the needs of both state-level administrators and systems as well as front-line workers and community organizations. Each partner comes to the work knowing that its needs will be met as a result of involvement.

This multi-pronged approach and the intentional flexibility of SF-IL would not be possible without carefully cultivated relationships. With committed people at all levels and across multiple child- and family-serving systems, SF-IL has been able to mobilize strategic relationships in order to address emerging challenges. Just as positive relationships are the cornerstone of strong families and effective child welfare or early childhood practice, relationships make the successes of SF-IL possible.

ⁱ Kathy Goetz Wolf, phone interview, October 5, 2009.

ⁱⁱ Illinois Administrative Code, Title 89 § 314.70 (2009).

appendix c

new jersey: finding footholds

STRATEGIES

When the pilot project, funded by the A. L. Mailman Family Foundation began, New Jersey's Strengthening Families initiative was making deep inroads into the early childhood system, embedding the Protective Factors framework into trainings and materials for early care and education providers, and reaching child care providers across the state. The relationships that Strengthening Families New Jersey (SF-NJ) fostered before the pilot were a valuable resource once efforts to better link early childhood and child welfare systems began.

Early care and education centers implementing Strengthening Families in New Jersey are part of a statewide network, where each county has its own Leadership Team with representatives that serve on the statewide Leadership Team. In each of the state's 21 counties, staff in at least five early care and education centers have been trained on the Protective Factors and Strengthening Families strategies. When the opportunity to receive these trainings was announced, the demand was so great that a waiting list had to be created.

Meanwhile, from its position in the Division of Prevention and Community Partnerships, housed in the Department of Children and Families, SF-NJ had a structural relationship to the state's child welfare system, Division of Youth and Family Services, also housed in DCF. With such enthusiastic participation on the part of the early childhood community and access to the child welfare department, SF-NJ was well situated to explore linkages between the two.

Building on its structure for Strengthening Families in early care and education, SF-NJ are working to facilitate relationships between the early childhood constituency and the local child welfare agency in each of the state's 21 counties. Currently, early care and education providers in all 21 counties report positive relationships with their local child welfare agencies.

At the state level, SF-NJ is part of the team developing a new case practice model for child welfare practice as required by a recent settlement agreement. Child welfare

reform efforts mandate better outcomes for children involved in the system, and Strengthening Families is part of efforts to provide a frame for achieving them. As conversations continue, SF-NJ has developed several materials for use by ECE and child welfare practitioners (available in over 10 languages) and embedded Protective Factors information into their professional development, as well as curricula at several 2- and 4-year colleges.

SUCCESSSES

SF-NJ's achievements in linking early childhood and child welfare systems around Strengthening Families include successes at the local, county, and state levels.

- Three handbooks on Strengthening Families and the Protective Factors have been produced: one for early care and education providers, one for parents, and one for staff of the Division of Youth and Family Services.
- SF-NJ has created Strengthening Families Leadership Teams in all 21 counties that include representatives from early care and education and child welfare, as well as parents.
- A parent representative from each county participated in a Statewide Parent Leadership Team Meeting to learn about resources available at the Division of Youth and Family Services and to make recommendations for the department. A report from that meeting will be shared with state Strengthening Families leaders and local trainers.
- The Protective Factors are a component of nearly all projects funded by the Division of Prevention and Community Partnerships.
- Early care and education providers in each of New Jersey's 21 counties report having good relationships with the child welfare entities in their area.
- Conversations continue about making Strengthening Families and the Protective Factors part of a new case practice model being developed.

CHALLENGES

Many of the challenges reported by the SF-NJ team, though daunting, can be viewed as horizons for the future of the state's initiative. While funding struggles are generally viewed as ongoing, other hurdles being considered represent opportunities for further growth and sustainability.

With the growth of the initiative, there are opportunities to build new partnerships. As the child welfare and early childhood systems demonstrate their increasing commitment to working together to strengthen families, SF-NJ is looking to other human service providers and state departments, such as the Department of Education, to join their collaboration.

Similarly, challenges to professional development have presented themselves, especially during this time of particularly acute financial struggles. Although training is a core component of building competency in Strengthening Families or any other skill area, funding is not available for workers to attend classes. In response, SF-NJ has been exploring how it can embed the Protective Factors into required trainings by participating in conversations about the development of a new case practice model.

Like other states, SF-NJ also faces the challenges associated with building sustainability and determining “how much” of a Strengthening Families approach is enough to make a difference in different systems and at different levels. These are the questions that many states in the Strengthening Families National Network are exploring together as the next wave of knowledge-building around the approach.

LESSONS LEARNED

In its efforts to better link early childhood and child welfare systems in New Jersey, SF-NJ discovered that building commitments and enthusiasm at the local level helped professionals in each of these systems relate to one another and work together. While SF-NJ is coordinated at the state level, the county-level Leadership Teams create a network at the community-level that facilitates partnership.

Meanwhile, as the state is in the midst of child welfare reform efforts, SF-NJ has been able to insert itself into the process in places where the Protective Factors framework and Strengthening Families approach can contribute. The first inroads were made around the development of handbooks for child welfare workers, which have laid the groundwork for embedding the Protective Factors into child welfare training.

Although the pilot project has officially ended, SF-NJ will continue to strengthen its county-based network and to work to weave Strengthening Families concepts throughout the efforts to bring reforms to the state child welfare system.

appendix d

wisconsin: connecting systems to support all children

STRATEGIES

When Wisconsin was selected as one of the three states supported by the Arthur L. Mailman Family Foundation to explore building linkages between early care and education and child welfare systems, the state's Strengthening Families initiative already had a strategy in place for delivering information about the Protective Factors to child care centers. A Pilot Committee within the Strengthening Families Leadership Team had decided to focus on pilot counties, rather than pilot child care programs, in the first year of their Strengthening Families initiative. The goal was to work with pilot counties to create and implement strategies for linking child abuse prevention, early childhood, and child welfare systems to one another at the program and practice levels. Because the state's child welfare services are state-directed but county-administered, this decentralized strategy was the most effective.

With an active member of the Leadership Team employed in the state-level child welfare agency, the group was able to facilitate communication across the child abuse prevention, early childhood, and child welfare entities in the state. State-level partners nominated pilot counties based on the strengths of their child welfare, family support, UW-Extension, and child care systems. Five pilot counties were selected, one in each region of the state. Members of the State Leadership Team traveled to each pilot county to launch the initiative, bringing together potential county-level partners, introducing the initiative, and engaging participants in a brainstorming process to determine what the goals would be in each county.

Typical activities in the pilot counties included training additional child care providers in the protective factors and in mandated reporting, training child welfare caseworkers in protective factors, and joint trainings across fields in such topics as social-emotional development of young children. Other strategies included the promotion of integration of early care and education partners in coordinated service teams, incorporation of early care and education as a component of the state's alternative response system,

when appropriate, and infusing Strengthening Families concepts into child welfare quality improvement and planning efforts.

The work to link early care and education and child welfare systems did not end with the pilot program. In the coming years, the Strengthening Families Leadership Team will work to more thoroughly embed Strengthening Families concepts into the state's early childhood and child welfare infrastructures. Evaluation of the initiative's impact is also a priority for the near future.

SUCCESSSES

During the year-long pilot, Wisconsin's Strengthening Families initiative counted many achievements in connecting early childhood and child welfare systems. Among them:

- Modifying their original training curriculum, *Building Protective Factors with Families* for use with child welfare caseworkers and foster parents, and delivering it in two pilot counties
- Funding action plans created by each of the pilot counties through grants from the state-level child welfare agency and the Wisconsin Children's Trust Fund
- Increasing the involvement of early care and education providers in Coordinated Service Teams in three of the five pilot counties
- Including Strengthening Families language and concepts in the five-year Child and Family Services Plan for Wisconsin
- Training early childhood and child welfare professionals on children's social and emotional development

CHALLENGES

Two obstacles kept Wisconsin's efforts to link child welfare and early care and education from expanding to the extent its leaders hoped it might. First, the lack of a designated funding stream to support work at the state and county level meant that resources to continue and deepen the work were not guaranteed.

Second, shortly after the pilot project was launched, a reorganization of child and family services was implemented, resulting in the creation of the Department of Children and Families, a cabinet-level agency. While this restructuring brought child and family issues to new prominence in the state, the actual work of building and launching the new department took precedence over individual initiatives and pilots. .

LESSONS LEARNED

While this type of project often requires the passion and commitment of several dedicated champions, the pilot project in Wisconsin took place during a time of dramatic transition in the state's child welfare agency, making the role of champions in promoting the pilot's work all the more critical. Because child welfare services are administered at the county level in the state, Strengthening Families leaders learned that the work had a far greater chance of success if there were those who championed the work both at the state level and within counties. In that same vein, they noted that if momentum on the project was to remain high, one or several people at the state level needed to have a certain portion of their time explicitly dedicated to embedding the Strengthening Families approach and Protective Factors framework into policy and practice.

Wisconsin's experience with the pilot project also demonstrated the importance of specifying concrete steps that could be taken to advance the work. At times, the project leaders noticed that it was challenging to operationalize the concept of linking early childhood and child welfare systems at both the state and county levels. Communicating that Strengthening Families would not require additional work, but rather, more intentional work takes time. As one leader in the initiative put it, "It's less about doing a Strengthening Families initiative now, and more about bringing a Strengthening Families philosophy to our work." With this in mind, Wisconsin's Leadership Team looks forward to applying what they have learned to new partnerships to support children and strengthen families.

appendix e

strategies to support linkages between early childhood and child welfare: examples from states

While only three states participated in the A. L. Mailman Family Foundation-funded pilot, many others developed strategies for supporting partnership between state child welfare and early childhood entities. A selection of examples from states in the Strengthening Families National Network illustrates some of the possibilities for linking these systems to better support young children and their families. This list is not exhaustive.

Goal One: Build a focus on optimal development and family-strengthening into child welfare practice with young children.

Strategy: Ensure that all child welfare systems, agencies, administrators, supervisors, and caseworkers understand early child development, including developmental milestones, indicators of developmental delays, and requirements for optimal child development.

New Jersey: The Division of Prevention and Community Partnerships developed a handbook on the Protective Factors for staff in the Division of Youth and Family Services (DYFS). The Division plans to use the booklet as a training tool in each of the state's local DYFS offices.

Idaho: Staff supporting Strengthening Families Idaho met with the child welfare system's lead social workers in each of the state's regions to introduce the Protective Factors and discuss using them to increase the knowledge of child welfare workers about the needs of young children.

Several states, including **Missouri** and **Illinois**, are embedding information about the Protective Factors and the developmental needs of young children into foundation training for child welfare workers.

Strategy: Consider risk *and* Protective Factors in all aspects of work with families of young children in the child welfare system.

Wisconsin: The Wisconsin Children’s Trust Fund adapted its original training on Strengthening Families for use with foster parents, and the training has been used in various jurisdictions around the state.

Missouri: Child welfare administrators in Missouri chose to identify where practice building Protective Factors was already in place by analyzing workers’ required training. Language about the Protective Factors and their relevance to ongoing work was then added to all communications from state child welfare agency administrators.

Illinois: Working with the Department of Children and Family Services, Strengthening Families Illinois revised reunification tools, including a handbook for parents and a readiness tool administered by caseworkers, that explains and identifies risk and Protective Factors present in families before reunification.

Goal Two: Ensure that families reported to the child welfare system are appropriately assessed and receive services tailored to their needs.

Strategy: Shift the paradigm around child abuse and neglect reporting to allow and encourage reporters to connect parents experiencing stress to the supports and services they need before incidents occur.

Minnesota: Hotline operators in each of Minnesota’s counties are encouraged to use strengths-based screening practice. Suggested questions for screeners seek to identify family Protective Factors and potential community resources for families who are reported. These questions include:

- 1 What do you think is going well for this family?
- 2 Do you know of any resources or supports the family currently has (supportive relationships)?
- 3 Do you know of any (or any other) services or supports that would be helpful to this family?
- 4 What are you willing to do (or have you done) to help the family thus far?

New Jersey: Trainers from local child care resource and referral agencies visit early care and education centers and discuss the role and responsibilities of the child welfare system and how to make referrals.

Strategy: Create pathways for families who may benefit from non-child welfare services to receive support without opening a child welfare case.

New Jersey: Community-based agencies in counties across the state have contracts to engage families referred to protective services but diverted to local agencies because of lower risk levels.

Goal Three: Link the various systems that serve young children and their families in order to enhance supportive services to families within any of these systems, including child welfare.

Strategy: Ensure an understanding between and appreciation among early childhood and child welfare systems as partners in prevention of maltreatment and promotion of optimal child development.

Illinois: Several hundred child welfare workers and Head Start providers have participated in cross trainings, allowing each group to learn about the other's work and explore how they might collaborate to better support the most at-risk children in the state.

New Jersey: Mirroring the state-level Leadership Team structure, each of the state's 21 counties have multidisciplinary Leadership Teams that collaborate across early childhood and child welfare sectors to align services that support children and families.

Tennessee: A pilot is being conducted in two Department of Children's Services (DCS) regions to provide child welfare workers and child care resource and referral staff the opportunity to know each other and understand the work of each entity. The outcome of cross-training and communication will help DCS workers who are seeking to place young children in child care to find the knowledge and resources about quality child care available in local areas through the CCR&Rs.

Goal Four: Ensure that young children in child welfare have access to high quality early care and education programs.

Strategy: Mandate that young children with open child welfare cases are enrolled in quality early care and education programs.

Illinois: A change to the state administrative code mandates that all children ages 3-5 in state custody are enrolled in high quality child care programs. A memorandum of understanding between the child welfare agency and Head Starts guarantees that these children will automatically be moved on to priority lists for enrollment.

Georgia: In Georgia, Bright from the Start developed a partnership with the Department of Human Services, including the Division of Child and Family Services, which has led to efforts to ensure that children in foster care are enrolled in high quality early care and education programs.

Goal Five: Include specific strategies and benchmarks aimed at improving developmental outcomes for children, such as enhanced school readiness, into QSRs, CFSRs, PIPs, and other quality improvement efforts.

Strategy: Include specific goals and strategies to improve developmental outcomes for young children in state child welfare system Program Improvement Plans (PIPs).

Idaho: The director of the state Children's Trust Fund was able to participate in the process of developing the state's PIP in 2008, providing an opportunity to explore how Strengthening Families could support the state's PIP goals.